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

for Secondary T Cable Systems General instruction in the first tab of th		DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>				
Cable Systems General instruction in the first tab of th	(Short Form)	DATERCOLIVED	,	 <u>coplicsoa@copyright.gov</u> 				
General instruction in the first tab of th								
in the first tab of th	ns are located		\$	For additional information,				
•		03/01/2022		contact the U.S. Copyright Office Licensing Division at				
A ac	nis workbook.		ALLOCATION NUMBER	(202) 707-8150.				
A ac								
A AC								
A ac]				
	COUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	(YY/(Period))					
			· "					
		l						
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	20212	Barcode Data Filing Period (optional -	see instructions)					
	20212	J						
Accounting Period								
_	Instructions: Give the full legal name of the owner of the owner of the full legal name of the owner own	he cable system. If the owner is a subsic	liary of another corporation, give the full corpo	rate title				
B	of the subsidiary, not that of the parent c							
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 t	he last day of the accounting period should sub	amit a				
	single statement of account and royalty for			lint a				
	Check here if this is the system's first filin	g If not enter the system's ID number :	assigned by the Licensing Division	010736				
		,						
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
	CEQUEL COMMUNICATIONS LLC							
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)						
	SUDDENLINK COMMUNICATIONS							
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
	3027 S SE LOOP 323							
	(Number, street, rural route, apartment, or suite number)							
	TYLER, TX 75701 (City, town, state, zip)							
C INS	TRUCTIONS: In line 1, give any busi	ness or trade names used to ider	tify the business and operation of the s	system unless these				
	nes already appear in space B. In line	2, give the mailing address of the	e system, if different from the address g	jiven in space B				
System 1	IDENTIFICATION OF CABLE SYSTEM:							
	BROOKFIELD, MO							
	MAILING ADDRESS OF CABLE SYSTEM	:						
2	(Number, street, rural route, apartment, or suite n	umber)						
I	(City, town, state, zip code)							
Brivaov Act Nation: Ca	ation 111 of Title 17 of the United States Order	uthorizon the Convright Office to collect th	e personally identifying information (PII) requeste	d 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm	01073(
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BROOKFIELD	MO
Community	LINN COUNTY(PORTIONS)	MO
dd Rows as Necessary		
u Rows as necessary		
	าการแสดการการการการการการการการการการการการการก	

								FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID 01073		
	CEQUEL COMMUNICATIONS LLC										
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES						
E	In General: The information in s	•		-		•					
. .	system, that is, the retransmission										
Secondary Transmission	about other services (including p						hose exis	ting on the			
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole svstem	n, broken			
scribers and	down by categories of secondar	•					,	,			
Rates	each category by counting the n	,		0 / 1		•					
	separately for the particular serv					•	,				
	Rate: Give the standard rate of	-	-	•				-			
	unit in which it is generally billed category, but do not include disc				ny standa	ird rate variation	s within a	particular rate			
	Block 1: In the left-hand block				ies of sec	condary transmis	sion servi	ce that cable			
	systems most commonly provide			-		•					
	that applies to your system. Not	e: Where an in	idividua	l or organizatio	n is receiv	ving service that	falls unde	r different			
	categories, that person or entity										
	subscriber who pays extra for ca					d in the count un	der "Serv	ice 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										
	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 a					•	,.				
	sufficient.										
	BLC	DCK 1 NO. OF	<u> </u>				BLOC	K 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		154	34.99							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		18	45.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC In General: Space F calls for ra				-	all your cable sys	tem's ser	vices that were			
F	not covered in space E, that is, t	•	,		•						
	service for a single fee. There a					,	,				
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the ur		usually	billed. If any ra	ites are cl	harged on a vari	able per-p	rogram basis,			
Secondary Fransmissions:	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										
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										
	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						BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Installa	ation: Non-res	idential						
	• Pay cable	17.00		tel, hotel							
	 Pay cable—add'l channel 	19.00	_	mmercial							
	Fire protection		-	y cable							
	 Burglar protection 		• Pay	y cable-add'l ch	annel						
	Installation: Residential		• Fire	e protection							
	• First set	99.00	• Bur	rglar protection							
	 Additional set(s) 	25.00	Other	services:							
	• FM radio (if separate rate)		• Re	connect		40.00					
	Converter		• Dis	connect							
			• Ou	tlet relocation		25.00					
			• Mo	ve to new addr	ess	99.00					

