This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/04/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20221 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Blue Valley Tele-Communications, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Blue Valley Technologies, Inc.
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1559 Pony Express Hwy (Number, street, rural route, apartment, or suite number)
		Home, KS 66438 (City, town, state, zjp)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAGE 1
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
	Blue Valley Tele-Communications, Inc.	1538
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincorp	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	
	as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	
Area	identified city.	in mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Axtell	KS
Community	Linn	KS
	Palmer	KS
d Rows as Necessary	Washington	KS
a nows as recessary	Hanover	KS
	Oketo	KS
	Summerfield	KS
	Marysville	KS
	Beattie	KS
	Home	KS
	Frankfort	KS
	Vermillion	KS
	Waterville	KS
	Centralia	KS
	Onaga	KS
	Wheaton	KS
	Westmoreland	KS

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Blue Valley Tele-Communications, Inc.

1538

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	2,271	25.00	Additional HD Sets	1,185	7.00	
<ul> <li>Service to additional set(s)</li> </ul>			Addititional HD DVR	1,049	10.00	
<ul> <li>FM radio (if separate rate)</li> </ul>			DTA	1,502	.99-3.99	
Motel, hotel	76	19.05				
Commercial	242	15.74-37.74				
Converter						
Residential						
Non-residential						
		T		I		

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel			HBO	18.95
Pay cable—add'l channel		Commercial			SHOWTIME/TMC	12.95
Fire protection		Pay cable			CINEMAX	12.95
•Burglar protection		Pay cable-add'l channel			STARZ/ENCORE	12.95
Installation: Residential		Fire protection		[	ANY 2 MOVIE PLEX	27.95
First set		Burglar protection			ANY 3 MOVIE PLEX	38.95
Additional set(s)		Other services:			ANY 4 MOVIE PLEX	48.95
• FM radio (if separate rate)		Reconnect			BASIC BVTV	67.00
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1538

Blue Valley Tele-Communications, Inc.

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 program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNT	27	N	Topeka, KS
KSNT-DT2	27.2	N-M	Topeka, KS
KTKA	49	N	Topeka, KS
KTKA-DT2	49.2	I-M	Topeka, KS
KOLN	10	N	LINCOLN, NE
KTWU	11	E	Topeka, KS
KTKA-DT3	49.3	I-M	Topeka, KS
KUON	12	E	LINCOLN, NE
KUON-DT2	12.2	E-M	LINCOLN, NE
KUON-DT3	12.3	E-M	LINCOLN, NE
KTWU-DT3	11.3	E-M	Topeka, KS
WIBW	13	N	Topeka, KS
WIBW-DT2	13.2	I-M	Topeka, KS
WIBW-DT5	13.5	I-M	Topeka, KS
KSNT-DT4	27.4	I-M	Topeka, KS
	•	, , , , , , , , , , , , , , , , , , ,	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Blue Valley Tele-Communications, Inc.

1538

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	ΛM 05 ΓM	e/D	LOCATION OF STATION	CALLSION	ΛΜ or ΓΝ4	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
		ļ					
		ļ					
		ļ					
		1					
		1					
		<del> </del>					
		<del> </del>					
						ļ <u>.</u>	

Name	LEGAL NAME OF OWNER OF							,	SYSTEM ID	
	Blue Valley Tele-Com	municatio	ons, Inc.						153	
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G					
ı				<i>ision program,</i> broadcast by						
Substitute				pecific present and former Fi in this log, see page (v) of the						
Carriage:	1. SPECIAL STATEMEN				no gonorai inc	u douono	iii tiio pa	ipor or t	1 2 101111.	
Special	• Dunno the accounting benod and your capie system carry on a substitute basis, any nonnetwork television brodi									
itement and ogram Log	broadcast by a distant station?									
	Note: 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.									
	2. LOG OF SUBSTITUT					: ! : . : . : . : . : . : . :	41:			
	In General: List each subsclear. If you need more sp				s wnerever po	ossidie, it	tneir me	eaning i	S	
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute						
	period, was broadcast by a under certain FCC rules, r									
	Do not use general catego	ries like "mo								
	"NBA Basketball: 76ers vs		dcast live ent	er "Yes." Otherwise enter "	'No."					
	Column 3: Give the cal	sign of the	station broad	casting the substitute progr	am.					
	Column 4: Give the brothe case of Mexican or Ca		,	the community to which the		,	the FC	C or, in		
				stem carried the substitute			als, with	the mo	onth	
	first. Example: for May 7 g					12.60	·		.1	
				ogram was carried by your ried by a system from 6:01					eıy	
	stated as "6:00-6:30 p.m."									
				m was substituted for progr during the accounting perio						
				as permitted to delete und					jiaiii	
	effect on October 19, 1976	6.								
	SUBSTITUTE PROGRAM WHEN SUBSTITUTE PROGRAM CARRIAGE OCCU				WHEI	N SUBS	ΓITUTE			
					CARRI	AGE OC	CURRE			
	1. TITLE OF PROGRAM		E PROGRAM  3. STATION'S  CALL SIGN			AGE OC	CURRE TIMES		7. REASON FO DELETION	
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7	7. REASON FO DELETION	
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRE TIMES	D 7		

Accounting Period: 2	2022/1	FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Valley Tele-Communications, Inc.	SYSTEM ID#
		1330
<b>K</b> 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 am page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s)	ion service ount, se
	during the accounting period	492,973.80 Amount of gross receipts)
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. 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.	3,80(
	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 s accounting period is \$52.00	ix-month
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600	)
	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	291.74
	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	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	3,610.74
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing For		
Filing Fee and Total Remittance Due	<u> </u>	610.74
	Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	3,630.74
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> 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 in	

Accounting Period:	2022/1				FORM SA1-2E. PAGE
Name		WNER OF CABLE SYSTEM: e-Communications, Inc.			SYSTEM II 153
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	number of channels on which television broadcast stations. number of activated channels able system carried television	otal numb		15 200+
N Individual to		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Bruce Beard, Cinnan	non Mu	Teller Te	elephone <b>314-462-9000</b>
	Address	1714 Deer Track Trai (Number, street, rural route, apartn St. Louis, MO 63131 (City, town, state, zip)	I, Suite	e number)	
	Email	bbeard@cinnan	nonmue	ler.com Fax (optional)	
O Certification	I, the undersigned (Owne)      (Agent in I)      X (Officin I)      I have examined	ed, hereby certify that (Check or other than corporation or pet of owner other than corporatine 1 of space B and that the other or partner) I am an officer (in ine 1 of space B.  If the statement of account and e, and correct to the best of my	artnershintion or p where is no if a corpor hereby de knowlede	tified and signed in accordance with Copyright Office regulary one, of the boxes.)  p) I am the owner of the cable system as identified in line 1 of artnership) I am the duly authorized agent of the owner of the ot a corporation or partnership; or action) or a partner (if a partnership) of the legal entity identified action and penalty of law that all statements of fact containing an information, and belief, and are made in good faith.  /s/ John P Smith  John P Smith	of space B; or the cable system as identified fied as owner of the cable system ned herein
		Title: (Title of of	COO ficial position	on held in corporation or partnership)	
		Date:		8/2/2022	

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

Accounting Period: 2022/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Valley Tele-Communications, Inc.	1538
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."	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  Mailing Address  Mailing Address	
INTEREST ASSESSMENT	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	11111111111111111111111111111111111111

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