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

			GHT OFFICE USE ONLY	Return completed workbook by email to
	NT OF ACCOUNT			by email to
	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instruct		08/30/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A	CCOUNTING PERIOD COVE	RED BY THIS STATEMEN	T: (YYYY/(Period))]
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	al - see instructions)	
Accounting Period				
	Instructions:			
В			subsidiary of another corporation, give the fu	11
Owner	List any other name or names under	which the owner conducts the busines	ss of the cable system.	
		• • •	er on the last day of the accounting period sho	
	submit a single statement of accoun	t and royalty fee payment covering the	entire accounting period.	35406
	Check here if this is the system's firs	t filing. If not, enter the system's ID nu	mber assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MA	ILING ADDRESS OF CABLE SYS	TEM	
	Dixon Acquisition LLC			
		R OF CABLE SYSTEM (IF DIFFER	RENT)	
	MAILING ADDRESS OF OWNER	R OF CABLE SYSTEM		
	B O Box 260			

 P. O. Box 260

 (Number, street, rural route, apartment, or suite number)

 Eldridge, IA 52748-0260

 (City, town, state, zip)

 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes names already appear in space B. In line 2, give the mailing address of the system, it different from the address given in

 System
 1

 IDENTIFICATION OF CABLE SYSTEM:

 Central Scott Telephone Company

 MAILING ADDRESS OF CABLE SYSTEM:

 2
 125 N. 2nd Street, P. O. Box 260

 (Number, street, rural route, apartment, or suite number)

 Eldridge, IA 52748-0260

 (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.

Accounting Period: 2	vzj 1	FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Dixon Acquisition LLC	35406
D Area Served	Instructions: List each separate community served by the cable system. A "community" is distinct community or municipal entity (including unincorporated communities within uni 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identific community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	incorporated areas and including single, discrete unincorporated areas)." cation hereafter known as the "first community." Please use it as the first
	CITY OR TOWN	STATE
First	Dixon	IA
Community	Calamus	IA
	Maysville	IA
Add Rows as Necessary	Donahue	IA
	New Libert	A
	Plainview	IA
	Big Rock	IA

								FORM SA1-2	
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYST	
	Dixon Acquisition LLC	;							3540
E Secondary Transmissior Service: Sub- scribers and Rates	SECONDARY TRANSMISS In General The information is system, that is, the retransmi about other services (includin last day of the accounting pe Number of Subscribers B down by categories of secon each category by counting th separately for the particular s Rate: Give the standard rai unit in which it is generally bi category, but do not include of Block 1: In the left-hand blo systems most commonly pro that applies to your systerNo categories, that person or en subscriber who pays extra fo first set" and would be counted Block 2: If your cable system	n space E sh ission of televing pay cable) riod (June 30 oth blocks in dary transmis e number of service at the te charged fo lled. (Examplic discounts allo ock in space is vide to their sist te: Where ar tity should be r cable servic ed once again m has rate co	ould cov rision and in space or Dece space E ssion ser billings ir rate indi r each ca e: "\$20/n wed for E, the for ubscribe individu e counted to counted to counted to counted to add	er all catego d radio broad F, not here. mber 31, as call for the r vice. In gene that catego cated—not the tegory of se that catego cated—not the tegory of se that catego cated and the tegory of se that catego cated and the tegory of se the catego advance pay m lists the c rs. Give the al or organiz as a subscritional sets w Service to ad for seconda	ries of sec dcasts by . All the f the case number c eral, you o ry (the n he numb rvice. Inc arize any ategories number r ation is r riber in e yould be dditional ary transr	econdary trans y your system to acts you state a ma of subscribers to can compute to umber of persecond er of sets rece- clude both the y standard rate s of secondary of subscribers receiving service ach applicable included in the se mission service	to subscri must be to the cal he numbe ons or or every amount of evariation transmis and rate ce that fa e category e count ur e that are	ibers. Give info those existing ole system, t er of subsci ganizations cl of the charge his within a particu- ssion service that for each listed c lls under diffe y. Example: a resinder "Servic e different fron	
	printed in block 1 (for example, tiers of services that include one or more secondary to with the number of subscribers and rates, in the right-hand block. A two- or three-wor								
	sufficient BL	OCK 1					BLOCK	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SE		NO. OF SUBSCRIBERS	RATE
	Residential:	GOBOCINID			UATE		TUICE	GODGERIDERG	
	 Service to first set 				Basic (Digital)		171	69.99
	 Service to additional set(s 	••••••	4	29.99	Expanded (Digital)			69	79.99
	• FM radio (if separate rate)				Starz/Encore Showtime/TMC				14.00
	Motel, hotel Commercial				HBO			5	14.00 19.00
	Converter			•••••	Cinema	ax			14.00
	Residential		592			ast Surchai	rae	240	17.39
	Non-residential	••••••				rter w/DVR	9 -	97	10.00
F Services Other Than Secondary Transmissions Rates	SERVICES OTHER THAN S In General Space F calls for not covered in space E, that service for a single fee. Ther furnished at cost or (2) servic amount of the charge and the enter only the letters "PP" in Block 1: Give the standard Block 2: List any services t listed in block 1 and for which brief (two- or three-word) des	rate (not sub is, those serve e are two exc es or facilitie e unit in which the rate colur rate charged hat your cabl n a separate	scriber) ices that eptions: s furnish n it is usu by the c e system charge w	nformation w are not offer you do not n ed to nonsuk ally billed. If able system furnished o as made or	with resp red in co need to g oscribers any rate for each r offered establish	mbination with ive rate inform . Rate informa as are charged of the applica during the acc	any seco ation con tion shou on a vari ble servic counting p	ondary tran: ncerning (1) s ild include br iable per-prograr ces period that w	Э
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SE		RATE	CATEGO	ORY OF SERVIC	RATE
	Continuing Services:			tion: Non-re	sidentia				
	Pay cable Add'l channel			el, hotel					
	 Pay cable—add'l channel Fire protection 		• Com • Pay	mercial cable					
	•Burglar protection		,	cable-add'l c	channel		•••••		
	Installation: Residential			protection					
	• First set			lar protectio	n		•••••		
				ervices:					
	 Additional set(s) 						1		1
	 Additional set(s) FM radio (if separate rate) 		• Reco	onnect					
				onnect onnect					

