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

coplicsoa@loc.gov

by email to:

STATEMENT OF ACCOUNT	FOR COPYRIGHT OFFICE USE ONLY			
for Secondary Transmissions by	DATE RECEIVED	AMOUNT		
Cable Systems (Short Form)				

1/4/23

\$

ALLOCATION NUMBER

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

Return completed workbook

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20222 Barcode Data Filing 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.	63468
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ALPINE CABLE TELEVISION LC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 1008	
		(Number, street, rural route, apartment, or suite number) ELKADER, IA 52043 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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 suffciency of the fling, a determination that would be made by a court of law.

General instructions are located

in the first tab of this workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
Name	ALPINE CABLE TELEVISION LC	634				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sin 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 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 identified city.	mobile home parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First	GARNAVILLO	A				
Community						
dd Rows as Necessary						

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	ALPINE CABLE TELEV	ISION LC							6346
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s								
<u> </u>	system, that is, the retransmission	on of television	and rac	io broadcasts	by your sy	stem to subscr	ibers. Give	information	
Secondary Transmission	about other services (including plast day of the accounting period						those exist	ing on the	
Service: Sub-	Number of Subscribers: Both						able svstem	. broken	
scribers and	down by categories of secondar	, y transmission	service.	In general, yo	ou can com	pute the numb	er of subsc	ribers in	
Rates	each category by counting the n			0,1		•	•	charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	to and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· ·	,						
	Block 1: In the left-hand block					ondary transmi	ssion servio	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca					υ.	, ,		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t						,.		
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A t	wo- or thre	e-word descrip	tion of the s	service is	
		DCK 1					BLOCK	2	
		NO. OF			CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		9	51.95	ESSEN	TIALS PACI	KAGE	33	71.0
			3	51.95		ER PACKAG		21	81.0
	Service to additional set(s)				FREIMI			<b>2</b> I	01.00
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for ra				-	ll your cable sy	stem's serv	rices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There are	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If dify it				ogram buolo,	
Transmissions:	Block 1: Give the standard rat	te charged by		•					
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.						e form of a		
	bhei (two- of three-word) desch			le ior each.					
		BLO		000000000		5475	0.175.00	BLOCK 2	<b>D</b> 4 <b>T C</b>
	CATEGORY OF SERVICE	RATE		ORY OF SER tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:     Pay cable			el, hotel	luentiai		CINEM	٨Y	16.00
	• Pay cable—add'l channel			nmercial			HBO	~~	18.00
				cable			SHOW		17.00
	Fire protection		-		onnol		STARZ		15.00
	•Burglar protection Installation: Residential		-	cable-add'l ch	annen		JIARZ		13.00
		124.05		protection					
	First set	124.95		glar protection					
	<ul> <li>Additional set(s)</li> </ul>			ervices:		29.00			
	• EM radio (if concrete rate)			onnoot					
	• FM radio (if separate rate)			onnect		20.00			
	<ul><li>FM radio (if separate rate)</li><li>Converter</li></ul>		• Disc	connect		20.00			
	, , ,		• Diso • Out						

-	LEGAL NAME OF OWNER OF	E CARLE SYSTEM		SYSTEM
Name	ALPINE CABLE TELE			634
	PRIMARY TRANSMITTERS:			
<b>G</b> Primary nsmitters: elevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her	entify every television station (including f m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6° is explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a su	-time basis under rams [sections ations carried on a ubstitute program
	basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the telev	see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	ctions. SPN, etc. Identify each port multistream
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	/RC is channel 4 in Washington, D.C. a case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG	9	Ν	CEDAR RAPIDS, IA
	KFXA	27	I	CEDAR RAPIDS, IA
s as Necessary	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
			-	
	КЖКВ	25	I	IOWA CITY, IA
	KWKB KWWL	7	I N	IOWA CITY, IA WATERLOO, IA

