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					
2/28/23	\$				
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		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					
		LAKEFIELD TELEPHONE COMPANY, LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		NSIGHT TELSERVICES					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		450 SECURITY BLVD (Number, street, rural route, apartment, or suite number)					
		GREEN BAY, WI 54313-9705 (City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E						
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 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. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	LAKEFIELD TELEPHONE COMPANY, LLC	639						
		n. A "community" is the same as a "community unit" as defined in FCC rule						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including s							
D		ity that you list will serve as a form of system identification hereafter knov						
	as the "first community." Please use it as the first community on all fu							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Served	identified city.							
Convou								
	CITY OR TOWN	STATE						
First	Two Rivers	WI						
Community								
Rows as Necessary								
nows as recessary								

Accounting Period: 2022/2 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63923 LAKEFIELD TELEPHONE COMPANY, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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 BLOCK 1 BLOCK 2 NO. OF NO OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS** RATE Residential: · Service to first set 101.95 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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. CATEGORY OF SERVICE CATEGORY OF SERVICE RATE **RATE** CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential · Motel, hotel · Pay cable · Pay cable—add'l channel Commercial Fire protection • Pav cable · Pay cable-add'l channel Burglar protection

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 63923

# LAKEFIELD TELEPHONE COMPANY, LLC

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. *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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBAY	2	N	GREEN BAY, WI
WBAY WEATHER	2.2	N-M	GREEN BAY, WI
WBAY	2.3	I-M	GREEN BAY, WI
WBAY	2.4	I-M	GREEN BAY, WI
WBAY	2.5	I-M	GREEN BAY, WI
WFRV	5	N	GREEN BAY, WI
WFRV	5.2	N-M	GREEN BAY, WI
WLUK	11	N	GREEN BAY, WI
WLUK	11.2	N-M	GREEN BAY, WI
WLUK	11.3	N-M	GREEN BAY, WI
WCWF	14	<u> </u>	GREEN BAY, WI
WCWF	14.2	I-M	GREEN BAY, WI
WCWF	14.3	I-M	GREEN BAY, WI
WCWF	14.4	I-M	GREEN BAY, WI
WGBA	26	N	GREEN BAY, WI
WGBA	26.2	N-M	GREEN BAY, WI
WGBA	26.3	N-M	GREEN BAY, WI
WGBA	26.4	N-M	GREEN BAY, WI
WACY	32	<u> </u>	APPLETON, WI
WACY	32.2	I-M	APPLETON, WI
WACY	32.3	I-M	APPLETON, WI
WACY	32.4	I-M	APPLETON, WI
WPNE	38	E	GREEN BAY, WI
WPNE	38.2	E-M	GREEN BAY, WI

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63923 LAKEFIELD TELEPHONE COMPANY, LLC 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 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 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 **WPNE** 38.3 **GREEN BAY, WI** E-M **WPNE GREEN BAY, WI** 38.4 E-M

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### LAKEFIELD TELEPHONE COMPANY, LLC

63923

### 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
		]					

Assouration Design	.d. 2022/2					FOR	A CA4 OF DACE 5				
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:			FURI	SYSTEM ID#				
Name	LAKEFIELD TELEPHO						63923				
	SUBSTITUTE CARRIAGE	E. SDECIA	AL STATEME	NT AND DDOCDAM !	)G						
ı		_	_			ition that your cable eve	tem carried on a				
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried or substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth										
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Carriage: Special											
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant station?										
	<b>Note:</b> If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.	log in block 2.									
	2. LOG OF SUBSTITUTE			ata lina. I laa ahbraviatian		anaible if their mannin	~ ia				
	In General: List each subst clear. If you need more spa				s wnerever p	ossible, if their meaning	g is				
	Column 1: Give the title	of every no	nnetwork telev	vision program ("substitut							
	period, was broadcast by a under certain FCC rules, re										
	Do not use general categor										
	"NBA Basketball: 76ers vs.		L	"" ( " OII	Wh.1. "						
	Column 2: If the program Column 3: Give the call										
	Column 4: Give the broa	dcast statio	on's location (t	he community to which th	ne station is li		in				
	the case of Mexican or Can Column 5: Give the mon						nonth				
	first. Example: for May 7 giv		when your sy	stem camed the substitut	e program. O	se numerais, with the r	HOHUI				
	Column 6: State the time						ately				
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carr	ried by a system from 6:0	1:15 p.m. to 6	3:28:30 p.m. should be					
	Column 7: Enter the lette										
	to delete under FCC rules a						ogram				
	was substituted for program effect on October 19, 1976.		your system w	as permilled to delete und	der FCC rules	s and regulations in					
	,				11						
	CI.	IDCTITLIT	E PROGRAM	1		N SUBSTITUTE	7. REASON FOR				
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION				
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO					
						_					
						_					
							"				
							"				
						<u> </u>	"				
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Accounting Period:	<b>2022/2</b> FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  LAKEFIELD TELEPHONE COMPANY, LLC	YSTEM ID# 63923
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 of 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.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross)	2,613.00
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 \$263,800  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.	
	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 six-month	
	accounting period is \$52.00.	
	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	
	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)	
	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)	
Due	2. Filling Fee (See the instructions for more information on filling fee calculations)	
		67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 27454VNF	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.		
Name		OWNER OF CABLE SYSTEM: ELEPHONE COMPANY, L	LC		SYSTEM ID# 63923		
M Channels	to its subscribers	s, and (2) the cable system's	total number of activated channe		26		
	on which the ca	I number of activated channe able system carried television ast services			223		
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou	HER INFORMATION IS NEEDEI int.)	(Identify an individual			
for Further Information	Name	Amy Perkins		Telephone 92	20-617-7026		
	Address	450 Security Blvd. (Number, street, rural route, apart Green Bay, WI 5431					
	Email	(City, town, state, zip) amy.perkins@r	nsight.com	Fax (optional)			
	CERTIFICATION	(This statement of account m	nust be certified and signed in ac	ordance with Copyright Office regulations)			
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
	(Owne	r other than corporation or p	partnership) I am the owner of the	cable system as identified in line 1 of space B;	or		
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.						
		e, and correct to the best of my	hereby declare under penalty of la y knowledge, information, and belie	w that all statements of fact contained herein , and are made in good faith.			
			X /s/ Dan Fabry				
			Enter an electronic signature on th Enter signature using an "/s/ signat	e line above to certify this statement. ure" (e.g., /s/ John Smith)			
		Typed or printed	name: <b>Dan Fabry</b>				
		Title:	COO of Mobile and Fixe				
		Date:		2/9/23			

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#### AVEELED TELEBHONE COMPANY LLC

SYSTEM ID#

AKEFIELD TELEPHONE COMPANY, LLC	63923
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address  Name 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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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