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

			HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ENT OF ACCOUNT ary Transmissions by ems (Short Form)	DATE RECEIVED		<u>coplicsoa@loc.gov</u>
General instru	uctions are located of this workbook	3/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optiona	I - see instructions)	
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full o	corporate

В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	62540
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Mediacom Southeast (Brewton, AL)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given ir	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Mediacom Southeast (Brewton, AL)	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	ONE MEDIACOM WAY	
	2	(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(City, town, state, zip code)	

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Mediacom Southeast (Brewton, AL)	6254
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Brewton	
community	Atmore East Brewton	AL AL
dd Dawe as Nassasan	Escambia County	AL
ld Rows as Necessary		
	ากและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการแ	

	LEGAL NAME OF OWNER OF C							FORM SA1		
Name	Mediacom Southeast (E							010	6254	
			/							
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable		
—	system, that is, the retransmission	-		-		•				
Secondary	about other services (including p						those exis	ting on the		
Transmission	last day of the accounting period Number of Subscribers: Both						blo cyctor	brokon		
Service: Sub- scribers and		-					•			
Rates	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 serv					•	,			
	Rate: Give the standard rate c unit in which it is generally billed									
	category, but do not include disc				iny stanua		is within a			
	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			-		-				
	subscriber who pays extra for ca					•••	•			
	first set" and would be counted o	once again und	er "Ser	vice to addition	al set(s)."					
	Block 2: If your cable system	•								
	printed in block 1 (for example, t with the number of subscribers a						,			
	sufficient.		o ngin							
	BLC	DCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCRID	EKS	NATE	CAT	EGORT OF SE	NICE	SUBSCRIBERS	IVA I	
	Service to first set		1,164	29.95-89.99						
	Service to additional set(s)		.,							
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	29.95-89.99						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		Nemi		e					
-	In General: Space F calls for rat					ll your cable sy	stem's ser	vices that were		
F	not covered in space E, that is, t									
Comisso	service for a single fee. There ar		,		0		0 (/		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		acaanj	y billou: If unly to		larged on a var		rogram baolo,		
ransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that				•	•	•			
	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	-	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	###	
	 Pay cable—add'l channel 	PP	• Co	ommercial						
	Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential			e protection						
	• First set	109.99		rglar protection						
	Additional set(s) EM radio (if concrete rate)	49.00		services:		40.00				
	FM radio (if separate rate)	40.50		connect		49.00				
	• Converter	10.50		sconnect Itlet relocation		49.00				
			• • UU	mentelocation		49.00				
			-	ove to new addr	000					

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Mediacom Southeast	(Brewton, AL)		62
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: 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: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, Wit Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. IPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WALA/WALA (HD) FOX	9	I	Mobile, AL
	WALA-DT2 CoziTV	9.2	I-M	Mobile, AL
	WALA-DT3 Laff	9.3	I-M	Mobile, AL
	WALA-DT4 ION Mystery	9.4	I-M	Mobile, AL
	WALA-DT5 Circle	9.5	I-M	Mobile, AL
ows as Necessary	WAWD/WAWD (HD) IND	58	I	Ft. Walton Beach, FL
	WDPM Daystar HD	23	I	Mobile, AL
	WDPM-DT Daystar	23.1	I-M	Mobile, AL
	WEAR/WEAR(HD) ABC	17	N	Pensacola, FL
	WEAR-DT2 TBD	17.2	I-M	Pensacola, FL
	WEAR-DT3 Charge!	17.3	I-M	Pensacola, FL
	WEIQ/WEIQ (HD) PBS	41	E	Mobile, AL
	WFBD/WFBD (HD) TCT	12	I	Mobile, AL
	WFGX/WFGX(HD) MYNET	50	I	FORT WALTON BEACH, FL
	WFGX-DT2 getTV	50.2	I-M	FORT WALTON BEACH, FL
	WFNA/WFNA(HD) CW	25	I	Gulf Shores, AL
	WFNA-DT2 Bounce TV	25.2	I-M	Gulf Shores, AL
	WFNA-DT3 True Crime Netwo	25.3	I-M	Gulf Shores, AL
	WFNA-DT4 Grit	25.4	I-M	Gulf Shores, AL
		34	I	Pensacola, FL
	WHBR/WHBR HD (CTN)			
	WJTC/WJTC (HD) IND	45	l	Pensacola, FL
		45 45.3	I I-M	Pensacola, FL Pensacola, FL
	WJTC/WJTC (HD) IND			

