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

STATEMI	FNT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			8/25/23		For additional information, contact the U.S. Copyright Office Licensing Division at:	
Α	ACCO	DUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
		2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting Period		20231	Barcode Data Filing Period (optional	- see instructions)		
В		Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		sidiary of another corporation, give the full o	orporate	
Owner		List any other name or names under which If there were different owners during the single statement of account and royalty for Check here if this is the system's first filing	accounting period, only the owner on ee payment covering the entire accour	the last day of the accounting period should nting period.	d submit a 63327	
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM	I		
		TOPSHAM COMMUNICATIONS, LLC	;			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Г)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		PO BOX 217 (Number, street, rural route, apartment, or suite nu	imber)			
		HAMMOND, NY 13646-0217 (City, town, state, zip)				
С				ntify the business and operation of the system, if different from the addre		
System	1	IDENTIFICATION OF CABLE SYSTEM:	<u> </u>	•	C 1	
	-	MAILING ADDRESS OF CABLE SYSTEM	:			
	2	(Number, street, rural route, apartment, or suite nt				
		(City, town, state, zip code)				
Privacy Act Notic	e: Sectior	111 of title 17 of the United States Code aut	horizes the Copyright Offce to collect th	e personally identifying information (PII) reque	ested 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.

Name		SYSTEM ID# 63327
	TOPSHAM COMMUNICATIONS, LLC Instructions: List each separate community served by the cable system. A "cor	mmunity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	t you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
		07475
First	CITY OR TOWN FAIRLEE TOWN	STATE VT
Community		
Rows as Necessary		
nows as necessary		

	LEGAL NAME OF OWNER OF C								1-2E. PAGE STEM ID
Name			_					513	6332
	TOPSHAM COMMUNICA	ATIONS, LLC	;						0002
_	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	TES				
E	In General: The information in s	pace E should o	cover a	Il categories of	secondary				
a	system, that is, the retransmissio								
Secondary Transmission	about other services (including p last day of the accounting period						iose existin	g on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							harged	
	separately for the particular server Rate: Give the standard rate c							and the	
	unit in which it is generally billed.	-	-	•			-		
	category, but do not include disc				-				
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to a	dditiona	al sets would b	e included	in the count und	ler "Service	e to the	
	first set" and would be counted o					aamiiga that ava	different free	m these	
	Block 2: If your cable system I printed in block 1 (for example, ti	-							
	with the number of subscribers a								
	sufficient.		ů.			•			
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:						-		
	Service to first set		101	24.95					
	 Service to additional set(s) 		55	6.95					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for rat				-	l vour cable svst	em's servic	es that were	
F	not covered in space E, that is, th		,		•	• •			
	service for a single fee. There ar		,		0		0()		
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		ISUAIIY	billed. If any fa	les ale ch	argeu on a vana	bie hei-hio	graffi basis,	
ransmissions:	Block 1: Give the standard rat	e charged by th				••			
Rates	Block 2: List any services that				-				
	listed in block 1 and for which a s brief (two- or three-word) descrip				snea. List i	inese other serv	ces in the i	orm of a	
							I		
	CATEGORY OF SERVICE	BLOC						BLOCK 2	
	Continuing Services:	1		BORY OF SER		RATE	CATEGO	RY OF SERVICE	RATE
	Pay cable	15.95		tel, hotel	lacintiai				
	Pay cable—add'l channel	16.00		mmercial					
	Fire protection			/ cable					
	•Burglar protection			/ cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	100.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		45.00			
	• Converter		• Dis	connect					
				let relocation					
				ve to new addr	ess	15.00			

