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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
-	ary Transmissions by	DATE RECEIVED	AMOUNT					
Cable Syste	ems (Short Form) uctions are located of this workbook	02/23/2023	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150					
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	'YYY/(Period))					
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optiona	I - see instructions)					
Accounting Period								
	Instructions:							
В	Give the full legal name of the owner of title of the subsidiary, not that of the p		sidiary of another corporation, give the full	corporate				
Owner	List any other name or names under which the owner conducts the business of the cable system.							
		he accounting period, only the owner or y fee payment covering the entire accou	n the last day of the accounting period shoul nting period.	d submit a				
	Check here if this is the system's first fi	ling. If not, enter the system's ID numbe	r assigned by the Licensing Division.	62208				
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM	Λ					
	PLANT TIFTNET INC							
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	T)					
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM						
	(Number, street, rural route, apartment, or suit	e number)						
	TIFTON, GA 31793-0187 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In lir							
System	IDENTIFICATION OF CABLE SYSTEM		në system, il dilerent from the addre					
	1							
	MAILING ADDRESS OF CABLE SYST	EM:						
	2 (Number, street, rural route, apartment, or suit	a number)						
	(City, town, state, zip code)							
Privacy Act Notion	ce: Section 111 of title 17 of the United States Code	authorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this				

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.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
Hame	PLANT TIFTNET INC	6220						
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 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, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the						
First	CITY OR TOWN TIFTON	STATE GA						
Community	TIFT COUNTY	GA						
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								FORM SA1-2E. PAGE 2	
Name	PLANT TIFTNET INC		•					010	6220	
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of t	he cable		
	system, that is, the retransmission	•		-		•				
Secondary	about other services (including p	• • •			-		those exist	ing on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetom	broken		
scribers and	down by categories of secondar	•					-			
Rates	each category by counting the n			•		•				
	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					
	Block 1: In the left-hand block	in space E, th	e form l	ists the catego						
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted o									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.									
	BLC			BLOCK		-				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	000001110			0,111			000001102110		
	 Service to first set 		1,377	28.95	EXPAN	DED		1,459	87.	
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential		1,421	6.95						
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra									
I	not covered in space E, that is, t service for a single fee. There ar					,	,			
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the ur	nit in which it is								
Secondary	enter only the letters "PP" in the rate column.									
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									
nutoo	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	CATE	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services:		Installa	ation: Non-res	idential					
	• Pay cable	28.95		tel, hotel			STARZ		16.	
	 Pay cable—add'l channel 			mmercial		99.00	HBO		18.	
	Fire protection		-	/ cable			MULTIN		12.9	
	•Burglar protection		-	/ cable-add'l cl	nannel		SHOW	IME	15.9	
	Installation: Residential			e protection						
	• First set	59.00		glar protection						
	Additional set(s) EM radio (if separate rate)			services:		20.00				
	 FM radio (if separate rate) Converter 	6.05		connect connect		39.00				
	- Conventer	6.95		connect tlet relocation		49.00				
			_			49.00 59.00				
				ve to new addı	ess	5M III				

unting Period: 2	2022/2			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
-	PLANT TIFTNET INC			6220			
G Primary ransmitters: 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, <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 basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 station, an independent station, an anoncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.<						
	1. CALL SIGN	4. LOCATION OF STATION					
	WALB-NBC	2. B'CAST CHANNEL NUMBER 10.1	3. TYPE OF STATION	ALBANY, GA			
	WALB-NBC	10.1	N-M				
				ALBANY, GA			
Rows as Necessary	WALB-CW	10.3	N-M	ALBANY, GA			
	W30DW-D	30		TIFTON, GA			
	W38DG	51		TIFTON, GA			
	WABW	DT-6		PELHAM, GA			
	WSWG	31.1	N	ALBANY, GA			
	WSWG-WSST	31.2	N-M	ALBANY, GA			
	WSWG-MYNET	31.3	N-M	ALBANY, GA			
	WFXL-FOX	12	N-M	ALBANY, GA			
	WFXL-TBD	12.2	N-M	ALBANY, GA			
	WFXL-CHARGE	12.3	N-M	ALBANY, GA			
	WFXL-COMET	12.4	N-M	ALBANY, GA			
	WALB-CIRCLE	10.4	N-M	ALBANY, GA			

EGAL NAME OI			т С т Етит.					SYSTEM I 622
	t every radio s	station ca	nried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. dentify 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 at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal 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 his 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 l ertain st eneral ir eparate a	be expected, ated intervals. Instructions 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	

Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	PLANT TIFTNET INC							62208
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC)G			
	In General: In space I, ident	tifv everv no	nnetwork telev	<i>ision program</i> , broadcast b	v a <i>distant</i> sta	tion. that vo	our cable sv	stem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of	the general ins	structions ir	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did yo	ur cable systei	m carry, on a substitute ba	asis, any nonr	network tel	evision prog	gr <u>am</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this pa	age blank. If your answer i	s "Yes " vou r	nust comp	. –	
	log in block 2.	, louvo ale			o roo, your	nuot oomp		gram
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ		s wherever po	ossible, if t	heir meanir	ıg is
	clear. If you need more spa				II) (1		0	C
	period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general catego	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy'	' or
	"NBA Basketball: 76ers vs.				"NI- "			
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which the		censed by	the FCC or	, in
	the case of Mexican or Car							
			/ when your sy	stem carried the substitut	e program. Us	se numera	ls, with the	month
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	ır cable systei	m List the	times accu	rately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."				-			
				n was substituted for prog				
	to delete under FCC rules a				Ju, enter the i			logram
		nming that	vour system w	as permitted to delete und	der FCC rules	and regul	ations in	
	effect on October 19, 1976	•	your system w	as permitted to delete und	der FCC rules	and regul	ations in	
		•	your system w	ras permitted to delete uno	11	Ū		1
	effect on October 19, 1976		your system w	·	WHE	N SUBST	TUTE	7. REASON FOR
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	7. REASON FOR DELETION
	effect on October 19, 1976		E PROGRAM	·	WHE CARRI	N SUBST	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6. 1	TUTE URRED	

Accounting Period:	2022/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PLANT TIFTNET INC			5	62208
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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.	tem's sec of how to	condary transmi compute this a	ssion service mount, see \$29	
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 buil • Use block 3 if the amount of gross receipts in space K is more than \$263,800 buil See page (vi) of the general instructions located in the paper SA1-2 form for more info	t less that ormation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	ee that yo	ou must pay for t	his six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mo	re than \$137,1	00)	
	1. Base amount under statutory formula				
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K	· · · · · · · · · · · · · · · · · · ·			
	5. Enter the amount from line 3	· · · · · · · · · · · · · · · · · · ·			
	6. Subtract line 5 from line 4	. <u>.</u>			
	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 ar	nd 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	00 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	5	298,822.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	35,022.00		
	4. Multiply line 3 by .01	·····	\$	350.22	
	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	5, and 6	······	\$	1,669.22
	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)	••••••	\$	1,669.22	
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			\$	1,689.22
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM:			SYSTEM ID# 62208
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	ers, and (2) the cable system's t	total numb h the cabl s broadcas	st stations	ons 14 205
N Individual to Be Contacted		TO BE CONTACTED IF FURTH t about this statement of accourt		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	DAVID NELSON		Telepi	none 229.382.3003
	Address 	PO BOX 187 (Number, street, rural route, aparth TIFTON, GA 31793-0 (City, town, state, zip)	187	te number) Fax (optional) 229.52	8.6838
O Certification	I, the undersig (Owr (Age ir X (Off ir I have examinare true, completing	ned, hereby certify that (Check on ner other than corporation or p ont of owner other than corpora n line 1 of space B and that the o icer or partner) I am an officer (n line 1 of space B. ed the statement of account and	bone, but or partnersh ation or p wher is n (if a corpo hereby d y knowled <u>X</u> Enter an	rtified and signed in accordance with Copyright Office regulationly one, of the boxes.) ip) I am the owner of the cable system as identified in line 1 of s artnership) I am the duly authorized agent of the owner of the coust of a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified eclare under penalty of law that all statements of fact contained ge, information, and belief, and are made in good faith. /s/Eric Ramey electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	pace B; or cable system as identified as owner of the cable system
		Typed or printed Title: (Title of o	VICE	ERIC RAMEY PRESIDENT - REGULATORY & ADMINISTRAT	ΓΙΟΝ
		Date:		02/23/2023	
Privacy Act Notice	Section 111 of titl	e 17 of the United States Code au	thorizes th	e Copyright Office to collect the personally identifying information (F	II) 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.

Activity and a second se	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	6220
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 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.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum 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	
(interest charge)	
(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.	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
* 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.	
 * 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 	
 * 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. Owner 	
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. Owner Address	

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