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					
08/28/2023	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACC	OUNTING 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.									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		QCOL, Inc. / 213 Main St. Markleysburg, PA 15459							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		213 Main St (Number, street, rural route, apartment, or suite number)							
		Markleysburg, PA 15459 (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 s already 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:							
		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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	QCOL, Inc. / 213 Main St. Markleysburg, PA 15459	63750								
	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC r									
D	"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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the									
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								
	CITY OR TOWN	STATE								
First	Markleysburg	PA								
Community	Farmington	PA								
	Chalk Hill	PA								
Add Rows as Necessary	Ohiopyle	PA								
	Confluence	PA								
	Gibbon Glade	PA								
	Mill Run	PA								
	Friendsville	MD								
	McHenry	MD								
	Oakland	MD								
	Bruceton Mills	WV								
	Hazelton	W								
	Addison	PA								

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

63750

QCOL, Inc. / 213 Main St. Markleysburg, PA 15459

E

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	523	\$37/mth					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
					i		

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	\$82	Motel, hotel		НВО	19.00
 Pay cable—add'l channel 		Commercial	\$250	Cinemax	16.00
Fire protection		Pay cable		Showtime	18.00
•Burglar protection		Pay cable-add'l channel		Starz Encore	7.25
Installation: Residential		Fire protection		Starz	8.00
First set	\$50	Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	\$30		
Converter		Disconnect			
		Outlet relocation	\$35/hr		
		Move to new address	\$35		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63750

4. LOCATION OF STATION

Pittsburgh, PA

Morgantown, WV

QCOL, Inc. / 213 Main St. Markleysburg, PA 15459

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

KDKA

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. *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 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-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.

2. B'CAST CHANNEL NUMBER

2

24

KDKA-2 2-1 N-M Pittsburgh, PA 2.2 N-M KDKA-3 pittsburgh, PA WTAE 4 Ν Pittsburgh, PA WTAE-2 4.1 N-M Pittsburgh, PA WPGH 53 Ν Pittsburgh, PA WPGH-2 53-1 N-M Pittsburgh, PA WPGH-3 53-2 N-M Pittsburgh, PA WPXI 11 Ν Pittsburgh, PA 11-1 N-M WPXI-2 Pittsburgh, PA 11-2 WPXI-3 N-M Pittsburgh, PA Ε Pittsburgh, PA WQED 13 WQED-2 13-1 E-M Pittsburgh, PA E-M WQED-3 13-2 Pittsburgh, PA 36 Ε Oakland, MD **WGPT** WGPT-2 36-1 E-M Oakland, MD 36-2 E-M Oakland, MD WGPT-3 **WINP** 16 Ν Pittsburgh, PA **WPCW** 19 N Jeannette, PA **WPNT** 22 Ν Pittsburgh, PA WPNT-2 22-2 N-M Pittsburgh, PA WPNT-3 22-3 N-M Pittsburgh, PA WPNT-4 22-4 N-M Pittsburgh, PA

Ε

3. TYPE OF STATION

Ν

Add Rows as Necessary

WNPB

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63750 QCOL, Inc. / 213 Main St. Markleysburg, PA 15459 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television 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. 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 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-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
WNPB-2	24-2	E-M	Worgantown, WV
WPCB	40	l	Greensburg, PA
WPCB-2	40-2	I-M	Greensburg, PA
	1111		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63750

QCOL, Inc. / 213 Main St. Markleysburg, PA 15459

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
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Accounting Perio	od: 2022/2						FORM	M SA1-2E. PAGE 5.
		CABLE SYS	STEM:				1 OKI	SYSTEM ID#
Name	QCOL, Inc. / 213 Main	St. Markl	eysburg, PA	A 15459				63750
Substitute Carriage: Special Statement and Program Log								
	Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
	_			_	WHEN SUBSTITUTE			
	S		E PROGRAN			AGE OCC	TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— ТО	
							_	
							_	
								
							<u> </u>	
								
							<u> </u>	
		<u> </u>						
							_	
		 						
		 						
		 						

	LEGAL NAME OF OWNER OF CABLE SYSTEM: QCOL, Inc. / 213 Main St. Markleysburg, PA 15459		STEM II 637					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	\$ 117,105.00						
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro						
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 \$ 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.	\$263,80(
	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 the accounting period is \$52.00	his 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	\$	0.26					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.26					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	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		0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 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,							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, 1. Enter the amount of gross receipts from space K							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, 1. Enter the amount of gross receipts from space K							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, 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	1,319.00						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, 1. Enter the amount of gross receipts from space K	1,319.00 0.00						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, 1. Enter the amount of gross receipts from space K	1,319.00 0.00						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, 1. Enter the amount of gross receipts from space K	1,319.00 0.00						
otal Remittance	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, 1. Enter the amount of gross receipts from space K	1,319.00 0.00						
Filing Fee and otal Remittance Due	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, 1. Enter the amount of gross receipts from space K	1,319.00 0.00						
otal Remittance	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, 1. Enter the amount of gross receipts from space K	1,319.00 0.00	67.26					
Total Remittance	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, 1. Enter the amount of gross receipts from space K	1,319.00 0.00 52.26 15.00						

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		NER OF CABLE SYSTEM: Main St. Markleysburg,	PA 1545	9		SYSTEM ID# 63750
M Channels	to its subscribers, a 1. Enter the total not system carried tel 2. Enter the total not on which the cable	and (2) the cable system's to umber of channels on which	the cable		ng period.	27
N Individual to Be Contacted for Further	we can contact abo	E CONTACTED IF FURTHE out this statement of account Brian Frazee		RMATION IS NEEDED (Identify an individua		724.329.1121 x103
Information	Address (213Main St. Number, street, rural route, apartm Markleysburg, PA 154		e number)	Теїєріюїє	724.329.1121 X103
	Email	City, town, state, zip) bfrazee@qcol.n.	ıet	Fax	(optional)	
Ocertification	Owner of the line (Agent of the line X (Officer in line) I have examined the line of t	other than corporation or partie of owner other than corporate of of space B and that the owner partner) I am an officer (if e 1 of space B. The statement of account and I and correct to the best of my 1001(1986)]	artnership	o) I am the owner of the cable system as identification (in the cable system) I am the duly authorized agent of the acorporation or partnership; or ation) or a partner (if a partnership) of the legal clare under penalty of law that all statements te, information, and belief, and are made in good systems. In the case of the case	tified in line 1 of space the owner of the cable state all entity identified as own of fact contained herein od faith.	system as identified ner of the cable system
		Title: (Title of off	Presid	ent held in corporation or partnership)		
		Date:		C	08/28/2023	

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63750 QCOL, Inc. / 213 Main St. Markleysburg, PA 15459 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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. O For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** 52.00 1% 0.52 x **179** days 93.08 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 0.26 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

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 th 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 fling, a determination that would be made by a court of law.

ID number

First community served Accounting period