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								
9/20/2022	\$								
	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))										
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
		Barcode Data Filing Period (optional - see instructions)									
Accounting Period											
В	G	structions: ive 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 ubsidiary, not that of the parent corporation.									
Owner	Li	st 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.										
	X	heck 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									
	s	henandoah Cable Television, LLC									
	В	SUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
		AND ADDRESS OF CHAIRD OF CARLE SYSTEM									
	F	IAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 459									
	`	lumber, street, rural route, apartment, or suite number) Edinburg, VA 22824									
	(C	Sity, town, state, zip)									
С		CTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	DENTIFICATION OF CABLE SYSTEM: Frederick, MD FTTH-GLO									
	-	IAILING ADDRESS OF CABLE SYSTEM:									
		Same As Above lumber, street, rural route, apartment, or suite number)									
	(0	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	
	1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Shenandoah Cable Television, LLC	0
D Area	Instructions: List each separate community served by the cable system. A "commuseparate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will so community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobil city.	mmunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	Frederick	MD
Community	Unincorporated area of Frederick County	MD
Add Rows as Necessary		
•		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Shenandoah Cable Television, LLC

0

# 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.

BLO	OCK 1		BLOCK 2						
	NO. OF			NO. OF					
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE				
Residential: (Starter HD)									
Service to first set	1	7	Entertain	4	\$110				
Service to additional set(s)			Delight	1	\$145				
FM radio (if separate rate)			Indulge	1	\$185				
Motel, hotel									
Commercial									
Converter									
Residential									
Non-residential									

# 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.

	BLOCK 1									
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE						
Continuing Services:		Installation: Non-residential								
Pay cable										
<ul> <li>Pay cable—add'l channel</li> </ul>										
Fire protection										
•Burglar protection										
Installation: Residential										
• First set (includes 2)										
Additional set(s)										
• FM radio (if separate rate)										
• Converter										
		1								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

# 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WDCA	20	N	Washington DC
WDCA-2	20.2	I-M	Washington DC
WDCA-3	20.3	I-M	Washington DC
WDCW	50	I	Washington DC
WDCW-2	50.2	I-M	Washington DC
WDME	48	I	Washington DC
WDVM	25	I	Washington DC
WDVM-2	25.2	I-M	Washington DC
WDVM-3	25.3	I-M	Washington DC
WETA	26	E	Washington DC
WETA-3	26.3	E-M	Washington DC
WETA-4	26.4	E-M	Washington DC
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
WPXW	66	I	Manassas, VA
WPXW-5	66.5	I-M	Manassas, VA
WRC	4	N	Washington DC
WRC-2	4.2	N-M	Washington DC
WRC-3	4.3	N-M	Washington DC
WTTG	5	N	Washington DC
WTTG-2	5.2	I-M	Washington DC
WUSA	9	N	Washington DC

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 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 WUSA-2 9.2 I-M Washington DC WUSA-3 Washington DC 9.3 I-M WUSA-4 9.4 I-M Washington DC

## Shenandoah Cable Television, LLC

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### 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
5. ILL 51511	, avi 31 1 Wi	0,0	200,111011 01 017111011	37 122 31314	7 1101 31 1 101	0,0	200,111011 01 01,111011
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U.S. Copyright Office

Accounting Perio	d· 2022/1								EODI	M SA1-2E. PAGE 5.		
Accounting Perio	LEGAL NAME OF OWNER OF O	ABI E SYSTI	EW.						FORI	SYSTEM ID#		
Name	Shenandoah Cable Tel									0		
	SUBSTITUTE CARRIAGE	· SPECIAI	STATEMEN	T AND PROGRAM I O	G							
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage:	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Special					asis anv	nonne	twork telev	/ision	program	1		
Statement and		•	cazie cycleiii	,								
Program Log	TES INO											
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program											
	log in block 2.											
	2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in											
	effect on October 19, 1976.											
	s	UBSTITUT	E PROGRAM							7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN 4. STATION'S LOCAT		1 1	MONTH D DAY	6. FROM	TIME:	S TO	DELETION		
								_				
							<b></b>					
								_				
								_				
								_				
								_				
								_				

Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	5	YSTEM ID#
Name	Shenandoah Cable Television, LLC		0
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 transmit (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	<b>430.00</b> oss 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 \$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.	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 th accounting period is \$52.00.	is 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	\$	0.20
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.20
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)		02.20
		00)	
	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		
	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		
	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		
	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)	52.20	
	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	\$	67.20
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> 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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC	SYSTEM ID# 0								
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broad to its subscribers, and (2) the cable system's total number of activated channels during the accounting perio  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)									
for Further Information	Name Petra R. O'Neill  Address 500 Shentel Way	Telephone (561) 801-8668								
	(Number, street, rural route, apartment, or suite number)  Edinburgh, VA 22824  (City, town, state, zip)									
	Email petra.o'neill@emp.shentel.com Fax (optional									
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.									
	[18 U.S.C., Section 1001(1986)]  X /s/ Derek Rieger  Enter an electronic signature on the line above to certify this statem Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: Derek Rieger  Title: Vice President Legal/General Counsel (Title of official position held in corporation or partnership)  Date: September 15									

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ounting Period: 2	022/1											FORM SA1-2E. PA	GE 8.
GAL NAME OF OWN	NER OF C	ABLE SYST	ГЕМ:									SYSTEM	/I ID#
enandoah Cab	ole Tele	vision, L	_LC										0
service of scribers  For more inform located in the particular of the accomade by satellit NO	ome Vieven e: rmining the of provident and amount and amount on a contraction of a contraction on a contract	ver Act of 1 ne total nur ing second- ounts collect when to ex 1-2 form. eriod, did the sto satellite	988 amend mber of sub- lary transmi- cted from si xclude thes he cable sy the dish owner	ded Title 17, so pecribers and issions of prinubscribers re e amounts, so estem exclude ers?	section 1 If the growing the growing see the reamy arm	111(d)(1)(A), of ass amounts pai boadcast transm secondary tran- note on page (v	the Co d to the tters, t smission ii) of the receip	e cable s the system ons pursume general	ystem for n shall no ant to sec	the basic t include s ction 119."	ub-	P Special Stateme Concerning Gro Receipts Exclusi	SS
Name Mailing Address						Name Mailing Address							
INTEREST A	SSES												
You must comp	lete this	worksheet										Q	
Line 1 Enter th	ne amoui	nt of late pa	ayment or u	ınderpaymen	nt			\$			430.00	Interest Assessm	ent
									x	1%	Ò		
Line 2 Multiply	line 1 b	/ the intere	st rate* and	d enter the su	um here						4.30		
									x	17	<b>d</b> ays		
Line 3 Multiply	line 2 by	the numb	er of days I	ate and ente	r the sur	m here					73.10		
Line 4 Multiply in space					8, or blo	ock 3, line 6		\$		0.00274 est charge	0.20		
					•	ensing/interest-i @copyright.gov	•	f. For fur	ther assis	tance plea	ise		
** This is the	e decima	I equivalen	nt of 1/365,	which is the	interest	assessment for	one d	ay late.					
NOTE: If you are	-		_	-						-			
Owner													
Address													
ID number													
First community													
	/ served												

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.