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

					Return completed workbook by	
STATE	MENT	OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	email to	
	•	ransmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
General in	struction	(Short Form) s are located s workbook.	01/27/2022		For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
		S WUINDOOK.		ALLOCATION NUMBER	-	
Α	ACC	COUNTING PERIOD COVEREI	BY THIS STATEMENT: (Y	YYY/(Period))		
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			<b>1</b>			
		2021	Barcode Data Filing Period (optional	- see instructions)		
Accountir Period	ng					
		Instructions:				
В		Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full corp	oorate title	
Owner		List any other name or names under wh	ich the owner conducts the business of	the cable system.		
		If there were different owners during the single statement of account and royalty		the last day of the accounting period should so thing period.	ubmit a	
		Check here if this is the system's first fil	ing. If not, enter the system's ID number	assigned by the Licensing Division.	63662	
		LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM			
		TRI-CO TECHNOLOGIES LLC BUSINESS NAME(S) OF OWNER (	DE CABLE SYSTEM (IE DIFFERENT			
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM			
		PO BOX 70 (Number, street, rural route, apartment, or suite	number)			
		CROSSLAKE, MN 56442 (City, town, state, zip)				
С				ntify the business and operation of the ne system, if different from the address		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTE	M:			
	2	24.5.000 for a state of the sta				
	2	(Number, street, rural route, apartment, or suite	number)			

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 filing, a determination that would be made by a court of law.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
name	TRI-CO TECHNOLOGIES LLC	63							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First	CROSSLAKE	MN							
Community									
dd Rows as Necessary									

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	TRI-CO TECHNOLOGIES LLC										
Ε	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	•	-		•						
Secondary	about other services (including p					hose exis	ting on the				
Transmission Service: Sub-	last day of the accounting period					olo svetor	broken				
scribers and	<b>Number of Subscribers:</b> 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										
Rates	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.										
	<b>Block 1:</b> 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. <b>Note:</b> Where an individual or organization is receiving service that falls under different										
	that applies to your system. Not categories, that person or entity		J. J		0						
	subscriber who pays extra for ca										
	first set" and would be counted of	once again und	ler "Service to addit	onal set(s)."							
	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.										
		DCK 1				BLOC	٢2				
		NO. OF		0.17			NO. OF	DAT			
	CATEGORY OF SERVICE Residential:	SUBSCRIBI 784	ERS RATE		EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Service to first set	784	11	2							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC		NSMISSIONS: RA	TES							
F	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										
Services	furnished at cost or (2) services		,	0		0 (	,				
Other Than											
Secondary	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.										
ransmissions: Rates	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										
Nates	<b>Block 2:</b> 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 SI	RVICE	RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services:		Installation: Non-I	esidential							
	• Pay cable		<ul> <li>Motel, hotel</li> </ul>								
	Pay cable—add'l channel		<ul> <li>Commercial</li> </ul>								
	Fire protection		<ul> <li>Pay cable</li> </ul>								
	<ul> <li>Burglar protection</li> </ul>		• Pay cable-add'	channel							
	Installation: Residential		<ul> <li>Fire protection</li> </ul>								
	• First set		<ul> <li>Burglar protecti</li> </ul>	on							
	Additional set(s)		Other services:								
	• FM radio (if separate rate)		Reconnect								
	Converter		<ul> <li>Disconnect</li> </ul>								
	Conventer										
	Converter		Outlet relocatio     Move to new ac								

