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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>
General instru	oms (Short Form) actions are located of this workbook	7/11/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2022/1	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 t title of the subsidiary, not that of the par		idiary of another corporation, give the full c	orporate
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should nting period.	l submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	29881
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Cunningham Communications, Inc			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	<u>۲)</u>	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 108, 220 W. Main S (Number, street, rural route, apartment, or suite r			
	Glen Elder, KS 67446-979 (City, town, state, zip)	5		
С	<b>INSTRUCTIONS:</b> In line 1, give any busi names already appear in space B. In line		, i	5
System	1 IDENTIFICATION OF CABLE SYSTEM:			

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

(Number, street, rural route, apartment, or suite number)

MAILING ADDRESS OF CABLE SYSTEM:

City, town, state, zip code)

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Cunningham Communications, Inc.	298
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including singl at you list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
Firef	CITY OR TOWN	STATE KS
First Community	Jeweii	
dd Rows as Necessary		
ad nows as necessary		

	I							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID
	Cunningham Communi	cations, Inc	).						2988
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND RA	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	• • •			-			ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of							and the	
	unit in which it is generally billed	•	-	•					
	category, but do not include disc								
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca	able service to	addition	al sets would b	e includeo	d in the count u	nder "Servi	ce to the	
	first set" and would be counted of	0			· · ·				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a						,.		
	sufficient.		e ngini i			o 1101 u uooonp			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	SUBSCILID	LNO	INAIL	CAT		WICL	SUBSCRIBERS	10411
	Service to first set		61	54.50					
	Service to additional set(s)		•••	01100					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra		,		•				
ſ	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
Transmissions:	Block 1: Give the standard rat			-					
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip						vioco in tre		
	, , ,	BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICF	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	10.25-51.75	• Mo	tel, hotel			Expand	led Basic	####
	• Pay cable—add'l channel		• Co	mmercial			Digital		14.9
	Fire protection		• Pa	/ cable			HD Plu		4.9
	•Burglar protection			/ cable-add'l ch	annel			Market Tier	11.4
	Installation: Residential			e protection					
	• First set			glar protection					
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)			connect		25.00			
	• Converter			connect					
				tlet relocation		25.00			
				ve to new addre	ess	25.00			

				FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER O			29
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a	lentify every television station (including to em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s</b> : With respect to any distant stations can	<ul> <li>(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st</li> </ul>	t-time basis under grams [sections tations carried on a
	basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati	ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s	e Special Statement and Program both on a substitute basis and al see page (v) of the general instruc	n Log)—if the so on some other ctions.
	multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V	nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	air designation. For example, reprision station for broadcasting ove	port multistream
	educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	h case whether the station is a network s ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	4	N	Superior, NE
	KSNC	2	Ν	Great Bend, KS
Rows as Necessary	KSNT	22	N	Topeka, KS
	KFXL	4	Ν	Superior, NE
	ĸscw	33	Ν	Wichita, KS
	KAKE	10	Ν	Wichita, KS
	KBSH	7	Ν	Hays, KS
	KBSH WIBW	7 13	N N	Hays, KS Topeka, KS
	WIBW	13	N	Topeka, KS
	WIBW KOOD	13 9	N E	Topeka, KS Bunker Hill, KS
	WIBW KOOD KGIN	13 9 10	N E N	Topeka, KS Bunker Hill, KS Lincoln, NE
	WIBW KOOD KGIN KHGI	13 9 10 13	N E N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE
	WIBW KOOD KGIN KHGI KAAS	13 9 10 13 18	N E N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS
	WIBW KOOD KGIN KHGI KAAS KSHB	13 9 10 13 18 41	N E N N N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW	13 9 10 13 13 18 41 35	N E N N N N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	13 9 10 13 13 18 41 35 43	N E N N N N N N N	Topeka, KS         Bunker Hill, KS         Lincoln, NE         Kearney, NE         Salina, KS         Kansas City, MO         Wichita, KS         Topeka, KS         Topeka, KS
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	13 9 10 13 13 18 41 35 43 49	N E N N N N N N N N N N	Topeka, KS         Bunker Hill, KS         Lincoln, NE         Kearney, NE         Salina, KS         Kansas City, MO         Wichita, KS         Topeka, KS

Cunningham	OWNER OF C							SYSTEM I 298
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n'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	t the system's he system's FM ante this point, see par ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						1		

