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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

in the first tab	of this	workbook		ALLOCATION NUMBER	Tel. (202) 707-6150
Α	ACC		BY THIS STATEMENT: (YYYY	/(Period))	
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional - se	e instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp	ne cable system. If the owner is a subsidiary oration.	of another corporation, give the full corpo	rate title of
Owner		List any other name or names under which	h the owner conducts the business of the ca	ble system.	
			accounting period, only the owner on the la: nent covering the entire accounting period.	st day of the accounting period should sub	- -
		Check here if this is the system's first filing	g. If not, enter the system's ID number assign	ned by the Licensing Division.	5430
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
		Grande Communications Networks,	LLC		
		BUSINESS NAME(S) OF OWNER OF			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		401 Carlson Circle (Number, street, rural route, apartment, or suite r	umber)		
		San Marcos, TX 78666	,		
	INIOT	(City, town, state, zip)		41	
С			ness or trade names used to identify 2, give the mailing address of the sy		
System	1	IDENTIFICATION OF CABLE SYSTEM: Centrovision, Inc - Salado			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	401 Carlson Circle (Number, street, rural route, apartment, or suite r	number)		
		San Marcos, TX 78666 (City, town, state, zip code)			
		(ony, town, state, zip code)			
Privacy Act Notic	e: Section	111 of title 17 of the United States Code au	thorizes the Convright Offce to collect the per	sonally identifying information (PII) requeste	d on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

8/31/2021

opyrigi tying i 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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Grande Communications Networks, LLC	543
D	Instructions: List each separate community served by the cable system. A 'separate and distinct community or municipal entity (including unincorpor- unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, o	community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discret list will serve as a form of system identification hereafter known as the "fir
Area Served	city.	
	CITY OR TOWN	STATE
First	Salado	тх
Community		
d Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF CA							515	543 FEM
	Grande Communication	s Networks	, LLC						545
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRII	BERS AND RA	TES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and Rates	down by categories of secondary each category by counting the n	,		0 / 1					
Rates	separately for the particular serv			0,0		•	•	charged	
	Rate: Give the standard rate c	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· · ·	,		ny standai	d rate variation	s within a p	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		og			o nora accorpt			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	 Service to first set 		330	28.49					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		0	28.49					
	Commercial		17	28.49					
	Converter Residential								
	Non-residential								
	- Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	;				
F	In General: Space F calls for rat		,		-	• •			
•	not covered in space E, that is, t service for a single fee. There ar					•			
Services	furnished at cost or (2) services	•			•		0.0	,	
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	arged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	e system for ea	ch of the :	applicable servi	ces listed		
	Block 2: List any services that							were not	
Rates	listed in block 1 and for which a	•		nade or establi	shed. List	these other ser	vices in the	e form of a	
Rates									
Rates	brief (two- or three-word) descrip	otion and includ	le line la				1		
Rates		BLO	CK 1	ite for each.				BLOCK 2	
Rates	CATEGORY OF SERVICE		CK 1 CATEG	te for each.	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
Rates	CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATEG Installa	te for each. ORY OF SER ation: Non-res	/ICE	RATE		ORY OF SERVICE	
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa • Mot	ate for each. GORY OF SER\ ation: Non-resi tel, hotel	/ICE	RATE	Expand	ORY OF SERVICE	46.0
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CK 1 CATEG Installa • Mot • Cor	ate for each. CORY OF SER [\] ation: Non-resi tel, hotel nmercial	/ICE	RATE	Expano Digital	DRY OF SERVICE ded Basic Tier (Premier P	46.0 22.9
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	BLO RATE	CK 1 CATEG Installa • Mot • Cor • Pay	GORY OF SERV ation: Non-resi tel, hotel nmercial v cable	/ICE dential	RATE	Expano Digital Variety	DRY OF SERVICE ded Basic Tier (Premier P Pak	46.0 22.9 14.9
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ate for each. CORY OF SER [\] ation: Non-resi tel, hotel nmercial	/ICE dential	RATE	Expano Digital	DRY OF SERVICE ded Basic Tier (Premier P Pak r	46.0 22.9
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLO RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	GORY OF SERV ation: Non-resi tel, hotel nmercial v cable v cable-add'l ch	/ICE dential	RATE	Expand Digital Variety HD Tiel Latin T	DRY OF SERVICE ded Basic Tier (Premier P Pak r	46.0 22.9 14.9 6.9
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	BLO RATE 16.99	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	GORY OF SERV ation: Non-resident, hotel nmercial cable cable-add'l che protection	/ICE dential	RATE	Expand Digital Variety HD Tier Latin T Sports	ORY OF SERVICE ded Basic Tier (Premier Pa Pak r ier	46.0 22.9 14.9 6.9 7.9
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO RATE 16.99 54.99	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	GORY OF SERV atton: Non-resident tel, hotel mmercial v cable v cable-add'l ch e protection glar protection	/ICE dential	RATE	Expand Digital Variety HD Tier Latin T Sports	DRY OF SERVICE ded Basic Tier (Premier P Pak r ier Plus Pak ports Tier	46.0 22.9 14.9 6.9 7.9 14.9
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE 16.99 54.99	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Rec	GORY OF SERV atton: Non-resident tel, hotel mmercial cable cable-add'l ch e protection glar protection services:	/ICE dential		Expand Digital Variety HD Tiel Latin T Sports Ultra S	DRY OF SERVICE ded Basic Tier (Premier P Pak r ier Plus Pak ports Tier	46.0 22.9 14.9 6.9 7.9 14.9 4.9
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO RATE 16.99 54.99	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	CORY OF SERV ation: Non-resided tel, hotel mmercial cable cable-add'l ch protection glar protection services: connect	/ICE dential		Expand Digital Variety HD Tiel Latin T Sports Ultra S	DRY OF SERVICE ded Basic Tier (Premier P Pak r ier Plus Pak ports Tier	46.0 22.9 14.9 6.9 7.9 14.9 4.9

