THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

DATE RECEIVED

02/28/23

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

SA1-2 Short Form

Return to: Library of Congress

Copyright Office Licensing Division 101 Independence Ave. S

101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2022 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Owner 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. 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. 014471 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 Vyve Broadband J, LLC *01447120222* 014471 2022/2 Four International Drive, Suite 330 Rye Brook, NY 10573 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2504 Westwood Rd 2 (Number, street, rural route, apartment, or suite number) Westlake, LA 70669 (City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE LA Dequincy Westlake ΙΔ First Community **Bearuegard Parish** LA LA Calcasieu Parish Moss Bluff LA Old Town LA Vinton LA Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

								FORM	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							
	Vyve Broadband J, LLC								01447
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for categories.	pace E should on of television ay cable) in sp (June 30 or Do blocks in space y transmission umber of billing ice at the rate i harged for eacl (Example: "\$2 ounts allowed in space E, the to their subsci e: Where an in- should be cour	cover a and ra ace F, ecembe ce E ca service ls in tha ndicate h categ 20/mth" for adv. e form I ribers. dividua ated as	all categories of dio broadcasts not here. All the er 31, as the ca all for the numbe . In general, yo at category (the ed—not the num jory of service. I). Summarize a ance payment. lists the categor Give the numbe I or organization a subscriber in	secondary by your system a facts you se may be ar of subsc u can com number of aber of sets include bot ny standar ries of seco ar of subsc n is receivil each appli	stem to subscrib state must be th). ribers to the cab pute the number f persons or orga s receiving servi th the amount of rate variations ondary transmise ribers and rate f ng service that f icable category.	ers. Give in nose existi ole system, r of subscr anizations ce). f the charg s within a p sion servic or each lis alls under Example:	information ng on the broken ibers in charged e and the particular rate e that cable ted category different a residential	
	first set" and would be counted of	nce again und	er "Ser	vice to additiona	al set(s)."				
	Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	iers of services	that in	clude one or me	ore second	lary transmissio	ns), list the	em, together	
		OCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIDI	EKS	NATE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	NATE
	Service to first set		946	25.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		42	65.99					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Iransmissions: 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.								
	listed in block 1 and for which a				shed. List t	these other serv	ices in the	form of a	
	listed in block 1 and for which a brief (two- or three-word) descrip	otion and includ	le the r CK 1	ate for each.				BLOCK 2	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ	le the ra CK 1 CATE	ate for each. GORY OF SER	VICE	these other serv			RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO RATE	e the ra CK 1 CATE Install	ate for each. GORY OF SER ation: Non-res	VICE	RATE		BLOCK 2	RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ	e the ra CK 1 CATE Install	ate for each. GORY OF SER	VICE			BLOCK 2	RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	bition and includ BLO RATE 19.95	CK 1 CATE Install • Mo • Co • Pa	ate for each. GORY OF SER lation: Non-res otel, hotel ommercial vy cable	VICE idential	RATE		BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	bion and includ BLO RATE 19.95 15.95	E the r CK 1 CATE Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER lation: Non-res otel, hotel ommercial y cable y cable-add'l ch	VICE idential	RATE T&M T&M T&M T&M		BLOCK 2	RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE 19.95 15.95 N/A N/A	e the r CK 1 CATE Install • Mo • Co • Pa • Pa • Fir	ate for each. GORY OF SER lation: Non-res otel, hotel ommercial y cable y cable-add'l ch e protection	VICE idential	RATE T&M T&M T&M T&M N/A		BLOCK 2	RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	High and include BLOC RATE 19.95 15.95 N/A N/A 59.99	e the r CK 1 CATE Install • Mo • Co • Pa • Pa • Fir • Bu	ate for each. GORY OF SER lation: Non-res otel, hotel ommercial by cable by cable-add'l ch re protection rglar protection	VICE idential	RATE T&M T&M T&M T&M		BLOCK 2	RATI
	listed in block 1 and for which a string (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	tion and includ BLO0 RATE 19.95 15.95 N/A N/A 59.99 19.99	e the r. CK 1 CATE Install • Mo • Co • Pa • Pa • Fir • Bu Other	ate for each. GORY OF SER lation: Non-res otel, hotel ommercial y cable y cable-add'l ch e protection	VICE idential	RATE T&M T&M T&M T&M N/A		BLOCK 2	RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	High and include BLOC RATE 19.95 15.95 N/A N/A 59.99	e the ra CK 1 CATE Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re	ate for each. GORY OF SER ation: Non-res otel, hotel ommercial by cable y cable-add'l ch e protection riglar protection services:	VICE idential	RATE T&M T&M T&M T&M N/A N/A		BLOCK 2	RATI