Accounting Perio	od: 2022/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	- CABLE SYS	STEM:					SYSTEM ID#
Name	Cunningham Commu	nications,	, Inc.					29881
	SUBSTITUTE CARRIAG	E: SPECI/	AL STATEME	NT AND PROGRAM LC	)G			
	In General: In space I, iden	tifv everv no	nnetwork televi	<i>ision program</i> , broadcast b	v a <i>distant</i> sta	tion. that vo	ur cable svs	stem carried on a
	substitute basis during the a	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ons. For a further
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of t	the general ins	tructions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCEF	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did yoι	ur cable syster	m carry, on a substitute ba	asis, any nonr	etwork tele	evision prog	gr <u>am</u>
Program Log	broadcast by a distant sta	ation?					YES	NO
	Note: If your answer is "No	o" leave the	a rest of this ps	aa blank If your answer i	s "Ves " vou r	nust compl		
	-	J, leave life	rest of this pa	ige blatik. Il your allswel t	s res, your	nust compi	ele llie pioi	gram
	log in block 2. 2. LOG OF SUBSTITUT		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever po	ossible. if th	neir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.			Lot op come progra		, and program		
				er "Yes." Otherwise enter				
				asting the substitute prog		opeed by f		in
	the case of Mexican or Ca			the community to which the community with which the			ne FCC or,	, 10
				stem carried the substitute			s, with the r	month
	first. Example: for May 7 g							
	Column 6: State the tim to the nearest five minutes			ogram was carried by you				
	stated as "6:00–6:30 p.m."	•	a program can	ned by a system norm o.0	1. 15 p.m. to o	.20.30 p.m	. snould be	
			listed prograr	n was substituted for prog	ramming that	your syste	m was <i>requ</i>	uired
				luring the accounting porio	nd: enter the l	etter "P" if t	the listed pr	rogram
	to delete under FCC rules							ogram
	to delete under FCC rules was substituted for program	mming that y						ogram
	to delete under FCC rules	mming that y						
	to delete under FCC rules was substituted for program	mming that y			der FCC rules		ations in	
	to delete under FCC rules was substituted for program effect on October 19, 1976	mming that y 5.		as permitted to delete und	der FCC rules	and regula	TUTE URRED	7. REASON FOR
	to delete under FCC rules was substituted for program effect on October 19, 1976	mming that y 5.	your system w	as permitted to delete und	der FCC rules	and regula N SUBSTI AGE OCC 6. T	TUTE	
	to delete under FCC rules was substituted for program effect on October 19, 1976 S	mming that y 5. GUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI, 5. MONTH	and regula N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
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	to delete under FCC rules was substituted for program effect on October 19, 1976 S	mming that y 5. GUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI, 5. MONTH	and regula N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	to delete under FCC rules was substituted for program effect on October 19, 1976 S	mming that y 5. GUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI, 5. MONTH	and regula N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	to delete under FCC rules was substituted for program effect on October 19, 1976 S	mming that y 5. GUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI, 5. MONTH	and regula N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
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	to delete under FCC rules was substituted for program effect on October 19, 1976 S	mming that y 5. GUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI, 5. MONTH	and regula N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 29881
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	9,774.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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.	263,800	
	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 accounting period is \$52.00	this six-mon	
	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,	00)	
	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)	1,319.00	
	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		
	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)	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Cunningham Communi				SYSTEM ID# 29881
M Channels	to its subscribers, and (2) to its subscribers, and to the subscribers and the subscribers of the subscriber of the subscribero of the subscriber of the subscriber of the subscriber of the sub	the cable system's t	of channels on which the cable system carried t total number of activated channels during the a h the cable	ccounting period.	17
	<ol> <li>Enter the total number of on which the cable system and nonbroadcast service</li> </ol>	m carried television			85
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this :		IER INFORMATION IS NEEDED (Identify an ir nt.)	ndividual to whom	
for Further Information	Name Brent	Cunningham		Telephone 785-54	5-3215
	(Number, Glen E	ox 108, 220 W. street, rural route, apartr Elder, KS 6744	ment, or suite number)		
	Email	brent@ctctelep	phony.tv	Fax (optional) 785-545-3277	
	CERTIFICATION (This state	ement of account m	ust be certified and signed in accordance with	Copyright Office regulations)	
O Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system	as identified in line 1 of space B; or	
	in line 1 of sp	bace B and that the c	ation or partnership) I am the duly authorized a owner is not a corporation or partnership; or		
	in line 1 of sp <ul> <li>I have examined the state</li> </ul>	pace B. ment of account and rect to the best of my	(if a corporation) or a partner (if a partnership) of I hereby declare under penalty of law that all stat y knowledge, information, and belief, and are ma	ements of fact contained herein	cable system
			X /s/ Brent Cunningham	o certify this statement.	
			Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed	d name: Brent Cunningham		
		Title: (Title of o	GM/VP ifficial position held in corporation or partnership)		
		Date:		7-11-22	

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

L NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM II
ningham Communications, Inc.	2988
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
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.	Receipts Exclusior
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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 Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
x days	
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       x 0.00274	
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       \$	
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       x 0.00274	
x	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       -         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       -         (interest charge)       *         * 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.       For further assistance	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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