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM
Name	Dixon Acquisition LLC			3540
		TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WR Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	so in space I, if the station was carried b concerning substitute basis stations, se s call sign. <i>Do not</i> report origination p with a station according to its over-the-a	(1) stations carried only on a part-tir carriage of certain network programs (e)(2) and (4))]; and (2) certain station ied by your cable system on a substi- Special Statement and Program Log both on a substitute basis and also or ee page (v) of the general instruction orogram services such as HBO, ESP air designation. For example, report i sion station for broadcasting over the ation, an independent station, or a nor retwork multicast), "I" (for independent "E-M" (for noncommercial educationa- tions in the paper SA1-2 form.	ne basis under s [sections is carried on a tute program i)—if the in some other s. N, etc. Identify each multistream e air in its community encommercial lent), "I-M" al multicast). icensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHBF	4.1, 4.2, 4.3, 4.4	N	Rock Island, IL
	KWQC	6.1, 6.2,6.3, 6.4, 6.5, 6.6,6.7	N	Davenport, IA
ld Rows as Necessary	WQAD	8.1, 8.2, 8.3, 8.4,8.5	Ν	Moline, IL
a nons as necessary	KIIN	12.1, 12.2, 12.3, 12.4	E	lowa City, IA
	KLJB		<u>-</u>	
	WQPT	18.1, 18.2,18.3,18.4	E	Davenport, IA
		24.1, 24.2	E	Moline, IL

LEGAL NAME O Dixon Acqu			STOTEM.					SYSTEM I 354
	t every radio	station c) arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1 on the basis of For detailed inf paper SA1-2 for Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b monitoring, to formation about mm. dentify the cal State whether f the radio sta this by placin Give the statio	by the sy be rece ut the Co Il sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column. ion (the community to which the	at the system's h e system's FM ar this point, see p ssed by the cable the station is lice	neadend, and ntenna, during age (v) of the e system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
		1		T		1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·					 		

