THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

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

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT	Library of Congress Copyright Office		
DATE RECEIVED	AMOUNT	Licensing Division	
8/29/2022		101 Independence Ave. S	
0/29/2022	\$	Washington, DC 20557- (202) 707-8150	
	ALLOCATION NUMBER	For courier deliveries,	
		see page ii of the general instructions	

rary of Congress pyright Office ensing Division 1 Independence Ave. SE ashington, DC 20557-6400 2) 707-8150 r courier deliveries,

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:			
Accounting Period	January 1-June 30, 2022	2			
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the pan List any other name or names under wh If there were different owners during the a single statement of account and royalty fee	rrect information beside it. the cable system. If the owner is a sent corporation. iich the owner conducts the business a accounting period, only the owner of a payment covering the entire accounting. If not, enter the system's ID nu	on the last day of the accounting period should sub		81
	Northland Cable Television				
			00	0418120221	1
				004181 2022/	1
	101 Stewart St, Ste 700 Seattle, WA 98101				
С			ntify the business and operation of the system ne system, if different from the address given		
System	1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEN	/ISION			
	MAILING ADDRESS OF CABLE SYSTEM: 40108 HIGHWAY 49, SUITE A (Number, street, rural route, apartment, or suite nu OAKHURST, CA 93644				
	(City, town, state, zip code)				
Area Served	in FCC rules: "a separate and distinct co areas and including single, discrete unir of system identification hereafter known	ommunity or municipal entitiy (incl ncorporated areas)." 47 C.F.R. 7 as the "first community." Please	A "community" is the same as a "community luding unincorporated communities within unin 6.5(dd). The first community that list will serv use it as the first community on all future filin	ncorporated re as a form gs.	
Serveu	the identified city.		or mobile home parks should be reported in p		
Eine4	CITY OR TOWN OAKHURST	STATE CA	CITY OR TOWN	STATE	
First Community	AHWANEE	CA		\	
	BASS LAKE	CA			
	CEDAR VALLEY	CA	H		

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 Offce's public indexes and in search reports prepared for the public. The effects 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.

Form SA1-2c Rev 04/2011

me	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS					
	Northland Cable Television Co		CITY OF TOWN	0041		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
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FORM SA3. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 004181 Northland Cable Television Corp (OAKHURST) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-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 scribers and Rates 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 BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 504 25.00 Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 66 70.70 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period 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. **BLOCK 1** BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential • Pay cable 25.50 · Motel, hotel • Pay cable—add'l channel 16.00 Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set 50.00 Burglar protection 20.00 Additional set(s) Other services: • FM radio (if separate rate) Reconnect 75.00 Converter Disconnect Outlet relocation 45.00

· Move to new address

45.00

				FORM SA1-2. F	PAGE 3.
Name	LEG	GAL NAME OF OWNE	R OF CABLE SYSTE		
Name	No	orthland Cable 1	elevision Corp	(OAKHURST) 00	4181
	PRIMARY TRANSMITTERS: TELEVISION				
G Primary Transmitters: Television	basis under specifc FCC rules, regulations • Do not list the station here in space G—t sta • List the station here, and also in space I, bas Co Co This may be different from the channel on associated with a station according to its of the same on the form. Co educational station, by entering the letter " (for independent multicast), "E" (for nonco For the meaning of these terms, see page	counting period excee 24, 1981, permitting 76.63 (referring to the next paragraph bestitute Basis Statis, or authorizations: but do list it in space tion was carried only if the station was	rept (1) stations carring the carriage of ce (76.61(e)(2) and (4)) cons: With respect to 1 (the Special State on a substitute baseried both on a substitute baseried both on a substitution concerning station's call sign. Do mber of the channer stem carried the station. For example, reach case whether the constructions cation of each station station stations.	ried only on a part-time basis under ertain network programs [sections]; and (2) certain stations carried on any distant stations carried by your cable system on a substant and Program Log)—if the sis. Sistitute basis and also on some othe substitute basis stations, see page (v) of the general instruction of report origination program services such as HBO, ESPN of on which the station's broadcasts are carried in its own comparts. Identify each multicast stream report multicast stream "WETA-2" as the station is a network station, an independent station, or a relationship of the station is a network station, and independent station, or a relation of the station is a network station, and independent station, or a relation of the station is a network station, and independent station, or a relation of the station is stations, list the community to which the station is	ons I, etc. nmunity noncom
	FCC. For Mexican or Canadian stations, if 1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION	
	SIGN	NUMBER	STATION		
	KFRE - Charge!	36	I	FRESNO, CA	
	KFRE - CW	36.1	I-M	FRESNO, CA	
	KFRE - CW HD	36.2	I-M	FRESNO, CA	
	KFRE - TBD	36.3	I-M	FRESNO, CA	
	KFSN - (In DMA)	30	N	FRESNO, CA	
	KMPH - Comet	28	I-M	VISALIA-FRESNO, CA	
	KMPH - DABL TV	28.1	I-M	VISALIA-FRESNO, CA	
	KMPH - FOX	28.2	I-M	VISALIA-FRESNO, CA	
	KMPH - FOX HD	28.3	I-M	VISALIA-FRESNO, CA	
	KMPH - Stadium	28.4	I-M	VISALIA-FRESNO, CA	
	KNSO - (Retrans)	51	I	MERCED, CA	
	KSEE-NBC	38	I	FRESNO, CA	
	KGPE-CBS	34	N	FRESNO, CA	
	KVPT-PBS	40	E	FRESNO, CA	
	KAIL-MNT	7	I-M	FRESNO, CA	
	KNSO-Telemundo HD	51.2	I-M	MERCED, CA	
	KFSN-ABC HD	3.1	N-M	FRESNO, CA	
	KSEE-NBC HD	38.2	I-M	FRESNO, CA	
	KGPE-CBS HD	34.1	N-M	FRESNO, CA	
	KVPT-PBS HD	40.1	E-M	FRESNO, CA	
	KAIL Light TV .2	7.2	I-M	FRESNO, CA	
	KAIL-MyNetwork HDTV	7.3	I-M	FRESNO, CA	
	KFSN-Live Well .2	30.2	N-M	FRESNO, CA	
	KGPE-Court TV Mystery .2	34.2	N-M	FRESNO, CA	
	KGPE-LATV .3	34.3	N-M	FRESNO, CA	

