## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2 Short Form

				Return to:						
-	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Library of Congress Copyright Office						
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	Licensing Division 101 Independence Ave. SE						
	ctions are at the n [pages (i)-(vii)].	3/30/22	\$ ALLOCATION NUMBER	Washington, DC 20557-6400 (202) 707-8150 For courier deliveries, see page ii of the general instructions						
Α	ACCOUNTING PERIOD COVERE	N BV THIS STATEMENT.								
Accounting Period	January 1-June 30, 2021									
<b>B</b> Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the pa List any other name or names under w <i>If there were different owners during th</i> <i>a single statement of account and royalty fe</i> Check here if this is the system's first LEGAL NAME OF OWNER/MAILING ADD Vyve Broadband A, LLC	orrect information beside it. If the cable system. If the owner is a rent corporation. hich the owner conducts the busine the accounting period, only the owner the payment covering the entire account of the system's ID DRESS OF CABLE SYSTEM	ble system. If the owner is a subsidiary of another corporation, give the full corpo- boration. owner conducts the business of the cable system. <i>Anting period, only the owner on the last day of the accounting period should submit</i> <i>the entice accounting period.</i> If not, enter the system's ID number assigned by the Licensing Division.							
	4 International Dr Suite 330 Rye Brook, NY 10573									
С	<b>INSTRUCTIONS:</b> In line 1, give any bu names already appear in space B. In line		, , , , , , , , , , , , , , , , , , ,							
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite n (City, town, state, zip code)									
D Area Served	<b>Instructions:</b> List each separate comm in FCC rules: "a separate and distinct of areas and including single, discrete unit of system identification hereafter known Note: Entities and properties such as h the identified city.	community or municipal entitiy (ir incorporated areas)." 47 C.F.R. n as the "first community." Pleas	ncluding unincorporated commuinites 76.5(dd). The first community that I se use it as the first community on all	s within unincorporated ist will serve as a form I future filings.						
First Community	CITY OR TOWN Wagoner	STATE OK	CITY OR TOWN	STATE						
form in order to pro	e: Section 111 of title 17 of the United States Code press your statement of account. PII is any persona ding PII, you are agreeing to the routine use of it to	al information that can be used to identify	or trace an individual, such as name, address	s and telephone						

search reports prepared for the public. The effects 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.

												SA3. PAGE 2
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:										TEM ID#
	Vyve Broadband A, LLC											039360
E Secondary Transmission Service: Sub- scribers and Rates	Secondary ansmission ervice: Sub- cribers and Rates									ate		
	that applies to your system. <b>Note:</b> 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)." <b>Block 2:</b> 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.											
		DCK 1 NO. OF							BLOCK	NO.	OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE		CATE	EGORY OF SE	R'	VICE	SUBSCF	RIBERS	RATE
	<ul> <li>Residential:</li> <li>Service to first set</li> </ul>		62	28.50								
	Service to additional set(s)		02	20.30								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		1	25.00								
	Converter											
	<ul> <li>Residential</li> </ul>											
	Non-residential											
<b>F</b> Services Other Than Secondary Transmissions: Rates	<ul> <li>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.     </li> <li>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.</li> </ul>											
	CATEGORY OF SERVICE	BLOC RATE		GORY OF SER	RVIC	CE	RATE	$\square$	CATEGO	BLO DRY OF SI		RATE
	Continuing Services:			ation: Non-res				Π				
	• Pay cable	19.95		otel, hotel								
	Pay cable—add'l channel			mmercial								
	Fire protection     Purgler protection			y cable v cable odd'l ch	her	nel						
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>			y cable-add'l cł e protection	nan	mei						
	• First set	64.95		e protection	h							
	Additional set(s)			services:	•							
	• FM radio (if separate rate)	······		connect			39.95					
	• Converter			sconnect								
				itlet relocation			20.00					
			• Mo	ove to new addr	res	s	39.95					

