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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	09/06/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	24984
		-	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Great Plains Cable Television	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P. O. Box 50 (Number, street, rural route, apartment, or suite number)	
		Blair, NE 68008	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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)	
	<u> </u>	[[0(J], 10111, 0000, 219 0000]	

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

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Great Plains Cable Television	249
	Instructions: List each separate community served by the cable system. A "commu	unity" is the same as a "community unit" as defined in FCC rule
	"a separate and distinct community or municipal entity (including unincorporated	
D	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.	· · · · · · · · · · · · · · · · · · ·
		a home north, chould be reported in perentheces below the
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	North Bend	Nebraska
Community	Dodge	Nebraska
	Snyder	Nebraska
ld Rows as Necessary	Scribner	Nebraska
	Dodge County	Nebraska
	Herman iTV	Nebraska
	Beemer iTV	Nebraska
	Omaha iTV	Nebraska
	Blair iTV	Nebraska
	Columbus iTV	Nebraska
		ιτεμίασκα

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	Great Plains Cable Television								2498
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
_	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p	bay cable) in sp	bace F, I	not here. All th	e facts you	u state must be			
Transmission			une 30 or December 31, as the case may be).						
Service: Sub- scribers and		•	plocks in space E call for the number of subscribers to the cable system, broken ransmission service. In general, you can compute the number of subscribers in						
Rates	each category by counting the n			•		•			
	separately for the particular serv	vice at the rate	indicate	d-not the nur	nber of se	ts receiving ser	vice).	-	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·			any standa	ard rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ries of sec	condary 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	•			• • •	service that are	e different f	from those	
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	e-word descrip	tion of the	service is	
	BLOCK 1 BLOCK					BLOCK	(2		
		NO. OF			NO.				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		507	04.05	Broode	actor Eco		E07	24
	Service to first set		587	24.95	Бгоацс	aster Fee		587	24.
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				-				
F	In General: Space F calls for ra	•	,		-	• •			
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that							were not	
Rates	-	• •			-	-	-		
	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		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	16.95	• Mot	tel, hotel					
	Pay cable—add'l channel	12.95	• Cor	nmercial					
	Fire protection		• Pay	/ cable					
	 Burglar protection 		• Pay	/ cable-add'l cł	nannel				
	Installation: Residential		• Fire	e protection					
	• First set	65.00	• Bur	glar protection					
	• 1 H ()	65.00	Other s	services:					
	 Additional set(s) 						1		
	 Additional set(s) FM radio (if separate rate) 		• Red	connect		65.00			
	. ,			connect connect		65.00			
	• FM radio (if separate rate)		• Dis			65.00 65.00			

	LEGAL NAME OF OWNER OF			SYSTE
Name				51516
	Great Plains Cable Te			
G Primary ansmitters: Felevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a 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 basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	entify every television station (including f im during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. is: With respect to any distant stations ca- ules, regulations, or authorizations: is in space G—but do list it in space I (the in a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, i n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. in case whether the station is a network se ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- ton of each station. For U.S. stations, list	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a si e Special Statement and Program I both on a substitute basis and al- see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the static 3. TYPE OF STATION	on is identified. 4. LOCATION OF STATION
	KMTV	3.1	N	Omaha, NE
	КРТН	42.1	N	Omaha, NE
		•		
Servic on Necessary		42.2	I-M	
Rows as Necessary		42.2	I-M	
Rows as Necessary	WOWT	42.3	I-M	Omaha NE
Rows as Necessary	wowt	42.3 6.1	I-M N	Omaha, NE
Rows as Necessary	wowt	42.3 6.1 6.2	I-M N I-M	Omaha, NE
Rows as Necessary		42.3 6.1 6.2 6.3	I-M N I-M I-M	
Rows as Necessary	wowt Ketv	42.3 6.1 6.2 6.3 7.1	I-M N I-M I-M N	Omaha, NE Omaha, NE
Rows as Necessary		42.3 6.1 6.2 6.3	I-M N I-M I-M	
Rows as Necessary		42.3 6.1 6.2 6.3 7.1	I-M N I-M I-M N	
Rows as Necessary	KETV	42.3 6.1 6.2 6.3 7.1 7.2	I-M N I-M I-M N I-M	Omaha, NE
Rows as Necessary	KETV KXVO	42.3 6.1 6.2 6.3 7.1 7.2 15.1	I-M N I-M I-M N I-M N	Omaha, NE Omaha, NE
Rows as Necessary	KETV KXVO KUON	42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1	I-M N I-M I-M N I-M N E	Omaha, NE Omaha, NE
Rows as Necessary	KETV KXVO KUON KUON-EW	42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2	I-M N I-M N I-M N I-M N E E E-M	Omaha, NE Omaha, NE
Rows as Necessary	KETV KXVO KUON KUON-EW	42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2	I-M N I-M N I-M N I-M N E E E-M	Omaha, NE Omaha, NE
Rows as Necessary	KETV KXVO KUON KUON-EW	42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2	I-M N I-M N I-M N I-M N E E E-M	Omaha, NE Omaha, NE
Rows as Necessary	KETV KXVO KUON KUON-EW	42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2	I-M N I-M N I-M N I-M N E E E-M	Omaha, NE Omaha, NE
Rows as Necessary	KETV KXVO KUON KUON-EW	42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2	I-M N I-M N I-M N I-M N E E E-M	Omaha, NE Omaha, NE
Rows as Necessary	KETV KXVO KUON KUON-EW	42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2	I-M N I-M N I-M N I-M N E E E-M	Omaha, NE Omaha, NE
Rows as Necessary	KETV KXVO KUON KUON-EW	42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2	I-M N I-M N I-M N I-M N E E E-M	Omaha, NE Omaha, NE
Rows as Necessary	KETV KXVO KUON KUON-EW	42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2	I-M N I-M N I-M N I-M N E E E-M	Omaha, NE Omaha, NE
Rows as Necessary	KETV KXVO KUON KUON-EW	42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2	I-M N I-M N I-M N I-M N E E E-M	Omaha, NE Omaha, NE

