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

				Return completed workbook by	
STATEM	ENT OF ACCOUNT	FOR COPYRIC	email to		
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook.		9/15/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
Accounting Period	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
В	Instructions: Give the full legal name of the owner of subsidiary, not that of the parent corpor		ary of another corporation, give the full corpora	ate title of the	
Owner	List any other name or names under wh	ich the owner conducts the business of the	e cable system.		
		e accounting period, only the owner on th yment covering the entire accounting peri	e last day of the accounting period should subn od.	nit a single	
	Check here if this is the system's first fili	ing. If not, enter the system's ID number as	ssigned by the Licensing Division.	063902	

		check here in and by sector a matching. In her, ence the system a by hander assigned by the Electronic Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	4	IDENTIFICATION OF CABLE SYSTEM:
		Maryland Correctional Training Center
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City taun state via pada)
	I	(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	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063902
D Area Served	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated cor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	mmunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Hagerstown	MD
Community	(Maryland Correctional Training Center)	
Add Rows as Necessary		
, ad nows as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						S	YSTEM ID			
Name	CEQUEL COMMUNICATIONS LLC											
	SECONDARY TRANSMISSION											
E						rtransmission se	ervice of th	ne cable				
	<b>In General:</b> 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 Service: Sub-	last day of the accounting period						o svetom	broken				
scribers and	<b>Number of Subscribers:</b> 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											
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 c	-	-	•			-					
	unit in which it is generally billed category, but do not include disc	· · ·	,		y standaro	d rate variations	within a pa	articular rate				
	Block 1: In the left-hand block				es of seco	ondary transmiss	ion servic	e that cable				
	systems most commonly provide	•		•		•						
	that applies to your system. Note											
	categories, that person or entity						•					
	subscriber who pays extra for ca					in the count unc	er "Servic	e to the				
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those				
	5 5	<b>Block 2:</b> 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 a											
	sufficient.											
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBER	S RATE			
	Residential:											
	<ul> <li>Service to first set</li> </ul>		0	-								
	<ul> <li>Service to additional set(s)</li> </ul>											
	<ul> <li>FM radio (if separate rate)</li> </ul>											
	Motel, hotel											
	Commercial		132	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATES								
F	In General: Space F calls for rat	•	'		•							
Г	not covered in space E, that is, t											
Services	service for a single fee. There ar furnished at cost or (2) services	•		•								
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the	rate column.		-		-		0				
ransmissions:	<b>Block 1</b> : Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	<b>Block 2:</b> 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.											
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SERV	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVIC				
	Continuing Services:			tion: Non-resi		TUTE	0,1120	OIT OF OLIVIE				
	• Pay cable	_		el, hotel								
	• Pay cable—add'l channel			nmercial								
	Fire protection			cable								
	•Burglar protection			cable-add'l cha	annel							
	Installation: Residential			protection								
	• First set	_		glar protection								
	Additional set(s)	- (		ervices:								
	• FM radio (if separate rate)			onnect		_						
	Converter			connect								
				et relocation								
			Juli	or relocation					I			
			• Mov	e to new addre	22							

nting Period: 2	2022/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II 06390				
	CEQUEL COMMUNICATIONS LLC							
	PRIMARY TRANSMITTERS:							
G	carried by your cable system FCC rules and regulations	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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 nsmitters: elevision	substitute program basis, a Substitute Basis Stations	<ul> <li>e)(2) and (4), or 76.63 (referring to 76.67) s explained in the next paragraph.</li> <li>With respect to any distant stations caules, regulations, or authorizations:</li> </ul>						
	• Do <i>not</i> list the station her station was carried <i>only</i> on	e in space G—but do list it in space I (th						
	basis. For further information <b>Column 1:</b> List each station	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruc rogram services such as HBO, ESI	tions. PN, etc. Identify each				
		the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	vision station for broadcasting over	the air in its community				
	educational station, by ente	n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o	for network multicast), "I" (for indep	endent), "I-M"				
	For the meaning of these te <b>Column 4:</b> Give the location	rems, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station	is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WDCW-1	50	<u> </u>	WASHINGTON, DC				
	WHUT-1	6	E	WASHINGTON, DC				
ows as Necessary	WJLA-1	7	N	WASHINGTON DC				
	WRC-1	4	N	WASHINGTON, DC				
	WTTG-1	5	Ι	WASHINGTON DC				
	WTTG-1 WUSA-1	5 2	I N	WASHINGTON DC WASHINGTON DC				
		2						
	WUSA-1 WETA-1	2 8	I N E	WASHINGTON DC WASHINGTON DC				
	WUSA-1	2		WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				
	WUSA-1 WETA-1	2 8		WASHINGTON DC WASHINGTON DC				