5 4 29 11 9	arried only on a part-time basis under ertain network programs [sections ]; and (2) certain stations carried of able system on a substitute program ement and Program Log)—if the stitute basis and also on some other of the general instructions. es such as HBO, ESPN, etc. Identify n. For example, report multistream or broadcasting over the air in its con pendent station, or a noncommerci liticast), "I" (for independent), "I-M" necommercial educational multicast) per SA1-2 form. to which the station is licensed by with which the station is identified.	er fy each n ommunity cial ). the <b>LOCATION OF STATION</b> MN POLIS MN VOOD MN POLIS MN
authing period, except (1) stations carri         24, 1981, permitting the carriage of cert         6.63 (referring to 76.61(e)(2) and (4))];         enext paragraph.         any distant stations carried by your cab         or authorizations:         t do list it in space I (the Special Statem         s.         the station was carried both on a substitute basis stations, see page (v) of the or report origination program services         cording to its over-the-air designation.         C assigned to the television station for the Washington, D.C.         e station is a network station, an indeper (for network), "N-M" (for network multion mercial educational), or "E-M" (for nonor) of the general instructions in the paper For U.S. stations, list the community to the y, give the name of the community with         ANNEL NUMBER       3. TYPE O         5       1         9       1	arried only on a part-time basis understain network programs [sections]; and (2) certain stations carried or able system on a substitute program and (2) certain stations carried or able system on a substitute program and (2) certain stations carried or able system on a substitute program and (2) certain stations carried or able system on a substitute program cement and Program Log)—if the stitute basis and also on some other of the general instructions.         stitute basis and also on some other of the general instructions.         ss such as HBO, ESPN, etc. Identify in. For example, report multistream or broadcasting over the air in its compendent station, or a noncommercial ticast), "I" (for independent), "I-M" noommercial educational multicast) aper SA1-2 form.         to which the station is licensed by with which the station is identified.         OF STATION       4.         N       MINNEAP         N       MAPLEWORN         N       MINNEAP	er fy each n ommunity cial ). the <b>LOCATION OF STATION</b> MN POLIS MN VOOD MN POLIS MN
authing period, except (1) stations carri         24, 1981, permitting the carriage of cert         6.63 (referring to 76.61(e)(2) and (4))];         enext paragraph.         any distant stations carried by your cab         or authorizations:         t do list it in space I (the Special Statem         s.         the station was carried both on a substitute basis stations, see page (v) of the or report origination program services         cording to its over-the-air designation.         C assigned to the television station for the Washington, D.C.         e station is a network station, an indeper (for network), "N-M" (for network multion mercial educational), or "E-M" (for nonor) of the general instructions in the paper For U.S. stations, list the community to the y, give the name of the community with         ANNEL NUMBER       3. TYPE O         5       1         9       1	arried only on a part-time basis understain network programs [sections]; and (2) certain stations carried or able system on a substitute program and (2) certain stations carried or able system on a substitute program and (2) certain stations carried or able system on a substitute program and (2) certain stations carried or able system on a substitute program cement and Program Log)—if the stitute basis and also on some other of the general instructions.         stitute basis and also on some other of the general instructions.         ss such as HBO, ESPN, etc. Identify in. For example, report multistream or broadcasting over the air in its compendent station, or a noncommercial ticast), "I" (for independent), "I-M" noommercial educational multicast) aper SA1-2 form.         to which the station is licensed by with which the station is identified.         OF STATION       4.         N       MINNEAP         N       MAPLEWORN         N       MINNEAP	er fy each n ommunity cial ). the <b>LOCATION OF STATION</b> MN POLIS MN VOOD MN POLIS MN
5 4 29 11 9	N ST PAUL N MINNEAP N MAPLEW N MINNEAP	MN POLIS MN 7000 MN POLIS MN
4 29 11 9	N MINNEAP N MAPLEW N MINNEAP	POLIS MN YOOD MN POLIS MN
4 29 11 9	N MINNEAP N MAPLEW N MINNEAP	POLIS MN YOOD MN POLIS MN
29 11 9	N MAPLEW N MINNEAP	OOD MN POLIS MN
11 9	N MINNEAP	POLIS MN
	N EDEN PR	AIRIF MN
22		
	E BRAINER	D MN
45	N ST PAUL	MN

