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 COPYRIGH	T OFFICE USE ONLY
DATE RECEIVED	AMOUNT
9/15/2022	\$ 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
	Barcode Data Filing Period (optional - see 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
	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)
	(Number, street, rural route, apartment, or suite number) Edinburg, VA 22834 (City, town, state, zip)
С	INSTRUCTIONS: 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: Roanoke 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:	2002/1	
Accounting remou.	2002/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Shenandoah Cable Television, LLC	63871
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commununincorporated 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	s a form of system identification hereafter known as the "first
Area	city.	te parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Roanoke	VA
Community		
Add Rows as Necessary		
•		

Accounting Period: 2002/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63871

Shenandoah Cable Television, LLC

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 	107	\$45.00	Entertain	395	\$110
Service to additional set(s)			Delight	42	\$145
• FM radio (if separate rate)			Indulge	25	\$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: 2002/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63871

Shenandoah Cable Television, LLC

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
WZBJ	24	I	Danville, VA
WZBJ-2	24.2	I-M	Danville, VA
WSLS	10	N	Roanoke, VA
WSLS-2	10.2	I-M	Roanoke, VA
WSLS-3	10.3	I-M	Roanoke, VA
WWCW-3	21.3	I-M	Lynchburg, VA
WWCW-4	21.4	I-M	Lynchburg, VA
WSET	13	N	Lynchburg, VA
WSET-2	13.2	I-M	Lynchburg, VA
WSET-3	13.3	I-M	Lynchburg, VA
WSET-4	13.4	I-M	Lynchburg, VA
WDBJ	7	N	Roanoke, VA
WDBJ-2	7.2	I-M	Roanoke, VA
WDBJ-3	7.3	I-M	Roanoke, VA
WDBJ-4	7.4	I-M	Roanoke, VA
WFXR	27	N	Roanoke, VA
WFXR-3	27.3	I-M	Roanoke, VA
WFXR-4	27.4	I-M	Roanoke, VA

Add Rows as Necessary

Accounting Period: 2002/1 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63871 Shenandoah Cable Television, LLC 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 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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Shenandoah Cable Television, LLC

63871

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
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Accounting Perio		ADI E 01/07/								A1-2E. PAGE 5.
Name	Shenandoah Cable Tel									63871
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every noni counting per	network televisi	on program, broadcast cific present and former	by a o	rules, regula	ations, or a	uthorizatio	ons. For	a further
Substitute Carriage: Special Statement and Program Log	explanation of the programmi SPECIAL STATEMENT During the accounting peri broadcast by a distant stat Note: If your answer is "No,	CONCERNOD, did your	NING SUBSTI cable system	TUTE CARRIAGE carry, on a substitute b	basis,	, any nonne	twork telev	rision pro	gram	
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a funder certain FCC rules, received by the certain FCC rules. The column 2: If the program Column 3: Give the call section of the case of Mexican or Canace Column 4: Give the broad the case of Mexican or Canace 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 programme, please a of every non distant station gulations, or es like "mov Bulls." I was broad dispin of the sideast station addian station the and day we "5/7." Is when the Example: a or "R" if the lind regulation and regu	m on a separated additional responsibilities on and that you authorizations ries" or "baske" cast live, enter tation broadcan's location (the has, if any, the content of the program carries isted program ins in effect duite and additional and the second of the program carries is the program in a sin effect duite program in a sin effect duite and the second of the	ows to the tables. sion program ("substituur cable system substituur cable system substituur cable system substitus. See page (v) of the getball." List specific program are community to which community with which the carried the substitute gram was carried by your carried by a system from 6:100 was substituted for progring the accounting per	ute pruted gener "No ogram" the state prute pour case on 1:15	rogram") that for the program instruction titles, for exp." 1. tation is licer adion is ider ogram. Use able system is p.m. to 6:2 mining that yenter the let	at, during the constant of the	ne accour of another ner inform ove Lucy ne FCC or , with the mes accu should be n was req ne listed p	nting r statior r station. " or r, in month urately e quired	
	S	JBSTITUT	E PROGRAM				EN SUBST) 7.	REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	ON	5. MONTH AND DAY	6. FROM	TIMES — T	О	DELETION
								<u>–</u> –		
								_		
								<u>– </u>		
								<u>–</u>		