LEGAL NAME OF Great Plains								SYSTEM I 249
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether the the radio stati this by placing ive the station	v the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ant this point, see pa sed by the cable ne station is licer	eadend, and (2 enna, during c age (v) of the g system as a se ised by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						5,6		
						 		
						 		
						<u> </u>		
								
						 		
						 		
						 		
						 		
						 		

Accounting Perio	od: 2022/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Great Plains Cable Te	levision					24984
	SUBSTITUTE CARRIAG		AL STATEME	NT AND PROGRAM I ()G		
I	In General: In space I, ident substitute basis during the a	tify every no	onnetwork telev period, under sp	<i>ision program,</i> broadcast b becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or author	izations. For a further
Substitute	explanation of the programn				the general ins	structions in the pa	aper SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-					
Statement and	 During the accounting per 	riod, did yo	ur cable syste	n carry, on a substitute ba	asis, any nonr	network television	
Program Log	broadcast by a distant sta	tion?				Y	ES XNO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust complete the	
	log in block 2.	,	· ·	5	, ,	·	1 3
	2. LOG OF SUBSTITUT	E PROGR	AMS				
	In General: List each subs				s wherever p	ossible, if their me	eaning is
	clear. If you need more spa			l rows to the tables. vision program ("substitut	e program") ti	hat during the ac	counting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro-	ogramming of and	other station
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for further in	formation.
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love I	_ucy" or
		m was broa		er "Yes." Otherwise enter asting the substitute prog			
				the community to which the		censed by the FC	C or. in
	the case of Mexican or Car						- ,
			/ when your sy	stem carried the substitut	e program. U	se numerals, with	the month
	first. Example: for May 7 gi		e substitute n	ogram was carried by you	r cable system	m List the times :	accurately
	to the nearest five minutes						
	stated as "6:00–6:30 p.m."				·		
				n was substituted for prog			
	to delete under FCC rules was substituted for prograr						
	effect on October 19, 1976		your oyotonn n			, and regulatione	
	s	UBSTITUT	E PROGRAM	1		N SUBSTITUTE AGE OCCURRE	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то
						_	
						_	
						·	
						·	
						_	
						_	
						_	
						_	

Accounting Period:	2022/1 FORM S	A1-2E. PAGE 6.
Nama		YSTEM ID#
Name	Great Plains Cable Television	24984
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 of 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. \$ 18 IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ (Amount of grost receipts)	¢ 4,755.92
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 \$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 \$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	
	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 \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 184,755.92	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 184,755.92	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	528.56
	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	528.56
	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) \$ 1,319.00	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 528.56	
Due	2. 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	548.56
	EFT Trace # or TRANSACTION ID # 76-1316/1049	
	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.	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 24984
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	19 108
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name LeaAnn Quist Telephone	402-456-6434
	Address P. O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip) Email Iquist@gpcom.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified vner of the cable system
	Typed or printed name: Janelle Allison Title: CFO & COO (Title of official position held in corporation or partnership)	
	Date: September 6, 2022	

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	2022/1	FORM SA1-2E. PAGE
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM II
at Plains Cal	ble Television	2498
The Satellite He lowing sentenc "In deter service	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusior
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
	the total here and list the satellite carrier(s) below	
	······································	
Name	Name	
Mailing Address	Mailing Address	
	ASSESSMENT	
You must comp	blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter t	he amount of late payment or underpayment	Interest Assessme
	x	
Line O. Multink	- Kan d ha the interest estat and estandle some have	
	y line 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multiply	y 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	e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is th	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
•		
list below the o		
•		
list below the o Owner		
list below the o Owner		

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