This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
8/30/21	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

## coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting	20211 Barcode Data Filing Period (optional - see instructions)								
Accounting Period									
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner	List any other name or names under which the owner conducts the business of the cable system.								
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	CEQUEL COMMUNICATIONS LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	SUDDENLINK COMMUNICATIONS								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	3027 S SE LOOP 323								
	(Number, street, rural route, apartment, or suite number)  TYLER, TX 75701								
	(City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B								
System	IDENTIFICATION OF CABLE SYSTEM:								
	DAINGERFIELD, TX								
	MAILING ADDRESS OF CABLE SYSTEM:								
	Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID 02825				
	CEQUEL COMMUNICATIONS LLC					
	Instructions: List each separate community served by the cable system. A "community					
D	"a separate and distinct community or municipal entity (including unincorporated com					
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	will serve as a form of system identification hereafter know				
	as the "first community." Please use it as the first community on all future filings.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the				
Served	identified city.					
	CITY OR TOWN	STATE				
First	DAINGERFIELD	TX				
Community	CASS COUNTY(PORTION)	TX				
	HUGHES SPRINGS	TX				
Rows as Necessary	LONE STAR	TX				
	MORRIS COUNTY(PORTION)	ΤΧ				
	TITUS COUNTY(PORTION)	ΤX				

Accounting Period: 2021/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 028259

FORM SA1-2E, PAGE 2

## **CEQUEL COMMUNICATIONS LLC**

# Ε

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	715	34.99				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	33	45.95				
Converter						
Residential						
Non-residential						
					f	

# F

## Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	99.00	Burglar protection			
Additional set(s)	25.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 028259

# CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

G

## Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KLTS-1	24	E	SHREVEPORT, LA
KLTS-HD1	24	E-M	SHREVEPORT, LA
KLTV-1	7	N	TYLER, TX
KMSS-1	33	<u> </u>	SHREVEPORT, LA
KMSS-HD1	33	I-M	SHREVEPORT, LA
KPXJ-1	21	<u> </u>	MINDEN, LA
KPXJ-2	21.2	I-M	MINDEN, LA
KPXJ-HD1	21	I-M	MINDEN, LA
KSHV-1	45	l	SHREVEPORT, LA
KSHV-HD1	45	I-M	SHREVEPORT, LA
KSLA-1	12	N	SHREVEPORT, LA
KSLA-2	12.2	I-M	SHREVEPORT, LA
KSLA-3	12.3	I-M	SHREVEPORT, LA
KSLA-HD1	12	N-M	SHREVEPORT, LA
KTAL-1	6	N	TEXARKANA, TX
KTAL-HD1	6	N-M	TEXARKANA, TX
KTBS-1	3	N	SHREVEPORT, LA
KTBS-2	3.2	I-M	SHREVEPORT, LA
KTBS-3	3.3	I-M	SHREVEPORT, LA
KTBS-HD1	3	N-M	SHREVEPORT, LA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 028259

## **CEQUEL COMMUNICATIONS LLC**

## PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	ΛM 05 ΓM	6/D	LOCATION OF STATION	CALLSION	ΛM ας ΓΜ	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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						ļ <u>.</u>	

Name    Substitute Carriage:	CEQUEL COMMUNICATION	CABLE SYS					FO	CVCTEMINA	
Carriage:		ATIONS I						SYSTEM ID# 028259	
Carriage:		THORIO E						020233	
Carriage:	SUBSTITUTE CARRIAG								
Carriage:	In General: In space I, iden substitute basis during the a								
•	explanation of the programn								
Special	1. SPECIAL STATEMEN	_							
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program    broadcast by a distant station?   X   No.								
Program Log	broadcast by a distant sta						YES	X NO	
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.  2. LOG OF SUBSTITUT	E PROGRA	AMS						
	In General: List each subs	titute progr	am on a separ		s wherever po	ossible, if	their meani	ing is	
	clear. If you need more spa			I rows to the tables. vision program ("substitut	e program") tl	nat durino	the accou	ntina	
	period, was broadcast by a	a distant sta	tion and that y	our cable system substitu	ted for the pro	ogrammin	g of anothe	r station	
	under certain FCC rules, re Do not use general catego								
	"NBA Basketball: 76ers vs	. Bulls."			•	mampio,	. 2010 240	, 01	
				er "Yes." Otherwise enter casting the substitute prog					
	Column 4: Give the bro	adcast stati	on's location (	the community to which th	e station is li		the FCC o	r, in	
	the case of Mexican or Cal	nadian stati nth and day	ons, if any, the	e community with which the rstem carried the substitute	e station is id	entified).	ale with the	month	
	first. Example: for May 7 gi		wileli your sy	sterri carried the substitut	e program. O	se numera	ais, with the	HIOHUI	
	<b>Column 6:</b> State the time to the nearest five minutes			ogram was carried by you					
	stated as "6:00-6:30 p.m."	. Example.	a program car	ned by a system nom o.o	1. 13 p.iii. to o	.20.30 p.i	II. SHOUIG D	C	
				n was substituted for prog					
	to delete under FCC rules was substituted for program							orogram	
	effect on October 19, 1976	i.							
					П				
	S	WHE	N SUBST	TITUTE					
		OBSTITUT	E PROGRAM	1		AGE OC	CURRED		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES	7. REASON FOR DELETION	
			1	1	CARRI	AGE OC	CURRED		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES		

Accounting Period: 2		-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	STEM ID 02825
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  \$ 208,	306.44
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross	
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	764.06
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	764.06
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
	FILING FEE AND TOTAL NEWITTANGE DUE	
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	784.06
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC			SYSTEM ID# 028259
M Channels	to its subscribers,     Enter the total system carried t     Enter the total on which the ca	and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television b	s	counting period.	274
N Individual to Be Contacted		BE CONTACTED IF FURTHE	ER INFORMATION IS NEEDED (Identify an inc t.)	dividual to whom	
for Further Information	Name	RODNEY HASKINS		Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)			
	Email		KINS@ALTICEUSA.COM	Fax (optional)	
	CERTIFICATION (	This statement of account mu	ust be certified and signed in accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne,but only one, of the boxes.)		
	(Owner	other than corporation or pa	artnership) I am the owner of the cable system a	as identified in line 1 of space	B; or
		-	ntion or partnership) I am the duly authorized ag wner is not a corporation or partnership; or	ent of the owner of the cable	system as identified
		er or partner) I am an officer (if ne 1 of space B.	if a corporation) or a partner (if a partnership) of the	he legal entity identified as ov	vner of the cable system
		, and correct to the best of my	hereby declare under penalty of law that all state knowledge, information, and belief, and are mad		n
			X /s/ Alan Dannenbaum		
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed	name: ALAN DANNENBAUM		
			SVP, PROGRAMMING  ficial position held in corporation or partnership)		
		Date:		7/22/2021	

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Accounting Period: 2021/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 028259 **CEQUEL COMMUNICATIONS LLC** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 0.00274 Line 4 Multiply line 3 by 0.00274\*\* and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner

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Address

ID number

First community served Accounting period