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	GHT OFFICE USE ONLY	Return completed workbook by email to		
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
Cable Syste General instru in the first tab	uctions	are located	3/16/2023	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.			
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))			
		2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
			Barcode Data Filing Period (optional	- see instructions)			
Accounting Period							
B Owner		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. 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 as	ssigned by the Licensing Division.	63424		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM				
		Shenandoah Cable Television, LLC					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF OP Box 459 (Number, street, rural route, apartment, or suite no					
		Edinburg, VA (City, town, state, zip)					
С				tify the business and operation of the system, if different from the address g			
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM	:				
	2	(Number, street, rural route, apartment, or suite n	umber)				
		(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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Shenandoah Cable Television, LLC	634
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	" is the same as a "community unit" as defined in FCC rules: " unities within unincorporated areas and including single, discr as a form of system identification hereafter known as the "fir
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	me parks should be reported in parentheses below the identi
First	CITY OR TOWN Rockingham County	STATE VA
Community	(Preston Lake)	VA
	(VA Mennonite Ret Comm)	VA
d Rows as Necessary		
· · · · · · · · · ,		

							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA						515	TEM ID 6342
	Shenandoah Cable Tele	vision, LLC						0342
_	SECONDARY TRANSMISSION	SERVICE: SUB		ND RATES				
E	In General: The information in s	pace E should c	over all categ	ories of seco	•			
0	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period					those exist	ing on the	
Service: Sub-	Number of Subscribers: Both					able system	, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n separately for the particular serv						charged	
	Rate: Give the standard rate of						ge and the	
	unit in which it is generally billed	-	•••				-	
	category, but do not include disc					1	46 - 4 61 -	
	Block 1: In the left-hand block systems most commonly provide			-				
	that applies to your system. Not							
	categories, that person or entity							
	subscriber who pays extra for ca					nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system	•		·	,	e different f	rom those	
	printed in block 1 (for example, t	Ű						
	with the number of subscribers a	and rates, in the	right-hand blo	ck. A two- or	three-word descrip	tion of the s	ervice is	
	sufficient.	DCK 1				BLOCK	<u> </u>	
		NO. OF				BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS RAT	E (CATEGORY OF SE	EGORY OF SERVICE		RATE
	Residential: (Starter HD)							
	Service to first set		0 \$3		Converter HD/D	708	\$16.9	
	Service to additional set(s)				R Additional characteristic characte			\$9.9 \$3.0
	• FM radio (if separate rate) Motel, hotel			Tec	inology ree		-	φ 3 .0
	Commercial							
	Converter			TiV	o Gateway		28	\$19.9
	Residential		164 \$		o Player		43	\$6.9
	Non-residential				nate HD		161	\$110.0
								•••••
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSIONS:	RATES				
F	In General: Space F calls for rat	•	,		• •			
•	not covered in space E, that is, t service for a single fee. There a							
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the ur		sually billed. I	f any rates a	re charged on a var	iable per-pi	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		a cabla system	n for each of	the applicable serv	ices listed		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a	separate charge	was made or	established.				
	brief (two- or three-word) description and include the rate for each.							
		BLOC	K 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE C	CATEGORY O	F SERVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	1	nstallation: N		al			
	• Pay cable		 Motel, hote 					
	Pay cable—add'l channel		Commercia	l				
	Fire protection		Pay cable					
	•Burglar protection		• Pay cable-a					
	Installation: Residential		Fire protect					
	First set		• Burglar pro					
	Additional set(s) EM radio (if separate rate)	C	• Reconnect					
	 FM radio (if separate rate) Converter 		 Reconnect Disconnect 					
	• Converter							
	Converter		Outlet reloc Move to ne	ation				

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM I					
Name	Shenandoah Cable T	elevision, LLC		634					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <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), "N-M" (for network multicast), "I" (for independent, "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-N" (for noncommercial educational multicast). For								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WHSV	3	N	Harrisonburg, VA					
	WHSV-4	3.2	I-M	Harrisonburg, VA					
	WSVF	43	N	Harrisonburg, VA					
		43	N	Harrisonburg, VA Harrisonburg, VA					
	WSVF-2	43.2		Harrisonburg, VA					
	WSVF-2 WPXW	43.2 66	N-M I	Harrisonburg, VA Manassas, VA					
	WSVF-2 WPXW WVPY	43.2 66 51	N-M I E	Harrisonburg, VA Manassas, VA Front Royal, VA					
	WSVF-2 WPXW WVPY WVPY-2	43.2 66 51 51.2	N-M I E E-M	Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA					
	WSVF-2 WPXW WVPY WVPY-2 WVPY-3	43.2 66 51 51.2 51.3	N-M I E E-M E-M	Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA					
d Rows as Necessary	WSVF-2 WPXW WVPY WVPY-2	43.2 66 51 51.2	N-M I E E-M	Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA					