Nama		LEGA	L NAME OF OWNER	R OF CABLE SYSTE	EM: SYSTEM ID:				
Name		039360							
	PRIMARY TRANSMITTERS: TELEVISI	ON							
G Primary Transmitters: Television	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 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 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own communi associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncordin independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast). For U.S. stations, list the community to which the station is licer FCC. FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN		2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION				
			NUMBER	STATION					
	KJRH-NBC		2	N					
	KRSU-ETV KGEB-IND		35 53	I					
	KGEB-IND KTPX-ION		44		Tulsa OK				
		V-CBS		N	Okmulgee OK Tulsa OK				
				N	Tulsa OK				
	KOKI-FOX				Tulsa OK				
	KDOR-TBN		23 17		Bartlesville OK				
	KOED-PBS		11	E	Tulsa OK				
	KQCW-CW		19		Muskogee OK				
	KWHB-IND		47						
	KMYT-MNT		41						
				Tulsa OK Tulsa OK					
					Tulsa OK				
	KTPX-Qubo		44.2		Tulsa OK Okmulgee OK				
	KTPX-Qubo KDOR-JUCE/Smile		44.2 17.3	I-M	Tulsa OK Okmulgee OK Bartlesville OK				
	KTPX-Qubo		44.2		Tulsa OK Okmulgee OK				
	KTPX-Qubo KDOR-JUCE/Smile KDOR-The Hillsong Channel		44.2 17.3 17.2	I-M I-M	Tulsa OK         Okmulgee OK         Bartlesville OK         Bartlesville OK				
	KTPX-Qubo KDOR-JUCE/Smile KDOR-The Hillsong Channel KDOR-TBN Salsa		44.2 17.3 17.2 17.5	I-M I-M I-M	Tulsa OK         Okmulgee OK         Bartlesville OK         Bartlesville OK         Bartlesville OK				
	KTPX-Qubo KDOR-JUCE/Smile KDOR-The Hillsong Channel KDOR-TBN Salsa KDOR-Enlace		44.2 17.3 17.2 17.5 17.4	I-M I-M I-M I-M	Tulsa OK         Okmulgee OK         Bartlesville OK         Bartlesville OK         Bartlesville OK         Bartlesville OK         Bartlesville OK				
	KTPX-Qubo KDOR-JUCE/Smile KDOR-The Hillsong Channel KDOR-TBN Salsa KDOR-Enlace KTPX-Ion Life		44.2 17.3 17.2 17.5 17.4 44.3	I-M I-M I-M I-M	Tulsa OK         Okmulgee OK         Bartlesville OK         Bartlesville OK         Bartlesville OK         Bartlesville OK         Okmulgee OK				
	KTPX-Qubo KDOR-JUCE/Smile KDOR-The Hillsong Channel KDOR-TBN Salsa KDOR-Enlace KTPX-Ion Life KJRH-Laff		44.2 17.3 17.2 17.5 17.4 44.3 2.3	I-M I-M I-M I-M I-M I-M	Tulsa OK         Okmulgee OK         Bartlesville OK         Bartlesville OK         Bartlesville OK         Bartlesville OK         Bartlesville OK         Dkmulgee OK         Okmulgee OK         Tulsa OK				
	KTPX-Qubo KDOR-JUCE/Smile KDOR-The Hillsong Channel KDOR-TBN Salsa KDOR-Enlace KTPX-Ion Life KJRH-Laff KJRH-Bounce TV		44.2 17.3 17.2 17.5 17.4 44.3 2.3 2.2	I-M I-M I-M I-M I-M I-M	Tulsa OK         Okmulgee OK         Bartlesville OK         Bartlesville OK         Bartlesville OK         Bartlesville OK         Okmulgee OK         Tulsa OK         Tulsa OK				

FORM SA1-2. PAGE 3.

# SYSTEM ID#

						FORM SA1-2. PAGE 3. SYSTEM ID#				
Name			OWNER OF CABLE S	YSTEM:		039360				
		Vyve Broadba	nd A, LLC			039300				
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every television station (including translator 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 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis.         • List the station here, and also in space 1, if the station scorering 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community.         This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according the letter 'N' (for network), "N-M" (for network multicast), "I' (for independent station, or a noncommercial educational station, by entering the letter 'N' (for network), "N-M" (for network multicast), "I' (for independent station, or a noncommercial educational station, by entering the letter 'N' (for network), "N-M" (for network multicast), "I' (for independent multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: Give the location of each station. For U.S.									
	1. CALL SIGN		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KMYT-GetTV KOKI-Escape KMYT-Grit TV KOTV-News on 6 Now KOED-OKLA KTUL-Antenna TV KMYT-Heroes and Icons KOED-Create KOED-Kids		41.2 23.3 41.3 6.3 11.2 8.3 41.4 11.3 11.4	I-M I-M I-M I-M I-M E-M E-M	Tulsa OK Tulsa OK Tulsa OK Tulsa OK Tulsa OK Tulsa OK Tulsa OK Tulsa OK					