LEGAL NAME OF	eriod: 2021		YSTEM:					SYSTEM ID
TRI-CO TEC	HNOLOGIE		;					6366
PRIMARY TRA	NSMITTERS:	RADIO	1					
			arried on a separate and discr					н
all-band basis w	/hose signals	were ge	nerally receivable by your cat	ole system during	the accountir	ng perio	J.	
			II-Band FM Carriage: Under (					Primary
			stem whenever it is received a ived at the headend, with the					Transmitters: Radio
	-		pyright Office regulations on t	•	-			Nadio
paper SA1-2 for				···- F - ···, F -·	5- (-) 5			
			each station carried.					
			on is AM or FM. nal was electronically process	sed by the cable	system as a s	eparate	and discrete	
		-	k mark in the "S/D" column.		o do do	opulato		
			on (the community to which the			C or, in	the case of	
Mexican or Can	adian stations	s, if any,	the community with which the	e station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2021/1						FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF TRI-CO TECHNOLOGI		STEM:					SYSTEM ID		
		ESLLC						63662		
Substitute Carriage:	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every no</i> accounting p ning that mu	nnetwork televi eriod, under sp st be included	<i>ision program,</i> broadcast by becific present and former F in this log, see page (v) of t	<i>a distant</i> sta CC rules, reg	ulations, or	authorizatio	ns. For a further		
Special	<ol> <li>SPECIAL STATEMEN</li> <li>During the accounting per</li> </ol>	-			sis any nonr	network tel	avision prog	Iram		
Statement and	broadcast by a distant sta	•	ui cable syster	in carry, on a substitute ba	515, any nom			NO		
Program Log	2		root of this no	an blank. If your anower is	"Voo" vou		-			
	<b>Note:</b> 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.									
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broa the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	of every no distant star egulations, of ries like "mo Bulls." m was broa sign of the adcast station addast station addast station th and day ve "5/7." es when the Example: a rer "R" if the and regulation	ponnetwork tele tion and that y por authorization povies" or "bask dcast live, entr station broadc on's location (f ons, if any, the y when your sy e substitute pr a program carr e listed program ions in effect d	vision program ("substitute our cable system substitut ns. See page (v) of the gene etball." List specific progra er "Yes." Otherwise enter ' casting the substitute progra- the community to which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for prog- luring the accounting period	ed for the pro neral instruct im titles, for e 'No." am. e station is lid e program. Us r cable system :15 p.m. to 6 ramming that id; enter the l	ogramming ions for fur example, "I censed by entified). se numeral m. List the c28:30 p.m t your syste letter "P" if	the FCC or, loss with the r times accur loss out the r times accur loshould be em was <i>requ</i> the listed pr	station ation. or in month rately <i>uired</i>		
	effect on October 19, 1976									
	S	UBSTITUT		1		N SUBST		7. REASON FO		
	SI 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		CARRI 5. MONTH	AGE OCC 6. 1		7. REASON FO DELETION		
		1			CARRI	AGE OCC 6.	URRED			
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
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		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
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		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
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		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
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		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
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		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1				

Accounting Period:	2021/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Name	TRI-CO TECHNOLOGIES LLC 6366
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 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.         IMPORTANT: You must complete a statement in space P concerning gross 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 \$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
	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 \$ 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
	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)
	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
Filler Fri	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00
Due	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
	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.

Nomo	EGAL NAME OF O TRI-CO TECHN	OWNER OF CABLE SYSTEM:			SYSTEM ID# 63662
M Channels	to its subscribers, 1. Enter the total system carried t 2. Enter the total on which the ca	and (2) the cable system's t number of channels on which	total numb h the cable s broadcas	t stations	. 7
Individual to		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an individual	
Be Contacted for Further Information	Name	SHEILA MARTIN		Telephone	218-692-5081
	Address	PO BOX 70 (Number, street, rural route, apartr	ment, or suit	e number)	
		CROSSLAKE MN 564 (City, town, state, zip)	442		
	Email	smartin@emilyt	tel.com	Fax (optional)	
<b>O</b>	CERTIFICATION (	(This statement of account m	ust be cer	tified and signed in accordance with Copyright Office regulations	)
Certification •		ed, hereby certify that (Check o			_
				p) I am the owner of the cable system as identified in line 1 of space	
	in li	ine 1 of space B and that the c	owner is no	artnership) I am the duly authorized agent of the owner of the cable at a corporation or partnership; or	
	in li	ine 1 of space B.		ation) or a partner (if a partnership) of the legal entity identified as o	
		e, and correct to the best of my		cclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	201
			Х	/s/Sheila Martin	
				electronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	i name:	SHEILA MARTIN	
		Title: (Title of of		E MANAGER/ACCOUNTANT n held in corporation or partnership)	
		Date:		01/27/2022	

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 filing, a determination that would be made by a court of law.

GAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
SREINAWE OF OWNER OF CABLE STSTEW.	SYSTEM II
I-CO TECHNOLOGIES LLC	6366
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- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement 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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
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 \$	
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	
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	
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