ccounting Period:	2021/2			FOF	RM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF				SYSTEM ID				
	CEQUEL COMMUNIC				01073				
	PRIMARY TRANSMITTERS:								
G		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, <i>except</i> (1) stations carried only on a part-time basis under							
Primary	CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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								
Transmitters:	substitute program basis, as explained in the next paragraph.								
Television		With respect to any distant stations calles, regulations, or authorizations:	arried by your cable system on a sul	ostitute program					
	• Do not list the station here	in space G—but do list it in space I (t	he Special Statement and Program	Log)—if the					
	 station was carried only on List the station here, and a 	a substitute basis. Ilso in space I, if the station was carrie	d both on a substitute basis and also	o on some other					
	basis. For further informatio	n concerning substitute basis stations,	see page (v) of the general instruct	ions.					
		's call sign. <i>Do not</i> report origination p with a station according to its over-the	.						
	"WETA-2" as the same on t	he form. I number the FCC assigned to the tele	wision station for broadcasting over	the air in its community					
		C is channel 4 in Washington, D.C.							
		case whether the station is a network ring the letter "N" (for network), "N-M"	, , ,						
		"E" (for noncommercial educational), of							
		rms, see page (iv) of the general instru		is licensed by the					
	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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF S	ΤΑΤΙΟΝ				
	KCPT-1	19	E						
				KANSAS CITY, MO					
	KCTV-1	5	N	KANSAS CITY, MO					
Add Rows as Necessary	KCWE-1	29	I	KANSAS CITY, MO					
	KMBC-1	9	N	KANSAS CITY, MO					
	KMCI-1	38	I	LAWRENCE, KS					
	KSHB-1	41	N	KANSAS CITY, MO					
	KSMO-1	62	l	KANSAS CITY, MO					
	KTVO-1	3	Ν	KIRKSVILLE, MO					
	WDAF-1	4	I	KANSAS CITY, MO					

	F OWNER OF (SYSTEM 010
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be rece t the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which th the community with which th	at s s th	the system's he ystem's FM antr is point, see page ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s leneral ir eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter Radio
CALL SIGN	AM or FM	S/D			CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/0	LOCATION OF STATION		CALL SIGN		3/D	LOCATION OF STATION	
				ļļ					
				1					

	od: 2021/2						FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					010736
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion. that v	our cable sv	stem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of th	he general ins	structions i	n the paper \$	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network te	levision proo	gr <u>am</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram zog	-		reat of this no	an block if your anower is	"Vee" veu "	nuct comm	-	
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, your	nust comp	piete the pro	gram
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviations	s wherever no	nssihle if i	their meanir	na is
	clear. If you need more spa					5551516, 11		
	Column 1: Give the title	of every no	onnetwork telev	/ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		example,	I LOVE LUCY	0I
			dcast live, ente	er "Yes." Otherwise enter "	'No."			
	Column 3: Give the call	sign of the	station broadc	asting the substitute progr	am.			
				he community to which the			the FCC or	, in
	the case of Mexican or Car			stem carried the substitute			le with the	month
	first. Example: for May 7 giv	•	when your sys		program. Os			monun
			e substitute pro	ogram was carried by your	r cable systei	m. List the	times accu	rately
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6	:28:30 p.n	n. should be	•
	stated as "6:00–6:30 p.m."	ar "D" if the	listed program	was substituted for press	romanain a that			uine d
	to delete under FCC rules a			n was substituted for progr uring the accounting perio				
	was substituted for program							
	effect on October 19, 1976		-			-		
	9							7 REASON FOR
			E PROGRAM		CARRI	AGE OCO		7. REASON FOR DELETION
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCO	CURRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	010736							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	sion service							
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 \$26 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. 	3,800							
	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 this accounting period is \$52.00.	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 \$137,100)								
	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	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 receipts (under statutory formula)	.319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance Due	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 C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more i								

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		INER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 010736
M Channels	to its subscribers, a 1. Enter the total m system carried te 2. Enter the total m	and (2) the cable system's umber of channels on whic levision broadcast stations umber of activated channel	total numl		9
		le system carried television		st stations	123
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		ORMATION IS NEEDED (Identify an individual	
for Further Information	Name I	RODNEY HASKINS		Telephone	903) 579-3152
	(i 1	3027 S SE LOOP 32: Number, street, rural route, apart TYLER, TX 75701 City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	• I, the undersigned	, hereby certify that (Check	one, <i>but or</i> Dartnersh	rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space partnership) I am the duly authorized agent of the owner of the cable	e B; or
	X (Officer in line • I have examined th	or partner) I am an officer (e 1 of space B. he statement of account and and correct to the best of m	(if a corpo I hereby d	ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as c eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		2/1/2022	

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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	010736
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 -	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served Accounting period	

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