	2022/2			OVOTEN				
Name	LEGAL NAME OF OWNER OF			SYSTEM				
	Shenandoah Cable T	elevision, LLC		63				
	PRIMARY TRANSMITTERS:	TELEVISION						
~		entify every television station (including tr						
G		m during the accounting period, <i>except</i> (
D-ins and	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							
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.61) is explained in the next paragraph.	(e)(2) and (4))]; and (2) Certain Statio	ns carried on a				
Television		: With respect to any distant stations car	ried by your cable system on a subst	itute program				
		ules, regulations, or authorizations:	- · · · · · · · · · · · · · · · · · · ·	· · · · · ·				
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (the	Special Statement and Program Log	g)—if the				
	-	also in space I, if the station was carried	both on a substitute basis and also o	n some other				
	basis. For further information	on concerning substitute basis stations, s	see page (v) of the general instruction	IS.				
		n's call sign. <i>Do not</i> report origination pro						
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the-a	air designation. For example, report	multistream				
		the form. el number the FCC assigned to the televi	ision station for broadcasting over the	e air in its community				
		RC is channel 4 in Washington, D.C.						
	Column 3: Indicate in each	n case whether the station is a network st	· · · · ·					
		ering the letter "N" (for network), "N-M" (for						
		, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc		al multicast).				
		on of each station. For U.S. stations, list t		licensed by the				
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	e community with which the station is	identified.				
				· · · · · · · · · · · · · · · · · · ·				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

Shenandoah	Cable Tele		YSTEM: n, LLC					SYSTEM 63
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stati this by placing	the sys be recein the Cop sign of e he static on's sign a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column.	the system's hea ystem's FM anter is point, see page ed by the cable sy	dend, and (2) nna, during cer e (v) of the ger rstem as a sep	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
			on (the community to which the the community with which the s			cor, in th		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF (Shenandoah Cable Tel							SYSTEM ID# 63424
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi riod, under spe	<i>on program,</i> broadcast by cific present and former F	a <i>distant</i> stati CC rules, regul	ations, or aut	thorizations. I	For a further
Substitute Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting peribroadcast by a distant state Note: If your answer is "No, log in block 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can first. Example: for May 7 giv Column 5: Give the the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a 	CONCERI od, did your ion? " leave the i PROGRAN itute program ce, please a of every nor distant statii gulations, or es like "mov Bulls." n was broad sign of the s dcast statio adian station th and day n e "5/7." s when the Example: a er "R" if the l	VING SUBSTI r cable system rest of this pag MS m on a separat idd additional r network televi on and that you r authorizations vies" or "baske lcast live, enter tation broadca n's location (th ns, if any, the c when your syst substitute prog program carrie	TUTE CARRIAGE carry, on a substitute base e blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra "Yes." Otherwise enter " sting the substitute progr e community to which the community with which the em carried the substitute gram was carried by your ed by a system from 6:01 was substituted for progr	sis, any nonne s' Yes," you m wherever pos program") that ed for the prog heral instruction in titles, for ex No." am. e station is lice program. Use cable system :15 p.m. to 6:2 ramming that y	etwork televis ust complete ssible, if thei at, during the gramming of ns for furthe cample, "I Lo ensed by the ntified). e numerals, L List the tim 28:30 p.m. s your system	sion program YES e the program r meaning is e accounting another state r information ove Lucy" or e FCC or, in with the more hould be was require	n X NO m tion n. hth ly
	was substituted for program effect on October 19, 1976.	ming that y		s permitted to delete und	er FCC rules a		TUTE	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO —	
							_ _ _	
						· · · · · ·		
						······································		

Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Shenandoah Cable Television, LLC		63424
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entra 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 at 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, see	7,805.00 sss receipts)
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 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. 	63,800.	
	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 th accounting period is \$52.00.	s 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	\$	0.02
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.02
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more 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		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	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)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	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)	52.02	
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	\$	67.02
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Cable Television, LLC			SYSTEM ID# 63424
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system's tal number of channels on which ied television broadcast station tal number of activated channe e cable system carried television	total num ch the cab ns els on broadca		ions 21 303
N Individual to Be Contacted		TO BE CONTACTED IF FURT		PRMATION IS NEEDED (Identify an individual	
for Further Information	Name	Petra R O'Neill		Telepł	one (561) 801-8668
	Address	500 Shentel Way (Number, street, rural route, apart Edinburgh, VA 22824 (City, town, state, zip)		le number)	
	Email	petra.o'neill@er	np.shent	el.com Fax (optional	
O Certification	I, the undersign (Own (Ager X (Offic I have examine are true, compl	ed, hereby certify that (Check o er other than corporation or p nt of owner other than corpora in line 1 of space B and that th cer or partner) I am an officer (in line 1 of space B. d the statement of account and	ne, <i>but on</i> artnershi ation or p e owner is if a corpor hereby de	tified and signed in accordance with Copyright Office regulation by one, of the boxes.) (artnership) I am the cable system as identified in line 1 of sp (artnership) I am the duly authorized agent of the owner of the ca (not a corporation or partnership; or (ation) or a partner (if a partnership) of the legal entity identified a clare under penalty of law that all statements of fact contained he (ge, information, and belief, and are made in good faith.	ace B; or ble system as identified s owner of the cable system
			Enter an e	/s/ Derek Reiger	_
		Typed or printed	l name:	Derek Reiger	
		Title:		resident Legal/General Counsel position held in corporation or partnership)	
		Date:		March 16, 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 filing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enandoah Cable Television, LLC	6342
 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? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address 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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
Line 4 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 \$ 0.02 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
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	
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	

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