		GAL NAME OF OWN	ER OF CABLE SYS	FORM SA1	TEM ID		
Name					00418		
	PRIMARY TRANSMITTERS: TELEVISION	ortinaria Cabic	1000131011 001	p (OAKIOKOT)			
G 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 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 and also on some othe 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own communi. This may be different from the channel on which your cab; e system carried the station. Identify each multicast strean associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a nonce 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 Column 4: Give the location of each station. For U.S. stations, list the community to which the station is li FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION						
	SIGN	CHANNEL	OF				
	·	NUMBER	STATION				
	KVPT-PBS Kids .2	40.2	E-M	FRESNO, CA			
	KVPT-Create .3	40.3	E-M	FRESNO, CA			
	KVPT-World .4	40.4	E-M	FRESNO, CA			
	KAIL-Heroes & Icons .3	7.3	I-M	FRESNO, CA			
	KSEE-LaTV .3	38.3	I-M	FRESNO, CA			
	KNSO-TeleXitos .2	51.2	I-M	MERCED, CA			
	KNSO-lon .3	51.3	I-M	MERCED, CA			
	KFSN-Laugh .3	30.3	N-M	FRESNO, CA			
	KMPH - FOX VOD	28	I	VISALIA-FRESNO, CA			
	KNSO -DT3 Cozi (Retrans)	51.4	I-M	MERCED, CA			
			 				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Northland Cable Television Corp (OAKHURST)

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.

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 the Copyright Office regulations on this point, see page (v) of the general instructions.

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).

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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D
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ACCOUNTING PERIOD: 2022/1