### ACCOUNTING PERIOD: 2021/1

FORM SA1-2. F EGAL NAME OF		CABLE S	YSTEM:				SYSTEM ID#	Name
Vyve Broadk	oand A, LL(	C					039360	
PRIMARY TRA								ы
	-		rried on a separate and discre enerally receivable" by your ca					н
	-	•			-	•		
-		-	- <b>Band FM Carriage:</b> Under C tem whenever it is received at		-	-		Primary Transmitters
on the basis of i	monitoring, to	be recei	ved at the headend, with the s	system's FM ante	nna, during c	ertain sta	ated intervals.	Radio
			Copyright Office regulations of	on this point, see	page (v) of the	e genera	al instructions.	
		-	each station carried. n is AM or FM.					
		-	nal was electronically processe	ed by the cable s	ystem as a se	parate a	nd discrete	
			c mark in the "S/D" column.	a atation in linena	ad by the EC(	C or in t	he ease of	
			on (the community to which th the community with which the		•	or, in t	he case of	
		, <b>,</b> ,	,					
		0/D		CALL SIGN				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						[		
						<mark></mark>		

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				5	SYSTEM ID#	
Name	Vyve Broadband A, LL	С						039360	
	SUBSTITUTE CARRIAGE				6				
I	In General: In space I, identi	fy every nor	nnetwork televis	sion program broadcast by	a distant stat				
Substitute	substitute basis during the ac explanation of the programm	• •		•	-		zations. Fo	or a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE					
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant station?								
	<b>Note:</b> If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete the	program		
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each substi				wherever pos	ssible, if their mea	aning is		
	clear. If you need more space Column 1: Give the title				program) that	, during the accou	unting		
	period, was broadcast by a c	distant stati	on and that yo	ur cable system substitute	ed for the prog	gramming of anot	ther statio	n	
	under certain FCC rules, reg Do not use general categori								
	"NBA Basketball: 76ers vs. I		laast live sets.	"Vee" Otherwise enter "	· ·	•	2		
	Column 2: If the program Column 3: Give the call s		,						
	<b>Column 4:</b> Give the broa						C or, in		
	the case of Mexican or Cana Column 5: Give the mon						the month	1	
	first. Example: for May 7 giv		aubatituta pro	arem was corriad by your		List the times of	oourotoly		
	<b>Column 6:</b> State the time to the nearest five minutes.								
	stated as "6:00–6:30 p.m."	r "D" if the	listed program	was substituted for progr	omming that		required		
	<b>Column 7:</b> Enter the letter to delete under FCC rules a								
	gram was substituted for pro	ogramming	that your syste	em was permitted to delete	e under FCC	rules and regulati	ions in		
	effect on October 19, 1976.								
					WHEN SU	JBSTITUTE CAP	RRIAGE	7. REASON	
			E PROGRAM 3. STATION'S		5. MONTH	OCCURRED 6. TIMES	S	FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то		
						_			
						_			
						_			
						_			
						_			
						_			

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	039360	
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identifed in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions.         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.	nission service	K Gross Receipts
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ <ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information.</li> </ul> </li> </ul>	\$263,800	L Copyright Royalty Fee
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 t accounting period is \$52.00	his six-month	
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 \$137,1	00)	
1. Base amount under statutory formula         \$         263,800.00		
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)	
1. Enter the amount of gross receipts from space K		
2. Base amount under statutory formula \$ 263,800.00		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pay general instructions for more information.	ge I of the	

#### ACCOUNTING PERIOD: 2021/1

		FORM SA1-2. PAGE 7.
Nomo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Vyve Broadband A, LLC	039360
	CHANNELS	
R.A		
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static	DNS
Channela	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	4. Enter the total number of channels on which the cable	
	1. Enter the total number of channels on which the cable	32
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	
	and nonbroadcast services	244
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Individual to		
Be Contacted	Norie Conceptore	225 0242
for Further Information	Name Marie Censoplano Telephone 914	-235-8313
mormation		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	IS.
0	as explained in the general instructions.)	,
-	, I the undersigned hereby certify that (Check and but only one of the bayes)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or
		51
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	in time i of space b and that the owner is not a corporation of partnership, of	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owne	r of the cable system
	in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained h	nerein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Handwritten signature: /s/ <b>Donlet</b> J. <b>White</b>	

Typed or printed name: **Daniel J White** 

al Planning
on held in corporation or partnership)
8/27/2021

**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 effects 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 sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#	Name
Vyve Broadband A, LLC	039360	name
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluss scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. 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? NO	asic Ide sub- 19."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name     Name       Mailing Address     Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
x		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, I list below the owner, address, first community served, ID number, and accounting period as given in the original served.		
OwnerAddress		
ID number		
First community served		
Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informa	tion (PII) requeste	ed on this

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office's public indexes and in search reports prepared for the public. The effects 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 sufficiency of the fling, a determination that would be made by a court of law.