	: 2022/2			FORM SA1-2E. PA		
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM		
Hume	Mediacom Southeast	(Brewton, AL)		62		
	PRIMARY TRANSMITTERS:	TELEVISION				
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>except</i>	(1) stations carried only on a part-	time basis under		
Primary ransmitters: Television	tters: substitute program basis, as explained in the next paragraph.					
	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis.	ne Special Statement and Program	Log)—if the		
	basis. For further informatio Column 1: List each station multicast stream associated	Ilso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	see page (v) of the general instruc program services such as HBO, ES	tions. PN, etc. Identify each		
	of license. For example, WI	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	-			
	educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	case whether the station is a network a ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station	pendent), "I-M" ional multicast). n is licensed by the		
		lian stations, if any, give the name of th	ne community with which the station	n is identified.		
			·			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	1. CALL SIGN WKRG-DT4 Court TV	2. B'CAST CHANNEL NUMBER 27.4	·	4. LOCATION OF STATION Mobile, AL		
	1. CALL SIGN WKRG-DT4 Court TV WMPV (TBN)	2. B'CAST CHANNEL NUMBER 27.4 20	3. TYPE OF STATION	4. LOCATION OF STATION Mobile, AL Mobile, AL		
	1. CALL SIGN WKRG-DT4 Court TV WMPV (TBN) WPAN/WPAN Blab TV (HD)	2. B'CAST CHANNEL NUMBER 27.4 20 21	3. TYPE OF STATION I-M I I	4. LOCATION OF STATION Mobile, AL Mobile, AL		
	1. CALL SIGN WKRG-DT4 Court TV WMPV (TBN)	2. B'CAST CHANNEL NUMBER 27.4 20	3. TYPE OF STATION	4. LOCATION OF STATION Mobile, AL		

Mediacom S	OWNER OF O							SYSTEM I 625
	every radio s	tation ca	rried on a separate and discrence of the second s					н
eceivable if (1) on the basis of a For 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 abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be receint t the Co sign of e he statio ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s 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 par ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2022/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Mediacom Southeast	(Brewton	, AL)					62540
-	SUBSTITUTE CARRIAG	-	-					
∎ Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, or	authorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				ano gonorai inc		i illo pupor o	
Special	During the accounting pe	-			asis anv nonr	network tel	evision prog	ram
Statement and	broadcast by a distant sta			in ourry, on a substitute be	loio, any nom			
Program Log	-					I	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	lete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUT			ate line. Use abbreviation	s wherever n	ossihle ift	heir meaning	n is
	clear. If you need more spa					0331010, 11 1		y 13
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.	Bulls."		er "Yes." Otherwise enter				-
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
	Column 4: Give the bro the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			ls. with the n	nonth
	first. Example: for May 7 gi	ve "5/7."	, , ,				,	
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	:28:30 p.m	h. should be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	ired
	to delete under FCC rules	and regulat	ions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pro	
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete und	der FCC rules	and regul	ations in	
		-						
	s	UBSTITUT	E PROGRAM	1		N SUBST AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
					·			
							_	
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					·			
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1							_	

Accounting Period:	2022/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast (Brewton, AL)			8YSTEM ID# 62540
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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 receipt	m's secondary transm how to compute this a	ission service amount, see \$ 3	
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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600 mation.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e 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	l and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (I	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	355,305.83		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	91,505.83		
	4. Multiply line 3 by .01	\$	915.06	
	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, a	and 6	\$	2,234.06
	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)	<u>\$</u>	2,234.06	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,254.06
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo			ghts!

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast (Brewton, AL)	SYSTEM ID# 62540
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	41 92
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.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, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow 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 hereir 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)] 	system as identified /ner of the cable system
	X /s/ Kenneth J. Kohrs 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: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/7/2023	

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	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
liacom Southeast (Brewton, AL)	6254
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	6
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)	
* 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@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
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	
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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