counting Period:	2021/1			FORM SA1-2E. PAGE 3	
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#	
	Grande Communicati	ons Networks, LLC		5430	
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1 : List each station multicast stream associated "WETA-2" as the same on t Column 2 : Give the channel of license. For example, W Column 3 : Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4 : Give the location	ntify every television station (including the n during the accounting period, <i>except</i> (n effect on June 24, 1981, permitting the b)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. : With respect to any distant stations can les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Ilso in space I, if the station was carried n concerning substitute basis stations, s i's call sign. <i>Do not</i> report origination pr I with a station according to its over-the-	(1) stations carried only on a part-time e carriage of certain network program (e)(2) and (4))]; and (2) certain station rried by your cable system on a subst e Special Statement and Program Lo both on a substitute basis and also see page (v) of the general instruction ogram services such as HBO, ESPN air designation. For example, report vision station for broadcasting over the tation, an independent station, or a report or network multicast), "I" (for independent "E-M" (for noncommercial education to the paper SA1-2 form.	e basis under ns [sections ons carried on a stitute program bg)—if the on some other ns. I, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast).	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KCEN	9	N	Temple, TX	
	кwтх	10	N	Waco, TX	
dd Rows as Necessary	KXXV	25	N	Waco, TX	
	кwкт	44	N	Waco, TX	
	KNCT	46	Е	Killeen, TX	
	KCEN-2	9.1	I	Temple, TX	
	KWTX-2	10.1	N	Waco, TX	
	KXXV-2	25.1	N	Waco, TX	
	KWKT-2	44.1	N	Waco, TX	

EGAL NAME OF								SYSTEM II
Grande Com	municatio	ns Net	works, LLC					54
								U
			irried on a separate and discre					Н
			nerally receivable by your cab					
eceivable if (1) In the basis of r	it is carried by monitoring, to prmation abou	y the sys be recei	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t	t the system's hea system's FM ante	adend, and (2) nna, during ce) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
		sign of e	each station carried.					
			n is AM or FM.					
			nal was electronically process k mark in the "S/D" column.	ed by the cable s	ystem as a se	parate a	ind discrete	
Column 4: G	ive the station	n's locati	the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Grande Communicatio	ons Netwo	orks, LLC					5430
-	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì			
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	•		• • • • • • • • • • • • • • • • • • • •	<u> </u>			
Special	During the accounting per				is any nonne	twork telev	ision program	n
Statement and	broadcast by a distant sta			carry, on a capolitato pac	io, any nonno			X
Program Log	,						YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever no	ssible if the	eir meaning is	
	clear. If you need more spa				wherever pos		en meaning k	5
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific progra	n titles, for ex	ample, "I L	ove Lucy" or	11.
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." n was broad	dcast live, enter	"Yes." Otherwise enter "I	No."	•		
		•		sting the substitute progra		upped by the	a FCC ar in	
	the case of Mexican or Can			e community to which the community with which the			ie FCC or, in	
	Column 5: Give the mor	th and day		em carried the substitute			, with the mo	nth
	first. Example: for May 7 giv					1:-444		. L
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:				ery
	stated as "6:00-6:30 p.m."	•			•	•		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976.	• •	····					
	s	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
		163 01 110	CALL SIGN	4. STATION S LOCATION	AND DAT		_ 10	
					.	+		
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						_	_	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC	S	YSTEM ID# 5430
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	7,118.10 Jss receipts)
L 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 \$2 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. 	63,800	
	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 th	s 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 \$137,1	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		
	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)	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and		_	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		its!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: unications Networks, LLC	;			SYSTEM ID# 5430
M Channels				Is on which the cable system carried telev ber of activated channels during the acco		
		I number of channels on whic d television broadcast station		le		13
	on which the	Il number of activated channe cable system carried televisio dcast services	n broadc			385
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name	Chris Connolly			Telephone	609-681-2178
	Address	650 College Road Ea (Number, street, rural route, apartr	st, Sui t ment, or sui	e 3100 te number)		
		Princeton, NJ 08540 (City, town, state, zip)				
	Email	Chris.connolly@	prcn.net		Fax (optional	
	CERTIFICATION	(This statement of account mu	ust be cei	tified and signed in accordance with Copy	yright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, <i>but on</i>	<i>ly one</i> , of the boxes.)		
	(Owne	r other than corporation or pa	artnershi	p) I am the owner of the cable system as id	dentified in line 1 of space B	; or
	(Agent			artnership) I am the duly authorized agent (not a corporation or partnership; or	of the owner of the cable sy	/stem as identified
	X (Offic			ation) or a partner (if a partnership) of the le	egal entity identified as own	er of the cable system
		te, and correct to the best of my	-	clare under penalty of law that all statement ge, information, and belief, and are made in		
			X	/s/ Parisa Salehani		
				electronic signature on the line above to certi nature using an "/s/ signature" (e.g., /s/ John		
		Typed or printed	name:	Parisa Salehani		
		Title: (Tit		r Vice President - Controller position held in corporation or partnership)		
		Date:			3/30/21	

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

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nde Communications Networks, LLC	5430
 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 following sentence: "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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	-
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.	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	Interest Assessment
×	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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