Accounting Period: 2	2002/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Shenandoah Cable Television, LLC		63871
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente 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 ar 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	2,799.00 pss 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 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.	53,800.	
	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	\$	47.88
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	99.88
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	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		
	<u> </u>		
	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)	
	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	4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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)	99.88	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	114.88
	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:	2002/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER Shenandoah Cable				SYSTEM ID# 63871
M Channels	to its subscribers, and 1. Enter the total num system carried tele	d (2) the cable system's aber of channels on whice vision broadcast station	total num	ls on which the cable system carried television broadcast station ber of activated channels during the accounting period.	31
	on which the cable	ber of activated channe system carried televisio services	n broadca	ast stations	
N Individual to Be Contacted		CONTACTED IF FURTH		RMATION IS NEEDED (Identify an individual	
for Further Information		ra R. O'Neill		Telepho	ne (561) 801-8668
	(Num	D Shentel Way ber, street, rural route, apartr inburgh, VA 22824 town, state, zip)		e number)	
	Email	petra.o'neill@en	np.shente	el.com Fax (optional	
O Certification	I, the undersigned, her (Owner othe (Agent of owner in line X (Officer or particular)	reby certify that (Check or er than corporation or power other than corpora to 1 of space B and that the partner) I am an officer (i	ne, but onl artnership ation or pa e owner is	tified and signed in accordance with Copyright Office regulation y one, of the boxes.) D) I am the owner of the cable system as identified in line 1 of spantnership) I am the duly authorized agent of the owner of the cable not a corporation or partnership; or	ce B; or le system as identified
	I have examined the st	d correct to the best of m		clare under penalty of law that all statements of fact contained her ge, information, and belief, and are made in good faith.	ein
			Enter an e	/s/ Derek Reiger electronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed	name:	Derek Rieger	
		Title:		resident Legal/General Counsel 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.

counting Period: 2002/	1				FORM SA1-2E. PAGE 8
GAL NAME OF OWNER O	F CABLE SYSTEM:				SYSTEM ID
nenandoah Cable T	elevision, LLC				6387
The Satellite Home V lowing sentence: "In determining service of proscribers and a service of proscrib	/iewer Act of 1988 amended Ti ng the total number of subscrib ryiding secondary transmission amounts collected from subscr on when to exclude these ame SA1-2 form. g period, did the cable system riers to satellite dish owners?	ers and the gross amounts paid to as of primary broadcast transmitters ibers receiving secondary transmis ounts, see the note on page (vii) of exclude any amounts of gross receiving secondary transmis	Copyright Act by a the cable system for the system shall sions pursuant to street the general instructions for secondary	for the basic not include sub- section 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	otal nere and list the satellite c	Name Mailing Address			
INTEREST ASSE					
You must complete to	his worksheet for those royalty	payments submitted as a result of ge (viii) of the general instructions lo			Q
You must complete ti For an explanation of	his worksheet for those royalty f interest assessment, see pag		cated in the paper		Q Interest Assessment
You must complete ti For an explanation of	his worksheet for those royalty f interest assessment, see pag	pe (viii) of the general instructions lo	cated in the paper	SA1-2 form.	Q Interest Assessment
You must complete to For an explanation of Line 1 Enter the am	his worksheet for those royalty f interest assessment, see pag nount of late payment or underp	e (viii) of the general instructions lo	\$ x	102,799.00 1%	Q Interest Assessment
You must complete to For an explanation of Line 1 Enter the am	his worksheet for those royalty f interest assessment, see pag nount of late payment or underp	pe (viii) of the general instructions lo	\$ x	102,799.00 1% 1,027.99	Q Interest Assessment
You must complete the For an explanation of Line 1 Enter the am	his worksheet for those royalty finterest assessment, see page tount of late payment or undergonal by the interest rate* and entergonal field of the content	e (viii) of the general instructions lo	\$ xx	102,799.00 1% 1,027.99 17 days	Q Interest Assessment
You must complete the For an explanation of Line 1 Enter the am	his worksheet for those royalty finterest assessment, see page tount of late payment or undergonal by the interest rate* and entergonal field of the content	e (viii) of the general instructions lo	x x	102,799.00 1% 1,027.99 17 days 17,475.83	Q Interest Assessment
You must complete the For an explanation of Line 1 Enter the am Line 2 Multiply line 2 Line 3 Multiply line 2	his worksheet for those royalty finterest assessment, see page to a sount of late payment or undergonal to the interest rate* and entergonal to the interest rate and entergonal to the interest rate and entergonal to the sound of the sound	e (viii) of the general instructions lo	x x	102,799.00 1% 1,027.99 17 days	Q Interest Assessment
You must complete the For an explanation of Line 1 Enter the am Line 2 Multiply line 2 Line 3 Multiply line 2 Line 4 Multiply line 3	his worksheet for those royalty finterest assessment, see page tount of late payment or underpayment of late payment and enter 1 by the interest rate* and enter 2 by the number of days late at 3 by 0.00274** and enter here	e (viii) of the general instructions lo	x x	102,799.00 1% 1,027.99 17 days 17,475.83	Q Interest Assessment
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