Accounting Perio	od: 2023/1					FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER O	F CABLE S	YSTEM:				SYSTEM ID#
Name	Dixon Acquisition LL	С					35406
l 1	SUBSTITUTE CARRIAG In General: In space I, identi					your cable syste	om carried on a
	substitute basis during the a						
	explanation of the programmi	01	<i>,</i> ,				
Substitute	· · · ·	-			general instructions in t	ie papei SAT-2	IOIIII.
Carriage:	1. SPECIAL STATEMEN				a hadia any nannaty	ark talaviaian	
Special	During the accounting p		our cable syst	em carry, on a substitut	e basis, any nonnetwo		
Statement and	broadcast by a distant sta	tion?				YES	× NO
Program Log	Note: If your answer is "N	o," leave th	ne rest of this	page blank. If your answ	ver is "Yes," you must	complete the	e program
	log in block 2.						
	2. LOG OF SUBSTITUT						
	In General:List each subs				tions wherever possib	le, if their mea	а
	clear. If you need more sp				(1	l	
	Column 1: Give the title period, was broadcast by	e of every n a distant st	ionnetwork tel	evision program ("subsi vour cable system sub	titute program") that, o	nuring the acc	۲C the
	under certain FCC rules, i	equiations,	or authorizati	ions. See page (v) of the	e general instructions	for further info	orm
	Do not use general catego	ories like "n	novies" or "bas	sketball." List specific pr	rogram titles, for exam	ple, "I Love L	l.
	"NBA Basketball: 76ers vs						
	Column 2: If the progra Column 3: Give the cal						
	Column 4: Give the bro					ed by the FC	
	the case of Mexican or Ca						
	Column 5: Give the mo		y when your s	system carried the subst	titute program. Use nι	umerals, with	th
	first. Example: for May 7 g						
	Column 6: State the tin to the nearest five minute						C
	stated as "6:00-6:30 p.m		. a program of		0.01.10 p.m. to 0.20.	50 p.m. (
	Column 7: Enter the le						
	to delete under FCC rules						ed pr
	was substituted for progra	0	t your system	was permitted to delete	e under FCC rules and	regulat	
	effect on October 19, 197	0.					
					WHEN SUBS	STITUTE	
	s	UBSTITUT	E PROGRAM	1	CARRIAGE OC	CURRED	7. REASON
		2. LIVE?	3.	4. STATION'S		TIMES	FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	STATION'S	LOCATION	AND DAY FROM	— то	
						_	
							
						_	
					7[_	[
							+
		L					
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID
Name	Dixon Acquisition LLC	5	354
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(: during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	secondary transmission to compute this amour	serv it, ,341.01
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 les Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less the Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more informati	han or equal to \$263,8	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	6	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee t accounting period is \$52.01	hat you must pay for th	is six-mont
	Line 1. Royalty fee for accounting period		
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more t		
		800.00	
		341.01	
		458.99	
	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)		264.41
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and		264.41
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less	8 \$	
		8 \$	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 1. Enter the amount of gross receipts from space K	8 \$	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 1. Enter the amount of gross receipts from space K	8 \$ than \$527,600)	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 1. Enter the amount of gross receipts from space K	8 \$ than \$527,600)	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 1. Enter the amount of gross receipts from space K	8 \$ than \$527,600) 800.00	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 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	8 \$ than \$527,600) 800.00 1,319.00	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$ 263, 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)	8 \$ than \$527,600) 800.00 1,319.00 0.00	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 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	8 \$ than \$527,600) 800.00 1,319.00 0.00	
Filing Fee and	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$ 263, 3. Subtract line 2 from line 1	8 \$ than \$527,600) 800.00 1,319.00 0.00 ind 6	
Total	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 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, a	8 \$ than \$527,600) 800.00 1,319.00 0.00	
Total	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$ 263, 3. Subtract line 2 from line 1	8 \$ than \$527,600) 800.00 1,319.00 0.00 ind 6	
Total	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$ 263, 3. Subtract line 2 from line 1	8 \$ than \$527,600) 800.00 1,319.00 0.00 ind 6 264.41 20.00	
Filing Fee and Total Remittance Due	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 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) 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, a FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) 2. Filing Fee (See the instructions for more information on filing fee calculations) \$	8 \$ than \$527,600) 800.00 1,319.00 0.00 ind 6 264.41 20.00	264.41

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Dixon Acquisition LLC	SYSTEM ID# 35406
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	26 201
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name Kent Dau Telephone (Address 125 N. 2nd Street, P. O. Box 260 (Number, street, rural route, apartment, or suite number) Eldridge, IA 52748-0260	563) 285-856:
	(City, town, state, zip) Email kent@cstech.com Fax (optional) (563) 285-964	3
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one<i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified a in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained I are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	cable system as identified is owner of the cable system
	Image: State in the interval of the	

Privacy Act Notice Section 111 of 11te 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 telept 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 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 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 Ia

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
on Acquisition LLC	354
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	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td>-</td>	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td>-</td>	-
x	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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