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.

T OFFICE USE ONLY
AMOUNT
\$ ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	Barcode Data Filing Period (optional - see instructions)
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
	Shenandoah Cable Television, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 459 (Number, street, rural route, apartment, or suite number)
	Edinburg, VA 22824 (City, town, state, zip)
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	names 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: Front Royal FTTH-Glo Fiber
	MAILING ADDRESS OF CABLE SYSTEM:
	2 Same As Above (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 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 filing, a determination that would be made by a court of law.

Accounting Period:	2022/1	
Accounting Feriou.	2022/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Shenandoah Cable Television, LLC	63825
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated communincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	nities within unincorporated areas and including single, discrete s a form of system identification hereafter known as the "first
Area Served	city.	e parks should be reported in parentileses selon the identified
	CITY OR TOWN	STATE
First Community	Front Royal	VA
Add Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63825

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	27	\$45.00	Entertain	204	\$110
Service to additional set(s)	58	\$6.00	Delight	31	\$145
• FM radio (if separate rate)			Induldge	9	\$185
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set		Burglar protection		
 Additional set(s) 		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63825

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WJLA	7	N	Washington, DC
WJLA-2	7.2	I-M	Washington, DC
WJLA-3	7.3	I-M	Washington, DC
WJLA-4	7.4	I-M	Washington, DC
WTTG	5	N	Washington, DC
WTTG-2	5.2	I-M	Washington, DC
WDCW	50	l	Washington, DC
WDCW-2	50.2	I-M	Washington, DC
WUSA	9	N	Washington, DC
WUSA-2	9.2	I-M	Washington, DC
WVPT	51	E	Staunton, VA
WETA	26	E	Washington, DC
WETA-2	26.2	E-M	Washington, DC
WDVM	25	l	Hagerstown, MD
WDVM-2	25.2	I-M	Hagerstown, MD
WDVM-3	25.3	I-M	Hagerstown, MD
WDVM-4	25.4	I-M	Hagerstown, MD
WPXW	66	l	Manassas, VA

Add Rows as Necessary

U.S. Copyright Office

Accounting Period:	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID:
Name	Shenandoah Cable T	elevision, LLC		6382
	PRIMARY TRANSMITTERS:	TELEVISION		
Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statiom ulticast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-time te carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute basis and also or see page (v) of the general instruction rogram services such as HBO, ESPN, -air designation. For example, report revision station for broadcasting over the station, an independent station, or a no for network multicast), "I" (for independent "E-M" (for noncommercial educations citions in the paper SA1-2 form. the community to which the station is I	basis under s [sections] s [sections] s carried on a tute program g)—if the some other s. etc. Identify each multistream e air in its community encommercial dent), "I-M" all multicast). iicensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Shenandoah Cable Television, LLC

63825

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
3, 122 01011	7 31 1 111	5/10		5. 122 51514	7 31 1 141	5,0	
						 	
						ļ	
		ļ				L	
							
							
						ļ	
		ļ				L	
						L	
		 -				 	
		 -					
		ļ					
		ļ				L	
	 	 					

Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF O	NADI E OVOTI	EM:					FOF	RM SA1-2E. PAGE 5.
Name	Shenandoah Cable Tel								SYSTEM ID# 63825
ı	SUBSTITUTE CARRIAGE In General: In space I, identif	y every non	network televisi	ion program, broadcast l	oy a d				
Substitute	substitute basis during the ac explanation of the programmi								
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special Statement and	 During the accounting peri 	od, did your	cable system	carry, on a substitute b	asis,	any nonne	twork telev	vision progra	m
Program Log	broadcast by a distant stat							YES	NO
	Note: If your answer is "No,	" leave the i	rest of this pag	e blank. If your answer	is "Y	es," you mu	ıst comple	te the progra	ım
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call sociumn 4: Give the broathe case of Mexican or Canace Column 5: Give the monfirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	tute prograine, please a sof every nor distant statingulations, or es like "moves like "moves broad sign of the sod adian station the and day we "5/7." Is when the Example: a per "R" if the lend regulation of the solution	m on a separal add additional ranetwork televion and that your authorizations vies" or "baske least live, enter tation broadcan's location (thins, if any, the cowhen your syst substitute program carried isted program ons in effect du	ows to the tables. sion program ("substituur cable system substitus. See page (v) of the gtball." List specific program ("Yes." Otherwise entesting the substitute proecommunity to which to community with which them carried the substitute gram was carried by your dealing of the substituted for progring the accounting per	tte protection that the protection of the protec	ogram") that for the progal instruction itles, for ex ation is lice ation is ider togram. Use ble system. p.m. to 6:2 ming that yenter the let	t, during the ramming of the for furth ample, "I Lessen by the stiffied). In the first the time are sent to the first the time are sent to the first the time are sent the first	ne accounting another state information over Lucy" or see FCC or, in with the more accurate should be a was required the listed programmer.	g ation on. onth ely
							N SUBST		7. 0540001500
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH		TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATIO	JIN .	AND DAY	FROM	TO	
								_	
								_	
									-
								_	

Accounting Period: 2	2022/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S'	YSTEM ID#
Name	Shenandoah Cable Television, LLC		63825
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this are 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.	ssion service mount, see	6,919.00 ss 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 \$26 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.	63,800.	
	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 thi accounting period is \$52.00.	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	15.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	67.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	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 \$527,6	600)	
	4. Establishment of many milet from any K		
	1. 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)	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	67.00	
240	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	\$	82.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: cable Television, LLC		SYSTEM ID# 63825
M Channels	to its subscriber	rs, and (2) the cable system's	of channels on which the cable system carried television broadco total number of activated channels during the accounting period th the cable	
	on which the	al number of activated channe cable system carried television dcast services	n broadcast stations	173
N Individual to Be Contacted		about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual int.)	
for Further Information	Name Address	Petra R. O'Neill 500 Shentel Way		Telephone (561) 801-8668
		(Number, street, rural route, apart Edinburg, VA 22824 (City, town, state, zip)	nent, or suite number)	
	Email	petra.o'neill@e	np.shentel.com Fax (optional	
0	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance with Copyright Office re	∍gulations)
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, but only one, of the boxes.)	
			artnership) I am the owner of the cable system as identified in line	
		in line 1 of space B and that the	tion or partnership) I am the duly authorized agent of the owner o e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal antity ideas	
		in line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity iden nereby declare under penalty of law that all statements of fact conta	·
		te, and correct to the best of m	y knowledge, information, and belief, and are made in good faith.	illed helein
			X /s/ Derek Rieger	
			Enter an electronic signature on the line above to certify this stateme Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nt.
		Typed or printed	name: Derek Rieger	
		Title:	Vice President Legal/General Counsel le of official position held in corporation or partnership)	
		Date:	September 15,	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 filing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
enandoah Cable Television, LLC	63825
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusive scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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.	sic de sub- 19." Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
- 125: Einer une total increase and net une talle tall	
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 underpay	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	orm.
Line 1 Enter the amount of late payment or underpayment	66,919.00 Interest Assessment
Line 1 Enter the amount of late payment or underpayment	1% Interest Assessment
×	66,919.00
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23 4
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23 4 31.17 arge)
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23 4 31.17 arge)
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23 4 31.17 arge) please
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23 4 31.17 arge) please
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23 4 31.17 arge) please
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23 4 31.17 arge) please
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23 4 31.17 arge) please
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 669.19 17 days 11,376.23 4 31.17 arge) please

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