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

3463

STATEME	NT OF ACCOUNT	FOR COPYRIGHT	by email to:			
for Secondar	ry Transmissions by	DATE RECEIVED	AMOUNT	configura @convright gov		
General instruc	ms (Short Form) ctions are located of this workbook	8/25/2022	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
		0/20/2022				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY)	Y/(Period))			
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
	20221	Barcode Data Filing Period (optional - se	ee 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
		Cass Cable TV, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 200 (Number, street, rural route, apartment, or suite number)
		Virginia, IL 62691
		(City, Town, state, zp)
		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:
	1	
		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.

Poturn completed workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
Name	Cass Cable TV, Inc.	3463					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Area Served	identified city.						
	CITY OR TOWN	STATE					
First	Pittsfield						
Community	Griggsville						
Add Rows as Necessary							
du Rows as Necessary							

							FORM SA1-	-2E. PAGE	
Name	LEGAL NAME OF OWNER OF C Cass Cable TV, Inc.	ABLE SYSTEM	:				313	346	
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	-	-		•				
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	d (June 30 or E	December 31, as th	e case may be	e).		0		
Service: Sub-	Number of Subscribers: Both	•				2			
scribers and Rates	down by categories of secondar each category by counting the n	•	•		•				
Nates	separately for the particular serv		• • • •	•	•		charged		
	Rate: Give the standard rate of	-	• •						
	unit in which it is generally billed category, but do not include disc	· · ·	,		rd rate variation	is within a	particular rate		
	Block 1: In the left-hand block				ondary transmis	ssion servi	ce that cable		
	systems most commonly provide			-	•				
	that applies to your system. Not		•		0				
	categories, that person or entity subscriber who pays extra for ca			••	•••	•			
	first set" and would be counted of					idel Selvi			
	Block 2: If your cable system	has rate categ	ories for secondary	r transmission					
	printed in block 1 (for example, t					,			
	with the number of subscribers a sufficient.	and rates, in th	e right-hand block.	A two- or thre	e-word descript	ion of the s	service is		
		OCK 1				BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA	
	Residential:	CODOCIND		0/11			CODOCIUDEILO	101	
	Service to first set		780 21.4	5					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				Il vour cable sv	stem's serv	vices that were		
F	not covered in space E, that is, t		,		• •				
	service for a single fee. There al	•	•	0					
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		susually blice. If a	ly lates are er	larged on a van	abic pei-p	logiani basis,		
ransmissions:	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								
Rates	,			0	•	•			
	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.								
	CATEGORY OF SERVICE	BLO RATE	CATEGORY OF S	FRVICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT	
	Continuing Services:	TUTE	Installation: Non		TUTE	O, TEO		1011	
	• Pay cable	17.55	• Motel, hotel		45.00	Pay ca	ble - Add'l	12.	
	• Pay cable—add'l channel	15.95	Commercial				ble - Add'l	12.	
	Fire protection		• Pay cable						
	•Burglar protection		• Pay cable-add	'l channel					
	Installation: Residential		Fire protection						
	• First set	45.00	Burglar protec	tion					
		30.00	Other services:						
	<ul> <li>Additional set(s)</li> </ul>								
	• FM radio (if separate rate)		Reconnect		45.00				
			Disconnect						
	• FM radio (if separate rate)				45.00 30.00 35.00				

ounting Period: 2	2022/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
-	Cass Cable TV, Inc.			3463
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WM <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the )(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Ilso in space I, if the station was carrien in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- por "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	KHQA	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	Hannibal, MO
	KHQA2	7	N-M	Hannibal, MO
ws as Necessary	WGEM	, 10	N	Quincy, IL
as necessary	WGEM2	10	I-M	Quincy, IL
	WGEM2	10	N-M	Quincy, IL
	WSEC	15	E	Jacksonville, IL
	WSEC2	15	E-M	Jacksonville, IL
	WJR	32	L-191	Quincy, IL
	KDNL		N	St. Louis, MO
		31 20		
	KETC	39	E	St. Louis, MO

EGAL NAME OF		ONDLE 9	IGTEWI.					SYSTEM   34
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate 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 recein the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 his point, see pa ed by the cable s e station is licens	adend, and (2 anna, during co ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii 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	
							·	