EGAL NAME OF									SYSTEM 063
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processor c mark in the "S/D" column. on (the community to which the the community with which the	t th sys nis ed	e system's hea stem's FM anter point, see page by the cable sy station is licens	idend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC	) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	+	CALL SIGN		5/D	LOCATION OF STATION	
				ŀ					
				F					
				╞					
				ļ					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				+					
				-					
				ŀ					
				F					
				╞					
				-					
				$\left  \right $					
				ļ					
				+					
				+					
				Ľ					

Accounting Perio	d: 2022/1						FORM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C				063902
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG			
	In General: In space I, identit	fy every non	network televisi	on program, broadcast by a	a <i>distant</i> statio	on, that your cable	system carried on a
Substitute	substitute basis during the ac explanation of the programmi						
Carriage:	1. SPECIAL STATEMENT	-			-		
Special	<ul> <li>During the accounting peri</li> </ul>				s. anv nonne	twork television p	program
Statement and Program Log	broadcast by a distant stat	-	,				
Program Log	,						
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you m	ust complete the	program
	log in block 2.		M0				
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	ssible if their mea	aning is
	clear. If you need more space						
				sion program ("substitute p			
	period, was broadcast by a						
	under certain FCC rules, reg Do not use general categori						
	"NBA Basketball: 76ers vs.						
				"Yes." Otherwise enter "N			
				sting the substitute progra e community to which the		ansod by the ECC	or in
	the case of Mexican or Can						0, 11
				em carried the substitute p			he month
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your o			
	stated as "6:00–6:30 p.m."		program carrie		15 p.m. to 0.2	20.00 p.m. should	be
		er "R" if the	listed program	was substituted for progra	imming that y	your system was <i>i</i>	required
	to delete under FCC rules a						
	was substituted for program effect on October 19, 1976.	iming that y	our system was	s permitted to delete unde	r FCC rules a	and regulations in	
					WH	EN SUBSTITUTE	E
	S		E PROGRAM				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	то
						<u>-</u>	
						<u> </u>	
						<u> </u>	
						<u> </u>	
						<u>_</u>	
						<u> </u>	
						<u> </u>	
						_	

Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 063902
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	3,522.00
L 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 \$2 • 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.	263,800.	
	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 th accounting period is \$52.00.	nis 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		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 \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	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)	
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register 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:			SYSTEM ID# 063902
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, and (2) the cable system otal number of channels on wi ried television broadcast stati otal number of activated chan he cable system carried televis	ons	g the accounting period.	8 28
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	THER INFORMATION IS NEEDED (Identif	y an individual	
for Further Information	Name	RODNEY HASKINS		Telephone (903)	579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701			
	Email	(City, town, state, zip)	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified and signed in accordance	with Copyright Office regulations)	
O Certification			one, <i>but only one</i> , of the boxes.) • <b>partnership)</b> I am the owner of the cable sys	stem as identified in line 1 of space B; or	
	(Age		<b>pration or partnership)</b> I am the duly authoriz the owner is not a corporation or partnership;		as identified
	X (Off	icer or partner) I am an officer in line 1 of space B.	r (if a corporation) or a partner (if a partnershi	p) of the legal entity identified as owner of th	e cable system
	are true, comp		d hereby declare under penalty of law that all my knowledge, information, and belief, and ar		
			X /s/ Alan Dannenbaum		
		Typed or printe	ed name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING Title of official position held in corporation or partners	ship)	
		Date:		8/23/2022	

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: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	063902
<ul> <li>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 following sentence:             "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?     </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ -	
(interest charge)	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
<ul> <li>(interest charge)</li> <li>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please</li> </ul>	
<ul> <li>(interest charge)</li> <li>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.</li> </ul>	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	

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.