EGAL NAME O								SYSTEM I 634
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	) it is carried by monitoring, to ormation abou rm. dentify the call state whether t f the radio stat this by placing Give the station	y the sys be recei it the Cc I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 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	?) it can l 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	
GTN	FM	+	Garnavillo, IA					
		<b>-</b> -						
		<u> </u>						
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Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTEM					SYSTEM ID#
Name	ALPINE CABLE TELE						63468
	SUBSTITUTE CARRIAG	E: SPECIAL STATE	MENT AND PROGRAM LO	DG			
			levision program, broadcast b		tion, that yo	ur cable sys	stem carried on a
	substitute basis during the a	accounting period, unde	r specific present and former l	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute			led in this log, see page (v) of	the general in	structions in	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	•		stem carry, on a substitute b	asis, any noni	network tele		
Program Log	broadcast by a distant sta			(D) / 11	L	YES	X NO
	Note: If your answer is "No log in block 2.	o", leave the rest of the	s page blank. If your answer	s "Yes," you i	must compl	ete the pro	gram
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoi "NBA Basketball: 76ers vs. Column 2: If the prograu Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	titute program on a se ace, please add additi of every nonnetwork a distant station and the egulations, or authoriz ries like "movies" or "k Bulls." m was broadcast live, sign of the station bro adcast station's locati nadian stations, if any nth and day when you ve "5/7." tes when the substitut . Example: a program	parate line. Use abbreviation onal rows to the tables. television program ("substitut at your cable system substitut ations. See page (v) of the ge asketball." List specific progr enter "Yes." Otherwise enter adcasting the substitute progon (the community to which th the community with which th r system carried the substitut e program was carried by you carried by a system from 6:0	e program") t ted for the pre- eneral instruct am titles, for e "No." rram. he station is li e station is li e program. U ur cable syste	hat, during ogramming tions for furt example, "I censed by t lentified). se numeral: m. List the f	the account of another ther informa Love Lucy" he FCC or, s, with the r times accur	ting station ation. or in month rately
	to delete under FCC rules	ter "R" if the listed pro and regulations in effe	gram was substituted for proc ct during the accounting peri	od; enter the	letter "P" if t	he listed pr	
	Column 7: Enter the lett to delete under FCC rules	ter "R" if the listed pro and regulations in effe nming that your syste		d; enter the der FCC rules	letter "P" if t s and regula	he listed pr ations in	
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the listed pro and regulations in effe nming that your syste UBSTITUTE PROGF	ct during the accounting peri n was permitted to delete un	d; enter the der FCC rules WHE CARRI	letter "P" if t s and regula N SUBSTI	the listed pr ations in TUTE URRED	ogram 7. REASON FO
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the listed pro and regulations in effe nming that your syste	ct during the accounting pering new permitted to delete un	d; enter the der FCC rules	letter "P" if t s and regula N SUBSTI	the listed prations in	ogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the listed pro and regulations in effe nming that your syste UBSTITUTE PROGE 2. LIVE? 3. STATIC	ct during the accounting pering new permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	letter "P" if t s and regula N SUBSTI AGE OCCI	TUTE URRED	ogram 7. REASON FC
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the listed pro and regulations in effe nming that your syste UBSTITUTE PROGE 2. LIVE? 3. STATIC	ct during the accounting pering new permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	letter "P" if t s and regula N SUBSTI AGE OCCI	TUTE URRED	ogram
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the listed pro and regulations in effe nming that your syste UBSTITUTE PROGE 2. LIVE? 3. STATIC	ct during the accounting pering new permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	letter "P" if t s and regula N SUBSTI AGE OCCI	TUTE URRED	ogram
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the listed pro and regulations in effe nming that your syste UBSTITUTE PROGE 2. LIVE? 3. STATIC	ct during the accounting pering new permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	letter "P" if t s and regula N SUBSTI AGE OCCI	TUTE URRED	ogram
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC	S	YSTEM ID# 63468
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	2,731.17 ss 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.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foc and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period	2022/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTE ALPINE CABLE TELEVISION LC	М:	SYSTEM ID# 63468
M Channels	<ul> <li>to its subscribers, and (2) the cable system</li> <li>1. Enter the total number of channels on v system carried television broadcast station</li> <li>2. Enter the total number of activated char on which the cable system carried television</li> </ul>	nnels	7 364
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FU we can contact about this statement of ac	RTHER INFORMATION IS NEEDED (Identify an individual to whom count.)	
for Further Information	Name MARGARET COR	LETT Telephone	(563) 245-4481
	Address PO BOX 1008 (Number, street, rural route, a ELKADER, IA 520 (City, town, state, zip)	· ,	
	Email MCORLET	COMPARIANCE Fax (optional)	
O	<ul> <li>I, the undersigned, hereby certify that (Cheiner (Owner other than corporation)</li> <li>(Agent of owner other than correct in line 1 of space B and that 1</li> <li>(Officer or partner) I am an officing in line 1 of space B.</li> <li>I have examined the statement of account are true, complete, and correct to the best of [18 U.S.C., Section 1001(1986)]</li> </ul>	or partnership) I am the owner of the cable system as identified in line 1 of space         poration or partnership) I am the duly authorized agent of the owner of the cable he owner is not a corporation or partnership; or         cer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow and hereby declare under penalty of law that all statements of fact contained herei if my knowledge, information, and belief, and are made in good faith.         X       /s/ Chris Hopp         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified wner of the cable system

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

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
INE CABLE TELEVISION LC	6346
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 Exclusior
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 Mailing Address Mailing Address	 n n
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
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	_
Line 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@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	
<ul> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> <li>Owner</li> <li>Address</li> </ul>	a  a
** 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	n  

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