Accounting Perio							FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Cass Cable TV, Inc.							3463
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	-	-			tion that you	r cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in:	structions in t	he paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	ision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer i		must complet	-	
	-	, leave life	rest or this pa	ige blank. If your answer i	s res, your	must comple	te the prog	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if the	eir meaning	a is
	clear. If you need more spa					,		
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		censed by th	e ECC or	in
	the case of Mexican or Car						e i oo oi,	
	Column 5: Give the more	nth and day		stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi							- <b>4</b> - <b>1</b>
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0?				ately
	stated as "6:00–6:30 p.m."	Example.	a program oan					
				n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete unit		s and regulat		
								1
	c		E PROGRAM			N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -		
						_		
						_		
						_		
						_		
						_		
						_		
						<b></b>		

Accounting Period:	2022/1 FORM SA	1-2E. PAGE 6.
Name		YSTEM ID#
	Cass Cable TV, Inc.	3463
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 c 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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	3,318.00
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	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	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	_
	1. Base amount under statutory formula         \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	0. Interest charge. Enter the annount non line 4, space Q, page 0	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	
	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)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	<b>Important:</b> 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 C Cass Cable TV	WNER OF CABLE SYSTEM: Inc.	SYSTEM ID 3463
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	u must give (1) the number of channels on which the cable system carried televi and (2) the cable system's total number of activated channels during the accou number of channels on which the cable elevision broadcast stations	Inting period.
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individentiation of account.)	Jual to whom
for Further Information	Name	Chad Winters	Telephone 217-452-4105
	Address	100 Redbud Road         (Number, street, rural route, apartment, or suite number)         Virginia, IL 62691         (City, town, state, zip)	
	Email	chad.winters@casscabletv.com Fr	ax (optional) 217-452-7030
O Certification	I, the undersigned     (Owned)     (Agening)     (Agening)     (Agening)     (Agening)     (Officient)     (In the second s	This statement of account must be certified and signed in accordance with Copy d, hereby certify that (Check one, <i>but only one</i> , of the boxes.) <b>r other than corporation or partnership)</b> I am the owner of the cable system as id <b>of owner other than corporation or partnership)</b> I am the duly authorized agent ne 1 of space B and that the owner is not a corporation or partnership; or <b>r or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the le ne 1 of space B. the statement of account and hereby declare under penalty of law that all statemer , and correct to the best of my knowledge, information, and belief, and are made in n 1001(1986)]	dentified in line 1 of space B; or of the owner of the cable system as identified egal entity identified as owner of the cable system nts of fact contained herein
		Enter an electronic signature on the line above to certi Enter signature using an "/s/ signature" (e.g., /s/ John	
		Typed or printed name: Chad Winters Title: Vice President (Title of official position held in corporation or partnership)	
		Date:	8/25/2022

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.

Agass Cable TV, Inc. Second TV, Inc.   Second 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 folose service of providing secondary transmissions of primary broadcast transmitters, the system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system for the basic service of providing secondary transmissions persuant to section 119.* 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 carrier(s) below. Non VES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Mailing Address Name Mailing Address Nume to 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.	unting Period: 2022/1	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statilite Home Viewer Act of 1989 amended Tite 17, section 111(0)(1)(A), of the Copyright Act by adding the following sectores and amounts collected from subcarbiers reaving sectores and amounts collected from subcarbiers reaving sectorality transmissions primarul to exclude 110: 017, section 111(0)(1)(A), of the Copyright Act by adding the following sectores and amounts collected from subcarbiers reaving sectores (1) of the general instructions totated in the paper SA1-2 form.  During the accounting period, dd 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.  Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rasessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment.  Line 2 Multiply line 1 by the interest rate <sup>4</sup> and enter the sum here  x darys 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 <sup>4+</sup> and enter here m space L, (page 6) block 1, line 2, or block 2 line 6, or block 3 line 6	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
The Statellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:       Image: Copyright Act by adding the following sentences:       Image: Copyright Act by adding the following sent adding the following sentences:	s Cable TV, Inc.	346
Mailing Address       Mailing Address       Image: Control of	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royally payments for the sum here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 for further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.       Image: Complete 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.       Image: Complete the owner, address, first community served, ID number, and accounting period as given in the original filing.       Image: Complete the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner		
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment.         Line 1       Enter the amount of late payment or underpayment		
Line 1       Enter the amount of rate payment or underpayment		Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 3 Multiply line 2 by the number of days late and enter the sum here		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
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       ID number	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u> </u>
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.		
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number		
Address ID number	contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
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FILSE CONTINUE SERVER	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	
Accounting period	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	

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