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	
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
-	ems (Short Form)	2/24/23	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
	o of this workbook	_/_ //_0	ALLOCATION NUMBER	Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		_			
		Barcode Data Filing Period (optional	- see instructions)		
Accounting Period					
	Instructions:				
В		•	idiary of another corporation, give the full co	orporate	
Owner	List any other name or names under whi	ich the owner conducts the business of t	he cable system.		
	If there were different owners during the single statement of account and royalty	.	the last day of the accounting period should ting period.	submit a	
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	25105	
	Zito Midwest LLC	NG ADDRESS OF CABLE SYSTEM			
	ZITO MIGWEST LLC				

C 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 1 DENTIFICATION OF CABLE SYSTEM: Zito Media - Ceresco 2 MAILING ADDRESS OF cable SYSTEM: Zito Media - Ceresco 2 MAILING ADDRESS OF owner of cable system: Zito Media - Ceresco			
Zito Midwest LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Zito Media MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 665 (Number; street, rural route, apartment, or suite number) Coudersport, PA 16915 (City, town, state, 2(p)) 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: Zito Media - Ceresco MAILING ADDRESS OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number)			
C Instruction Ins			LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
Zito Media MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport, PA 16915 (City, town, state, zip) 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: Zito Media - Ceresco MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or sulle number)			Zito Midwest LLC
MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport, PA 16915 (City, town, state, zip) 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: Zito Media - Ceresco MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport, PA 16915 (City, town, state, zip) C System 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 1 IDENTIFICATION OF CABLE SYSTEM: Zito Media - Ceresco AulLing AdDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)			Zito Media
Cudersport, PA 16915 (City, town, state, zip) C 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: Zito Media - Ceresco A Zito Media - Ceresco MaiLing AdDRESS OF CABLE SYSTEM: 2 2 (Number, street, rural route, apartment, or suite number)			MAILING ADDRESS OF OWNER OF CABLE SYSTEM
Coudersport, PA 16915 (City, town, state, zip) C System 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 1 IDENTIFICATION OF CABLE SYSTEM: Zito Media - Ceresco 2 MAILING ADDRESS OF CABLE SYSTEM: 2			
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System 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: Zito Media - Ceresco MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or sulte number)			(City, town, state, zip)
1 Zito Media - Ceresco Mailing Address of CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	С		
2 (Number, street, rural route, apartment, or suite number)	System	4	IDENTIFICATION OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)			Zito Media - Ceresco
			MAILING ADDRESS OF CABLE SYSTEM:
		2	(Number, street, rural route, apartment, or suite number)

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 Offce'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 fling, a determination that would be made by a court of law.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I					
Name	Zito Midwest LLC	251					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know 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, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Ceresco	NE					
Community							
dd Rows as Necessary							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						-2E. PAG	
Name	Zito Midwest LLC		•						251	
	SECONDARY TRANSMISSION				ATES					
E	In General: The information in s					v transmission	service of	the cable		
	system, that is, the retransmissi	on of televisior	and rac	dio broadcasts	by your sy	/stem to subscri	ibers. Give	information		
Secondary	about other services (including p						those exis	ting on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot						hle system	hroken		
scribers and	down by categories of secondar	•					-			
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	number c	of persons or or	ganization			
	separately for the particular serv					•	,	we and the		
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-		
	category, but do not include disc				iny standa					
	Block 1: In the left-hand block	t in space E, th	e form li	ists the catego						
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			•		0				
	subscriber who pays extra for ca									
	first set" and would be counted of	once again und	ler "Serv	vice to addition	al set(s)."					
	Block 2: If your cable system									
	printed in block 1 (for example, the with the number of subscribers and the subscribers are subscribers and the subscribers are subscribers and the subscribers are subscribers are subscribers and the subscribers are su									
	sufficient.		c ngin-n					301 1100 13		
	BL				BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA	
	Residential:									
	Service to first set		5	46.66						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S					
F	In General: Space F calls for ra	te (not subscri	ber) info	rmation with re	spect to a	Il your cable sy	stem's ser	vices that were		
Г	not covered in space E, that is, the									
Services	service for a single fee. There a furnished at cost or (2) services									
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	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									
Rates	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	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA	
	Continuing Services:		Installa	tion: Non-res	idential					
	• Pay cable			el, hotel						
	Pay cable—add'l channel			nmercial						
	Fire protection		,	v cable						
	•Burglar protection		,	cable-add'l ch	lannel					
	Installation: Residential • First set	20.00		protection						
	Additional set(s)	30.00 20.00		glar protection services:						
	• FM radio (if separate rate)	20.00		connect		30.00				
	• Converter			connect						
		1	0130	Sonnool						
	Conventer		• Out	let relocation		30.00				
			_	let relocation /e to new addr	ess	30.00 30.00				

ccounting Period: 2	2022/2			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
	Zito Midwest LLC			25105						
	PRIMARY TRANSMITTERS:									
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations :	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, <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 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								
	• Do not list the station here station was carried only on									
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel	el number the FCC assigned to the tele	, see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor	ons. N, etc. Identify each t multistream						
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s 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						
	KETV	7.1	Ν	Omaha NE						
	κωτν	3.1	Ν	Omaha NE						
ows as Necessary	КРТМ	42.1	Ν	Omaha NE						
	KUON	12	E	Lincoln NE						
	κχνο	15.1	l	Omaha NE						
	WOWT	6.1	N	Omaha NE						
	WOWT	6.5	I	Omaha NE						

egal name oi Zito Midwes			I GI EMI.					SYSTEM I 251
	every radio s	station ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing sive the station	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pag ed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0	LOOKHON OF STATION			5,0		

Accounting Perio	od: 2022/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							25105
_	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	nnetwork televi	sion program, broadcast b	y a <i>distant</i> sta	tion, that yo	ur cable sys	tem carried on a
	substitute basis during the a	01	· ·	•	, 0	,		
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of t	the general ins	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	T CONCEP	RNING SUBS	TITUTE CARRIAGE				
Statement and	 During the accounting pe 	riod, did yo	ur cable syster	n carry, on a substitute ba	asis, any nonr	network tele	evision prog	ram
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you ı	must compl	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT			ata lina. Llaa abbraviatian	o whorovor p	oogiblo if th		a io
	In General: List each subs clear. If you need more spa				s wherever p	ossible, li tr	ien meaning	y is
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	am unes, for e	example, i	Love Lucy	0I
	Column 2: If the program	m was broa		er "Yes." Otherwise enter				
		0		asting the substitute prog				
	the case of Mexican or Cal			the community to which the community with which the			ne FCC or,	In
				stem carried the substitute			s, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example.	a program can	led by a system norm 0.0	1. 15 p.m. to c	.20.30 p.m		
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	t your syste	m was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regula	ations in	
		-						
			E PROGRAM			N SUBSTI AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH			DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
]		_	
							_	
							—	
] [_	
							_	
		1	Γ		1			1
							-	

Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 25105
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 amount, see	2,086.70 Dss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	this six-mon	
	accounting period is \$52.00	¢	52.00
	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 \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,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	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	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM: LC	SYSTEM ID# 25105
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	7
		ast services	23
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814-26	60-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersigned (Ownee) (Agentian in l X (Offician l I have examined	X /s/James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President	
		(Title of official position held in corporation or partnership) Date: 02/27/2023	

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

AL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
AL NAME OF OWNER OF GABLE STSTEM.	SYSTEM ID
o Midwest LLC	2510
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. 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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	-
Line A Multiply line 3 by 0.00274** and enter here	
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 \$ -	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	и
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>\$</u> (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@loc.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. 	

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