	LEGAL NAME OF OWNE	R OF CABLE SYSTEI	M:	SY	STEM ID#					
Name	Vyve Broadband J, LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G 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. Column 2: Give the number of the channel on which the station. For example, report multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. 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). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is identife									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION						
	к∨нр 29.2 (АВС)	29.2	N-M	Lake Charles						
	KSWL (CBS)	17	N	Lake Charles						
	KVHP 29 (FOX)	29	I	Lake Charles						
	KLTL 18 (PBS) HD	18	Е	Lake Charles						
	KLTL 18.2 PBS Kids	18.2	E-M	Lake Charles						
	KLTL 18.3 PBS Create	18.3	E-M	Lake Charles						
	KWWE-MyNetwork	19.1	I-M	Lake Charles						
	KVHP 29.3 Circle	29.3	N-M	Lake Charles						

ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F LEGAL NAME OF Vyve Broadl	FOWNER OF		YSTEM:					SYSTEM ID# 014471	Name
	t every radio s	station ca	rried on a separate and disc enerally receivable" by your c						Н
pecial Instruct eceivable if (1) n the basis of it or detailed info Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	ctions Conce it is carried by monitoring, to prmation about dentify the call tate whether to the radio stat this by placing Sive the station	rning All y the sys be receiv t the the sign of e the statio ion's sigr g a check n's locatio	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. In is AM or FM. nal was electronically proces a mark in the "S/D" column. on (the community to which th	· C at s s s o	Copyright Office re the system's hea ystem's FM anter n this point, see ed by the cable se e station is licens	egulations, an idend, and (2) inna, during ce page (v) of the ystem as a se ed by the FCC	FM sigr) it can b ertain sta e genera parate a	nal is generally e expected, ted intervals. I instructions. nd discrete	Primary Transmitters Radio
						,			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ţ	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
]					
			L						

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#				
	Vyve Broadband J, LL	L						014471				
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program</i> 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.											
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?											
	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 meters of the program of the substitute program (substitute program) that, during the accord period, was broadcast by a distant station and that your cable system substitute for the programming of and under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further in Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love I "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 FC the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the times when the substitute program was carried the substitute program. Use numerals, with first. Example: for May 7 give "5/7." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed gram was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed gram was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed							ation on. r n onth ely ed				
	รเ		E PROGRAM		CARR	EN SUBSTITU	RRED	7. REASON FOR DELETION				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	ES TO	TOR DELE HOR				
						_						
						_						
						_						

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC		SYSTEM 0144	Nam	ne
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of the page (vii) of the general instructions. 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	n's secondary transmow to compute this a	nission service	Gross Re	-
COPYRIGHT I	ROYALTY FEE			-	
	o 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 le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le the general instructions for more information.		263,800	L Copyr Royalty	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L	ESS			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is $$52.00$	that you must pay for	this six-mon		
	Line 1. Royalty fee for accounting period			_	
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mor				
	1. Base amount under statutory formula\$	263,800.00			
	2. Enter amount of gross receipts from space K	178,790.00	_		
	3. Subtract line 2 from line 1	85,010.00	_		
	4. Enter the amount of gross receipts from space K	\$	178,790.00		
	5. Enter the amount from line 3	\$	85,010.00		
	6. Subtract line 5 from line 4	\$	93,780.00		
	7. Multiply line 6 by .005 (enter figure here)		\$ 468.90		
	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	\$ 468.90		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but le	ss than \$527,600)			
	1. Enter the amount of gross receipts from space K		_		
	2. Base amount under statutory formula\$	263,800.00	-		
	3. Subtract line 2 from line 1		-		
	4. Multiply line 3 by .01		-		
	5. Royalty due on the first \$263,800 of gross recepits (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, a	nd 6]	
	FILING FEE AND TOTAL REMITTAN	ICE DUE		I	
Filing Fee and					
Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$ 468.90	<u> </u>	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$ 20.00	<u> </u>	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 488.	90	
	EFT Trace # or TRANSACTION ID #		Not Available		
	See page i of the general instructions in the paper SA1-2 form and the	Excel instructions tab	for more information.		

FORM SA1-2. PAGE 6.

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Vyve Broadband J, LLC	014471
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable	•
	system carried television broadcast stations	8
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	154
	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Ν	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further Information	Name Marie Censoplano Telephone	914-234-8313
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)	ations,
O		
Certifcation	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 identifed in line 1 of space E	3; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s	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 identifed as own	ner 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	d 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)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J. White	
	Title: SVP - Financial Planning	
	(Title of official position held in corporation or partnership)	
	D. t.	
	Date: 2/28/2023	
	1	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects 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 fling, a determination that would be made by a court of law.

FORM	SA1-2.	PAGE	8.
------	--------	------	----

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	014471	Name
 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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not i scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instruction During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	e basic nclude sub- on 119." s.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
	dovo	
x Line 3 Multiply line 2 by the number of days late and enter the sum here	days .00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offer list below the owner, address, first community served, ID number, and accounting period as given in the origi		
Owner Address		
ID number		
First community served Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying	information (PII) requested	on th

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects 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.