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
07/18/22	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	4000	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	ACC	JUNIING PERIOD COVERED BY THIS STATEMENT: (TTTT/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20221 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TONGUE RIVER CABLE TV
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		620 Betty Street
		(Number, street, rural route, apartment, or suite number)
		Ranchester WY 82839 (City, town, state, zip)
		<u>'</u>
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		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.

Accounting Period: 2	022/1	
accounting remou. 2	V-L-1 1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	TONGUE RIVER CABLE TV	63815
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "co separate and distinct community or municipal entity (including unincorporated communities within unincorpunities unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system "first community." Please use it as the first community on all future filings.	porated areas and including single, discrete identification hereafter known as the
Area I	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be re identified city.	ported in parentheses below the

	CITY OR TOWN	STATE
First	RANCHESTER / DAYTON	WY
Community	STORY	WY
	SUNDANCE	WY
	JUNDANCE	VV I
ld Rows as Necessary		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63815

Ε

Secondary **Transmission** Service: Subscribers and

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

TONGUE RIVER CABLE TV

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	276	\$29.00	Net Plus	86	\$29.00
Service to additional set(s)			Basic	190	\$85.00
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		I		T	l

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.

	BLC	OCK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$16.00	Motel, hotel		Pay Cable	\$16.0
 Pay cable—add'l channel 	\$9.50	Commercial	\$35.00	Pay Cable	\$9.50
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel		Install	\$35.0
Installation: Residential		Fire protection		Reconnect	\$35.0
 First set 	\$35.00	Burglar protection		Outlet Relocation	\$35.0
 Additional set(s) 	\$2.00	Other services:			
 FM radio (if separate rate) 		• Reconnect	\$35.00	Move to new address	\$35.0
 Converter 		Disconnect		Seasonal Reconnect	\$35.0
		Outlet relocation	\$35.00		
		Move to new address			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 63815 TONGUE RIVER CABLE TV PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television pasis 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 nulticast 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KCWC RIVERTON WY Ε KTVQ 10 Ν **BILLINGS MT** KCWY 12 N CASPER WY KOTA 13 N RAPID CITY SD KCLO 16 N RAPID CITY SD Add Rows as Necessary **KEVN** 23 Ν RAPID CITY SD **KBHE** 26 Е RAPID CITY SD

SYSTEM ID#

63815

PRIMARY TRANSMITTERS: RADIO

TONGUE RIVER CABLE TV

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).

							T
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	nd· 2022/1						FOR	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				1011	SYSTEM ID#
Name	TONGUE RIVER CABL	E TV						63815
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa	ify every noi ccounting poing that must CONCER iod, did you ion? ', leave the	nnetwork televi eriod, under sp st be included in NING SUBST r cable system rest of this pag MS m on a separa	sion program, broadcast by ecific present and former FCn this log, see page (v) of the TTUTE CARRIAGE in carry, on a substitute basinge blank. If your answer is sate line. Use abbreviations	a distant state CC rules, reguse general instance is, any nonne "Yes," you mu	lations, or a ructions in twork televust comple	rision progran YES te the progran	n. For a further 1-2 form. m
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	distant statis gulations, o ies like "mo Bulls." In was broad sign of the s idcast statio adian static th and day 've "5/7." es when the Example: a er "R" if the and regulatio ming that y	ion and that your authorization vies" or "baske deast live, ente station broadca on's location (thous, if any, the when your sys substitute program carrilisted program ons in effect do	as. See page (v) of the generation." List specific program r "Yes." Otherwise enter "Nasting the substitute program re community to which the community with which the tem carried the substitute program regram was carried by your of red by a system from 6:01: regram was substituted for program regram the accounting period	d for the progeral instruction titles, for exiton." In the station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that yd; enter the le	ramming ones for furth cample, "I L cample,	of another state information over Lucy" or e FCC or, in with the more accurate should be a was required the listed programment of the state of the s	ntion on. nth ly
	·		E PROGRAM	1		EN SUBST	_	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION
							_	
								
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counting Period:		ORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TONGUE RIVER CABLE TV	SYSTEM I 638
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 tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission se (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, s page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	rvice
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amu	48,024.00 ount of gross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-m accounting period is \$52.00	onth
	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	
	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)	9.00
		0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
	TEING FEE AND TO THE NEWLY WINDERSON	
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	5.00_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 270UBAJD	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copy See page I of the general instructions in the paper SA1-2 form and the Excel instructions tab for more infor	

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER TONGUE RIVER CAI					SYSTEM ID# 63815
M Channels	to its subscribers, and	(2) the cable system's	total num	els on which the cable system carried te nber of activated channels during the ac ble evision broadcast stations	ecounting period.	17
	2. Enter the total num		the cable	e system carried television broadcast sta services	ations	183
N Individual to Be Contacted		CONTACTED IF FURT this statement of accou		ORMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name	B HIUM			Telephone	307-655-9011
	(Numl	BETTY STREET ber, street, rural route, apar	ment, or sui			
		town, state, zip)				
	Email	TRCATV@T	RCABL	_E.TV	Fax (optional	
0	CERTIFICATION (This s	statement of account m	ust be cer	ertified and signed in accordance with Co	opyright Office regulations)	
Certification	• I, the undersigned, here	eby certify that (Check or	e, but only	ly one, of the boxes.)		
	(Owner other	r than corporation or p	artnership	ip) I am the owner of the cable system as i	dentified in line 1 of space B;	or
	x (Agent of ow	ner other than corpora	-	artnership) I am the duly authorized agent of space B and that the owner is not a cor	=	stem as identified
	(Officer or p	artner) I am an officer (i		ration) or a partner (if a partnership) of the of space B.	legal entity identified as owne	r of the cable system
		correct to the best of m		clare under penalty of law that all statemen ge, information, and belief, and are made i		
			X	/s/ ROB HIUM		-
				n electronic signature on the line above to c gnature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	I name:	ROB HIUM		
		Title:	GENE	ERAL MANAGER (Title of official position held in	corporation or partnership)	
		Date:	07/18/	/2022		

