This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
01/16/2023	\$ ALLOCATION NUMBER						

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
		2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
		Barcode Data Filling Period (optional - see instructions)									
Accounting Period											
В		Instructions: 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.										
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
		Lost Nation Elwood Telephone co									
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
		PO Box 97, 304 Long Ave (Number, street, rural route, apartment, or suite number)									
		Lost Nation IA 52254 (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 unless these salready 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:									
		52357 MAILING ADDRESS OF CABLE SYSTEM:									
	2	PO Box 97									
		(Number, street, rural route, apartment, or suite number)  Lost Nation IA 52254 (City, town, state, zip code)									

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filling, a determination that would be made by a court of law.

	1	FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
	Lost Nation Elwood Telephone co 6235								
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including singlowill serve as a form of system identification hereafter know							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First Community	Lost Nation  Elwood	IA IA							
	Oxford Junction	IA							
Rows as Necessary									

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Lost Nation Elwood Telephone co

SYSTEM ID# 62357

Ε

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and Rates **In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	311	36.96					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
1	I	T		1	l		

F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable		Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
• First set	20.00	Burglar protection		
<ul> <li>Additional set(s)</li> </ul>		Other services:		
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	20.00	
Converter		Disconnect		
		Outlet relocation	50.00	
		Move to new address		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

62357

Lost Nation Elwood Telephone co

PRIMARY TRANSMITTERS: TELEVISION

# G

Name

#### 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions

  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistrean "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGAN	2	N	Cedar Rapids IA
WHBF	4	N	Rock Island IL
KFXA	28	N	Cedar Rapids IA
KWQC	6	N	Bettendorf, IA
(WWL	7.1	N	Waterloo IA
WQAD	8	N	Moline IL
KCRG	9.1	N	Cedar Rapids IA
(LJB	18	N	Davenport IA
KGCW	26	N	Cedar Rapids IA
PTV 11.1	12	E	Johnston IA
(PXR	48	N	Cedar Rapids IA
KGANDT 2.2	2-2	N-M	Cedar Rapids IA
KGANDT 2.3	2-3	N-M	Cedar Rapids IA
KFXB 40	40	N	Dubuque IA
(PXR 48.1	48-1	N-M	Cedar Rapids IA
(PXR 48.2	48-2	N-M	Cedar Rapids IA
(PXR 48.3	48-3	N-M	Cedar Rapids IA
KWWLDT 7.2	2-Jul	N-M	Waterloo IA
(WWLDT 7.3	7-3	N-M	Waterloo IA
KWWLDT 7.4	7-4	N-M	Waterloo IA
KCRGDT 9.2	9-2	N-M	Cedar Rapids IA
PTVDT 11.2	11-1	E-M	Johnston IA
PTVDT 11.3	11-2	E-M	Johnston IA
PTVDT 11.4	11-3	E-M	Johnston IA
KFXADT 28.1 KFXADT 28.2	28-1 28-2	I-M I-M	Cedar Rapids IA Cedar Rapids IA

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Lost Nation Elwood Telephone co

FORM SA1-2E. PAGE 3.

SYSTEM ID#

62357

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations.

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions

  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistrean "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFXADT 28.3	28-3	I-M	Cedar Rapids IA
KFXADT 28.4	28-4	I-M	Cedar Rapids IA
WHBFDT 4.1	4-1	N-M	Rock Island IL
WHBFDT 4.2	4-2	N-M	Rock Island IL
WHBFDT 4.3	4-3	N-M	Rock Island IL
WHBFDT 4.4	4-4	N-M	Rock Island IL
KWQCDT 6.3	6-3	N-M	Bettendorf, IA
KWQCDT 6.4	6-4	N-M	Bettendorf, IA
KWQCDT 6.5	6-5	N-M	Bettendorf, IA
KWQCDT 6.6	6-6	N-M	Bettendorf, IA
WQADDT 8.1	8-1	N-M	Moline IL
WQADDT 8.2	8-2	N-M	Moline IL
WQADDT 8.3	8-3	N-M	Moline IL
WQADDT 8.4	8-4	N-M	Moline IL
KLJBDT 18.1	18-1	N-M	Davenport IA
KLJBDT 18.2	18-2	N-M	Davenport IA
KGCW 26.1	26-1	I-M	Cedar Rapids IA
KGCW 26.2	26-2	I-M	Cedar Rapids IA
KGCW 26.3	26-3	I-M	Cedar Rapids IA
KGCW 26.4	26-4	I-M	Cedar Rapids IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### Lost Nation Elwood Telephone co

62357

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						<b> </b>	
					<del> </del>		
						ļ	
						ļ	

Accounting Perio	od: 2022/2						FORM	1 SA1-2E. PAGE 5.		
		CABLE SYS	STEM:				i ONI	SYSTEM ID#		
Name	Lost Nation Elwood T	elephone	со					62357		
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
	first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ve "5/7." es when the Example: ter "R" if the and regulati mming that y	e substitute pro a program carr e listed progran ions in effect d	n was substituted for progr uring the accounting perio	cable system :15 p.m. to 6 ramming that d; enter the l	m. List the t :28:30 p.m. your syste etter "P" if t	imes accura should be m was <i>requ</i> u he listed pro	ately		
		LIDOTITLIT	T DDOCDAM		WHEN SUBSTITUTE			7 PEASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH 6. TIMES			7. REASON FOR DELETION		
	1. THEE OF TROOTORIN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	_ TO			
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Accounting Period:	2022/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lost Nation Elwood Telephone co	SYSTEM ID# 62357
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this are page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, se
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26. 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.	53,800
	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 accounting period is \$52.00.	six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	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 \$137,100	)
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	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 \$527,60	0)
	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)	,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	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
	EFT Trace # or TRANSACTION ID # 273D8TNG	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 62357
M Channels	to its subscribers  1. Enter the tota system carried  2. Enter the tota on which the co	ou must give (1) the number of s, and (2) the cable system's to all number of channels on which television broadcast stations. In number of activated channels able system carried television cast services	total number of activated cl th the cable s s broadcast stations	hannels during the a	ccounting period.	46 255
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		EDED (Identify an ir	ndividual	
for Further Information	Name	Crystal Burmeister			Telephone	(563) 678-2470
	Address	PO Box 97, 304 Long (Number, street, rural route, apartr Lost Nation IA 52254 (City, town, state, zip)	ment, or suite number)			
	Email	Cris@Lnecomn	n.com		Fax (optional) 5636782300	
O Certification	I, the undersign  (Owne  (Agen in  X (Offic in  I have examined	(This statement of account moved, hereby certify that (Check or other than corporation or put of owner other than corporaline 1 of space B and that the other or partner) I am an officer (line 1 of space B.  d the statement of account and te, and correct to the best of myon 1001(1986)]	partnership) I am the owner ation or partnership) I am owner is not a corporation or if a corporation) or a partne	r of the cable system the duly authorized a r partnership; or r (if a partnership) of	as identified in line 1 of space gent of the owner of the cable the legal entity identified as over	system as identified wner of the cable system
		Typed or printed  Title:  (Title of of	Enter an electronic signatur Enter signature using an "/s	e on the line above to / signature" (e.g., /s/		
		Date:			1/16/2023	

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62357 Lost Nation Elwood Telephone co 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? 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. **Interest Assessment** davs 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 . . . . . . \* 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@copyright.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 ID number First community served Accounting period

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