SYSTEM ID#	Name
004181	
	Н
	Primary
	Transmitters:
	Radio
LOCATION OF STATION	
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							FORM	1 SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF						;	SYSTEM ID#
Name	Northland Cable Televi	ision Cor	p (OAKHUF	RST)				004181
1	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every nor counting pe	nnetwork televis	ion program broadcast by cific present and former FC	a distant statio C rules, regula	ations, or aut		
Substitute Carriage:	1. SPECIAL STATEMENT				e general ilisii	uctions.		
Special	During the accounting peri	_			is any nonne	twork televis	sion program	
Statement and	broadcast by a distant stat		r dable bystem	carry, orr a substitute bas	io, arry mornio	twork tolovic		XNo
Program Log	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mι	ust complete		
	log in block 2.			-				
	period, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Canto 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." Column 7: Enter the lette to delete under FCC rules a gram was substituted for program of the state of the program of the state of the s	tute progra ce, please a of every no distant stati gulations, o es like "mo Bulls." n was broad disast static addian static addian static addian static es "5/7." es when the Example: a er "R" if the nd regulatio	m on a separate attach additional network televition and that your authorizations vies" or "baske" deast live, enterestation broadca on's location (thens, if any, the cowhen your system program carried listed program ons in effect du	al pages. sion program (substitute pur cable system substitute s. See page (v) of the general strains and the substitute program of "Yes." Otherwise enter "Notherwise enter "Notherwise enter "Notherwise which the community with which the tem carried the substitute gram was carried by your end by a system from 6:01: was substituted for programing the accounting period	orogram) that, d for the progeral instruction titles, for existed." station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y l; enter the let	during the a ramming of ns for furthe ample, "I Lo nsed by the hitfied). List the tim 8:30 p.m. slour system ter "P" if the	accounting another static information. ve Lucy" or FCC or, in with the month less accurately should be was required a listed pro	n
	effect on October 19, 1976.				WHEN SU	IBSTITUTE	CARRIAGE	
	S		E PROGRAM			OCCURRE		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	I ON BELL HON
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FORM SA1-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SY Northland Cable Television		SYSTEM ID# 004181	Name
all amounts (gross receipts) paid	e in this space determines the form you fle and the amount you pay. E to your cable system by subscribers for the system's secondary trans the accounting period. For a further explanation of how to compute this	smission service	K Gross Receipts
during the accounting period	pers for secondary transmission service(s) 1	\$ 99,003.00 (Amount of gross receipts)	
COPYRIGHT ROYALTY FEE	the distance in space is concerning gross receipts.	(Amount or gross receipts)	_
 Use block 2 if the amount of gros 	ock 3. ss receipts in space K is \$137,100 or less ss receipts in space K is more than \$137,100 but less than or equal to ss receipts in space K is more than \$263,800 but less than \$527,600	\$263,800	Copyright Royalty Fee
BI	LOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system wit accounting period is \$52.00	h gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-montl	
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 PA	YABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$ 52.00	
BLOCK 2: GRO	OSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
Base amount under statutory for	mula	0	
2. Enter amount of gross receipts t	rom space K	<u> </u>	
3. Subtract line 2 from line 1	<u>-</u>	<u>—</u>	
4. Enter the amount of gross receip	ots from space K		
5. Enter the amount from line 3	<u> </u>		
6. Subtract line 5 from line 4	<u> </u>		
7. Multiply line 6 by .005 (enter figu	ure here)		
8. Interest charge. Enter the amou	unt from line 4, space Q, page 8	0.00	
9. TOTAL ROYALTY FEE PAYAE	BLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROS	SS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60)	0)	
1. Enter the amount of gross recei	ots from space K		
Base amount under statutory for	mula	0_	
3. Subtract line 2 from line 1			
4. Multiply line 3 by .01		_	
5. Royalty due on the first \$263,80	0 of gross recepits (under statutory formula) \$	1,319.00	
	unt from line 4, space Q, page 8	0.00	
7. TOTAL ROYALTY FEE PAYAE	BLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total 1. Royalty Fee Payable for AcRemittance	ecounting Period (from block 1, 2, or 3, above)	\$ 52.00	
Due	ions for more information on filing fee calculations)	\$ 15.00	
3. TOTAL AMOUNT DUE FO	R ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00]
	EFT Trace # or TRANSACTION ID #	Not Available	
See page i of the g	general instructions in the paper SA1-2 form and the Excel instructions tal	o for more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Corp (OAKHURST) 00418:
	,
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations
IVI	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.
Channels	to to cause may be accessed by the manual of the manual straining and access may posted.
	1. Enter the total number of channels on which the cable system carried television broadcast stations
	System carried television producast stations
	2. Enter the total number of activated channels
	on which the cable system carried television broadcast stations and nonbroadcast services
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom
Individual to	we can write or call about this statement of account.)
Be Contacted	
for Further	Name Marie Censoplano Telephone 914-235-8313
Information	
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)
	Rye Brook, NY 10573
	(City, town, state, zip)
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363
	Email (optional) - mano-composition (expression) - 1 ax (optional) 514 254 5505
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations,
0	as explained in the general instructions.)
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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 herein
	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)]
	Handwritten signature: /s/ Daniel J White
	Typed or printed name: Daniel J White
	Title: SVP Financial Planning
	(Title of official position held in corporation or partnership)
	Date: 09/03/0000
	Date: 08/22/2022

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 effects 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 NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Corp (OAKHURST)	SYSTEM ID# 004181 Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d lowing sentence: "In determining the total number of subscribers and the gross am service of providing secondary transmissions of primary broadcas scribers and amounts collected from subscribers receiving secon For more information on when to exclude these amounts, see the note of During the accounting period did the cable system exclude any amounts made by satellite carriers to satellite dish owners?	P (1)(1)(A), of the Copyright Act by adding the fol- rounts paid to the cable system for the basic st transmitters, the system shall not include sub- roundary transmissions pursuant to section 119." Special Statement Concerning On page (vii) of the general instructions. Gross Recei
X NO	
	•
YES. Enter the total here and list the satellite carrier(s) below	
Name	
Mailing Address Mailing	g Address
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general	
Line 1 Enter the amount of late payment or underpayment	Interest
	Assessmen
	х
Line 2 Multiply line 1 by the interest rate* and enter the sum here	······ <u> </u>
	xdays
Line 3 Multiply line 2 by the number of days late and enter the sum her	
	x 0.00274
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	_
space L, (page 7)	(interest charge)
* To sign the first on the state of the little of the state of the sta	· · · · · · · · · · · · · · · · · · ·
* To view the interest rate chart click on www.copyright.gov/licensing contact the Licensing Division at (202) 707-8150 or licensing@loc.	
** This is the decimal equivalent of 1/365, which is the interest asses	
NOTE: If you are fling this worksheet covering a statement of account al list below the owner, address, first community served, ID number, and a	
Owner Address	
Audicoo	
ID number	
First community served	
Accounting period	

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