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ounting Period: 2022/1					FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CA	ABLE SYSTEM:				SYSTEM ID#
NGUE RIVER CABLE	TV				63815
The Satellite Home View lowing sentence: "In determining th service of providir	NT CONCERNING GROSS RECE er Act of 1988 amended Title 17, section e total number of subscribers and the gro- ing secondary transmissions of primary bro- unts collected from subscribers receiving	111(d)(1)(A), of the Coposs amounts paid to the oadcast transmitters, the	oyright Act by adding the fol- cable system for the basic e system shall not include sul	0-	P Special Statement Concerning Gross Receipts Exclusion
For more information on located in the paper SA1-	when to exclude these amounts, see the 2 form.	note on page (vii) of the	general instructions		Noccipio Excisción
During the accounting pe made by satellite carriers	riod, did the cable system exclude any ar to satellite dish owners?	mounts of gross receipts	for secondary transmissions	,	
X NO					
YES. Enter the total I	nere and list the satellite carrier(s) below.	<u>\$</u>			
Name Mailing Address		Name Mailing Address			
INTEREST ASSESS					
You must complete this w	MENT worksheet for those royalty payments sub erest assessment, see page (viii) of the go			t.	Q
You must complete this w	vorksheet for those royalty payments sub	eneral instructions locate		67.00	Q Interest Assessment
You must complete this w	vorksheet for those royalty payments sub erest assessment, see page (viii) of the go	eneral instructions locate	ed in the paper SA1-2 form.		Q Interest Assessment
You must complete this we For an explanation of inte	vorksheet for those royalty payments sub erest assessment, see page (viii) of the go	eneral instructions locate	\$ x 1%		Q Interest Assessment
You must complete this we For an explanation of inte	vorksheet for those royalty payments sub erest assessment, see page (viii) of the go t of late payment or underpayment	eneral instructions locate	\$ x 1%	67.00	Q Interest Assessment
You must complete this we For an explanation of intermediate Line 1. Enter the amount Line 2. Multiply line 1 by	vorksheet for those royalty payments sub crest assessment, see page (viii) of the go t of late payment or underpayment the interest rate* and enter the sum here	eneral instructions locate	x 1%	0.67	Q Interest Assessment
You must complete this we For an explanation of intermediate Line 1. Enter the amount Line 2. Multiply line 1 by	vorksheet for those royalty payments sub erest assessment, see page (viii) of the go t of late payment or underpayment	eneral instructions locate	x 1%	0.67	Q Interest Assessment
You must complete this we For an explanation of interplant Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by	vorksheet for those royalty payments subcrest assessment, see page (viii) of the got of late payment or underpayment the interest rate* and enter the sum here the number of days late and enter the su	eneral instructions locate	x 1% x 0.00274	0.67	Q Interest Assessment
You must complete this we For an explanation of interest. Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page	vorksheet for those royalty payments substrest assessment, see page (viii) of the got of late payment or underpayment the interest rate* and enter the sum here the number of days late and enter the su 0.00274** and enter here 6) block 1, line 2, or block 2 line 8, or block 1	m here	x 1% x 0.00274 \$ (interest charge)	0.67 days	Q Interest Assessment
You must complete this we For an explanation of interest. Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page * To view the interest.)	vorksheet for those royalty payments substrest assessment, see page (viii) of the got of late payment or underpayment the interest rate* and enter the sum here the number of days late and enter the su 0.00274** and enter here	eneral instructions locate m here ck 3 line 6 ensing/interest-rate.pdf.	x 1% x 0.00274 \$ (interest charge)	0.67 days	Q Interest Assessment
You must complete this we For an explanation of interest. Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page * To view the interest contact the Licensin	worksheet for those royalty payments substrest assessment, see page (viii) of the got of late payment or underpayment the interest rate* and enter the sum here the number of days late and enter the su 0.00274** and enter here 6) block 1, line 2, or block 2 line 8, or block 1 the chart click on www.copyright.gov/lice	eneral instructions locate m here	x 1% x 0.00274 \$ (interest charge)	0.67 days	Q Interest Assessment
You must complete this we For an explanation of interest Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page * To view the interest contact the Licensin ** This is the decimal NOTE: If you are filing this	worksheet for those royalty payments substrest assessment, see page (viii) of the got of late payment or underpayment	m here	x 1% x 0.00274 \$ (interest charge) For further assistance please y late. to the Copyright Office, please of the copyright	0.67 days -	Q Interest Assessment
You must complete this we For an explanation of interest Line 1 Enter the amount Line 2 Multiply line 1 by Line 3 Multiply line 2 by Line 4 Multiply line 3 by in space L, (page * To view the interest contact the Licensin ** This is the decimal NOTE: If you are filing this list below the owner, additional space of the contact the list below the owner, additional space in the space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the owner, additional space of the contact the list below the list belo	worksheet for those royalty payments substrest assessment, see page (viii) of the got of late payment or underpayment	m here	x 1% x 0.00274 \$ (interest charge) For further assistance please y late. to the Copyright Office, please of the copyright	0.67 days -	Q Interest Assessment
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