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
08/29/2022	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACC	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					
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			
		MEDIACOM MINNESOTA LLC			
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)			
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM			
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)			
		MEDIACOM PARK, NY 10918 (City, town, state, zip)			
	INISTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these			
С		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:			
	<u> </u>	MEDIACOM MINNESOTA LLC			
		MAILING ADDRESS OF CABLE SYSTEM:			
2 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)					
		Waseca, MN 56093 (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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL MANE OF OWNER OF OARLE OVOTEN	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	MEDIACOM MINNESOTA LLC	284						
	Instructions: List each separate community served by the cable system. A							
D	"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 known as the "first community." Please use it as the first community on all future filings.							
_								
Area	Note: Entities and properties such as hotels, apartments, condominiums,	or mobile home parks should be reported in parentheses below the						
Served	identified city.							
		1						
	CITY OR TOWN	STATE						
First	Grand Marais	MN						
Community								
Rows as Necessary								
	0.0000							

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM MINNESOTA LLC

SYSTEM ID# 28446

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:					
Service to first set	29	40.00-57.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	0	40.00-57.00			
Converter					
Residential					
Non-residential					
		1		1	

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 	PP	Motel, hotel		Family Cable	97.00
 Pay cable—add'l channel 	PP	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
 Additional set(s) 	15.00-49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID# 28446

MEDIACOM MINNESOTA LLC

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
KBJR/KBJR HD (NBC)	19	N	Duluth, MN
KBJR-DT2/KBJR-DT2 HD (CB	19.2	N-M	Duluth, MN
KBJR-DT3 (MyNet)	19.3	I-M	Duluth, MN
KCWV/KCWV TCT (HD)	20	l	Duluth, MN
KDLH/KDLH (HD) CW	33	<u> </u>	Duluth, MN
KDLH-DT2 True Crime	33.2	I-M	Duluth, MN
KDLH-DT3 Laff	33.3	I-M	Duluth, MN
KDLH-DT4 Court TV HD	33.4	I-M	Duluth, MN
KDLH-DT5 ION Mystery	33.5	I-M	Duluth, MN
KDLH-DT6 Quest	33.6	I-M	Duluth, MN
KQDS/KQDS HD (FOX)	17	<u> </u>	Duluth, MN
KQDS-DT2 Antenna TV	17.2	I-M	Duluth, MN
WDIO/WDIO HD (ABC)	43	N	Duluth, MN
WDIO-DT2 MeTV HD	43.2	I-M	Duluth, MN
WDSE/WDSE HD (PBS)	38	E	Duluth, MN
WDSE-DT2 Explore (PBS) HD	38.2	E-M	Duluth, MN
WDSE-DT3 Create HD	38.3	E-M	Duluth, MN
WDSE-DT4 The MN Channel	38.4	E-M	Duluth, MN
WDSE-DT5 PBS Kids	38.5	E-M	Duluth, MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM MINNESOTA LLC

28446

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.

Н

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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
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Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF	OADLE OVO	FF.M.				FOR	M SA1-2E. PAGE 5.
Name	MEDIACOM MINNESO		I EIVI.					SYSTEM ID# 28446
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identit substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	fy every nor ecounting peng that must CONCER od, did your ion? I program the Eprogram of every nor distant statingulations, or es like "mor Bulls." I was broad sign of the side addian station thand day the effort. The sign of the example: a	nnetwork televis period, under spe at be included in an INING SUBST r cable system rest of this pag and additional r nnetwork televi on and that yo r authorizations vies" or "baske deast live, enter station broadca on's location (th ns, if any, the o when your sys substitute pro- program carrier	sion program, broadcast be edific present and former For this log, see page (v) of the program, on a substitute base blank. If your answer is the line. Use abbreviations rows to the tables. It is is program ("substitute ur cable system substitutes. See page (v) of the get thall." List specific program of "Yes." Otherwise enter the substitute program to which the community with which the tem carried the substitute gram was carried by yoursed by a system from 6:01	y a distant state of CC rules, regulate peneral instructions wherever pose program") the ed for the progneral instruction in titles, for exemple, e station is lice to program. Use of cable system in the cab	lations, or au ructions in the ructions at, during the ructions for furthe ample, "I Locardon by the ntified).	thorizations. e paper SA1 sion program YES e the program r meaning is e accounting another sta er information ve Lucy" or e FCC or, in with the more des accurate should be	em carried on a For a further -2 form. NO m s dition n.
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation ming that y	ons in effect du	ring the accounting perions permitted to delete und	d; enter the leder FCC rules a	tter "P" if the	listed progr ons in TUTE	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. T	TIMES — TO	DELETION

Copyright Royalty Fee	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. It all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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. 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 ee 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 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 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$ 5. (Amount of gr.) \$263,800 this six-month	2,574.19					
Copyright Royalty Fee	IMPORTANT: You must complete a statement in space P concerning gross receipts. OPYRIGHT 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 ere 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 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 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$263,800 this six-month	oss receipts)					
Copyright Royalty Fee Se	Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 2 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 ee 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 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 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	this six-month	52.00					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for 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	\$	52.00					
	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					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	-						
			0.00					
_		\$	52.00					
<u> </u>	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)							
	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							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
	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					

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: NNESOTA LLC				SYSTEM ID# 28446
M Channels	to its subscribers, 1. Enter the total is system carried the system total is on which the call.	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television b	otal number the cable broadcast st	on which the cable system carried of activated channels during the	accounting period.	26 52
N Individual to Be Contacted		BE CONTACTED IF FURTHI		MATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
		One Mediacom Way (Number, street, rural route, apartn Mediacom Park, NY		number)		
	Email	(City, town, state, zip) Copyrights@me	ediacomcc.c	com	Fax (optional)	
	CERTIFICATION (This statement of account mu	ust be certifie	ed and signed in accordance with	Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check on	ne, but only o	one, of the boxes.)		
	(Owner	other than corporation or pa	artnership) l	am the owner of the cable system	as identified in line 1 of space B;	or
	in li	ne 1 of space B and that the ov	wner is not a			
	in li	ne 1 of space B.		on) or a partner (if a partnership) of		er of the cable system
		, and correct to the best of my k		re under penalty of law that all state information, and belief, and are mad		
			X /	/s/ Kenneth J. Kohrs		
				ectronic signature on the line above ture using an "/s/ signature" (e.g., /s		
		Typed or printed	name:	Kenneth J. Kohrs		
				esident, Financial Report held in corporation or partnership)	ing	
		Date:			8/5/2022	

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counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM MINNESOTA LLC	28446
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	Special Statement Concerning Gross Receipts Exclusion
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	
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. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>- </u>
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	<u>- </u>
* 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@loc.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	

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 th 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.

1	1.00
N	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25