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
9/2/2021	\$
	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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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.	33540
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CARLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CableSouth Media III, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1056 Jones Blvd (Number, street, rural route, apartment, or suite number)	
		Milan, TN 38358 (City, town, state, zip)	
	INICTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	and those
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	Swyft Connect LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1056 Jones Blvd (Number, street, rural route, apartment, or suite number)	
		Milan, TN 38358 (City, town, state, zip code)	
-		Manah annah and	

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.

Accounting Period:	2021/1	
	LEGAL NAME OF OWNER OF OARD F OVOTEN	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CableSouth Media III, LLC	33540
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	blie nome parks should be reported in parentheses below the identified
Served		
F *(CITY OR TOWN	STATE
First Community	Tylertown	MS
Add Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33540

CableSouth Media III, 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.

BLO	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	46	31.35			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	39.99	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	49.99		
Converter	5.00	Disconnect			
		Outlet relocation			
		Move to new address	39.99		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 33540

CableSouth Media III, LLC

1. CALL SIGN

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 $(\bar{4})$, 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.

2. B'CAST CHANNEL NUMBER

2 **WLBT** Jackson, MS **WDAM** 3 Laurel, MS Ν **WDAM** 4 Ν Laurel, MS WHPM 5 ı Hattiesburg, MS WHLT 6 Ν Hattiesburg, MS 7 Ε **WMAH** Hattiesburg, MS **WHPM** 9 Ν Hattiesburg, MS WGN ı Chicago, IL

3. TYPE OF STATION

4. LOCATION OF STATION

Add Rows as Necessary

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

33540

CableSouth Media III, 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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2021/1 LEGAL NAME OF OWNER OF (NDIE OVOT	EM.				FOR	M SA1-2E. PAGE 5.
Name	CableSouth Media III, L		EIVI:					33540
	SUBSTITUTE CARRIAGE	· SDECIA	I STATEMEN	T AND DROGRAM I O	2			
Substitute	In General: In space I, identification in Substitute basis during the ac explanation of the programmi	y every non counting pe	network televis	ion program, broadcast by cific present and former F0	a <i>distant</i> stati CC rules, regul	ations, or aut	horizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televis	sion progran	<u>n</u>
Program Log	broadcast by a distant stat	ion?					YES	NO
	Note: If your answer is "No"	leave the	rest of this pag	ie blank. If vour answer is	s "Yes " vou m	ust complete	_	
	log in block 2.	, icave the	rest or this pag	je blank. II your anower is	, 100, you iii	ast complete	o the program	
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call seed to case of Mexican or Cantolium 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00—6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." s when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "basked cast live, enterestation broadca on's location (thins, if any, the ownen your system substitute proprogram carried isted program ons in effect du	rows to the tables. Ision program ("substitute our cable system substitutes. See page (v) of the general of the substitutes. See page (v) of the general of the substitute program." ("Yes." Otherwise enter "sting the substitute program of the community to which the community with which the substitute of the substitute	e program") the ed for the prog- neral instruction im titles, for ex "No." e station is lice e station is idea program. Use cable system :15 p.m. to 6:2 ramming that y d; enter the le	at, during the gramming of one for further cample, "I Lo ensed by the ntiffied). The numerals, in List the time 28:30 p.m. so your system tter "P" if the	e accounting another sta or information ove Lucy" or FCC or, in with the more accurate hould be was require listed programmes accurate the statement of the sta	tion n. hth
						EN SUBSTI		
	S		E PROGRAM 3. STATION'S	l T		IAGE OCCI	URRED IMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	— TO	
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counting Period:	2021/1 FORM SA	1-2E. PAGE
Name		STEM ID
	CableSouth Media III, LLC	3354
K 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 of 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, see 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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	58
	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	52.00
	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	52.00
	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)	
	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	
	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	
iling Fee and tal Remittance	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	15.00
	EFT Trace # or TRANSACTION ID #	
	Important: 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	LEGAL NAME OF OWN CableSouth Media	ER OF CABLE SYSTEM:				SYSTEM ID# 33540
M Channels	to its subscribers, and 1. Enter the total nu system carried te	nd (2) the cable system's tomber of channels on which elevision broadcast stations	otal numb	is on which the cable system carried television broper of activated channels during the accounting periods.		8
	on which the cab	mber of activated channel le system carried television st services	n broadca			178
N Individual to Be Contacted		E CONTACTED IF FURTH ut this statement of account		RMATION IS NEEDED (Identify an individual to w	/hom	
for Further Information		risty Workman 056 Jones Blvd			Telephone	731-686-9227
	(NL	imber, street, rural route, apartnilan, TN 38358 ty, town, state, zip)	nent, or suit	e number)		
	Email	cworkman@swy	rftconnec	et.com Fax (opti	ional	
	CERTIFICATION (This	s statement of account mu	st be cert	ified and signed in accordance with Copyright Offi	ice regulations)	
O Certification	• I, the undersigned, h	ereby certify that (Check on	e, but onl	y one, of the boxes.)		
	(Owner ot	her than corporation or pa	artnership	a) I am the owner of the cable system as identified in	line 1 of space B	; or
				rtnership) I am the duly authorized agent of the own not a corporation or partnership; or	ner of the cable sy	rstem as identified
		r partner) I am an officer (it ne 1 of space B.	a corpora	ation) or a partner (if a partnership) of the legal entity	identified as owne	er of the cable system
		and correct to the best of my		clare under penalty of law that all statements of fact on ge, information, and belief, and are made in good fait		
			X	/s/ Thomas Pate		
				electronic signature on the line above to certify this sta ature using an "/s/ signature" (e.g., /s/ John Smith)	itement.	
		Typed or printed	name:	Thomas Pate		
		Title:	CFO e of official	position held in corporation or partnership)		
		Date:		08/30/	/2021	

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counting Period: 2021/1		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID:
ableSouth Media III, LLC		33540
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Coplowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	yright Act by adding the fol- cable system for the basic e system shall not include sub- is pursuant to section 119." general instructions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a la For an explanation of interest assessment, see page (viii) of the general instructions located		Q
For an explanation of interest assessment, see page (viii) of the general instructions located		Q Interest Assessment
• • • • •		Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located		Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located	ed in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located. Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located. Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	xdays	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	x days	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located. Line 1 Enter the amount of late payment or underpayment	x days x 0.00274	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located. Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ (interest charge)	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located. Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ - (interest charge) For further assistance please	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located. Line 1 Enter the amount of late payment or underpayment	x days x o.00274 \$ - (interest charge) For further assistance please / late. o the Copyright Office, please	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located. Line 1 Enter the amount of late payment or underpayment	x days x o.00274 \$ - (interest charge) For further assistance please / late. o the Copyright Office, please	Q Interest Assessment
For an explanation of interest assessment, see page (viiii) of the general instructions located. Line 1 Enter the amount of late payment or underpayment	x days x o.00274 \$ - (interest charge) For further assistance please / late. o the Copyright Office, please	Q Interest Assessment

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