unting Period:				SYSTEM
Name				63
		÷		
	PRIMARY TRANSMITTERS:			· · · / / · · ·
G		entify every television station (including m during the accounting period, except		
	FCC rules and regulations i	in effect on June 24, 1981, permitting th	e carriage of certain network progra	ams [sections
Primary ansmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain sta	tions carried on a
Television	Substitute Basis Stations	: With respect to any distant stations ca	arried by your cable system on a sul	bstitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (th	e Special Statement and Program	Log)—if the
	station was carried only on	a substitute basis.		
		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	e-air designation. For example, repo	ort multistream
	"WETA-2" as the same on t Column 2: Give the channe	the form. el number the FCC assigned to the tele	vision station for broadcasting over	the air in its community
		RC is channel 4 in Washington, D.C.	atation on independent station or a	
		ring the letter "N" (for network), "N-M" (, , ,	
	(for independent multicast),	, "E" (for noncommercial educational), o	or "E-M" (for noncommercial educati	
		erms, see page (iv) of the general instru n of each station. For U.S. stations, list		is licensed by the
		dian stations, if any, give the name of th		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCAX	3	N	BURLINGTON, VT
		22	N	BUBUNGTON VT
	WVNY		N	BURLINGTON, VT
ows as Necessary	WPTZ	5	N	PLATTSBURGH, NY
ows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ	5	N	PLATTSBURGH, NY
lows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
tows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT
Rows as Necessary	WPTZ WVTA	5 41	N E	PLATTSBURGH, NY WINDSOR, VT

EGAL NAME OF								SYSTEM I 633
	every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou m.	y the sys be recei it the Cc	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.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stati this by placing ive the statior	ion's sigi g a checl n's locati	n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	e station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	u. 2023/ 1						FORM	I SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	TOPSHAM COMMUNIC	CATIONS,	, LLC					63327
I	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a	tify every nor	nnetwork televi eriod, under sp	<i>ision program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or au	Ithorizatior	ns. For a further
Substitute Carriage:	explanation of the programm				he general in:	structions in th	e paper S	A1-2 form.
Special	 SPECIAL STATEMEN During the accounting per 				sis anv noni	network televi	sion progr	ram
Statement and Program Log	broadcast by a distant sta			n carry, on a cascillate sa	lolo, any nom			× NO
• •	Note: If your answer is "No		rest of this pa	ae blank. If your answer is	- "Vee " vouu		-	-
	log in block 2.	, leave the		ige blank. If your answer is	s 163, you i	nusi completi	e the prog	liam
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	of every no a distant stat egulations, c ries like "mo Bulls." m was broad sign of the adcast station hadian station th and day ve "5/7." es when the . Example: a ter "R" if the and regulation ming that y	onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (i ons, if any, the when your sy e substitute pr a program carr i listed program	vision program ("substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter ' asting the substitute progra the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for prog- luring the accounting perior	ted for the prineral instruct am titles, for a "No." e station is li- e station is li- e program. U r cable syste 1:15 p.m. to 6 ramming that od; enter the	ogramming of tions for furthe example, "I Lo censed by the lentified). se numerals, m. List the tim 5:28:30 p.m. s t your system letter "P" if the	F another ser information ove Lucy" FCC or, i with the mass accuration hould be was <i>requi</i> e listed pro	station tion. or in nonth ately <i>ired</i>
		•						
	SI	UBSTITUT	E PROGRAM	1		N SUBSTITU		7. REASON FOR
	SI 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S CALL SIGN		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	7. REASON FOR DELETION
		1		4. STATION'S LOCATION	CARRI	AGE OCCU	RRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TOPSHAM COMMUNICATIONS, LLC	SY	STEM ID# 63327
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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	,170.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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-montl	
	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 \$137,10)0)	
	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 \$527,6	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		
		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 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 Registe See page i of the general instructions in the paper SA1-2 form for more informatic		hts!

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TOPSHAM COMMUNICATIONS, LLC	SYSTEM ID# 63327
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activa 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	ted channels during the accounting period.
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.) Name SHELLY L. COLE	S NEEDED (Identify an individual to whom Telephone 315-324-5911
Information	Address PO BOX 217 (Number, street, rural route, apartment, or suite number) HAMMOND, NY 13646-0217 (City, town, state, zip) Email slcole@cit-tele.com	Fax (optional) 315-324-6289
O Certification	(Agent of owner other than corporation or partnership) in line 1 of space B and that the owner is not a corporat	boxes.) wner of the cable system as identified in line 1 of space B; or am the duly authorized agent of the owner of the cable system as identified on or partnership; or rtner (if a partnership) of the legal entity identified as owner of the cable system penalty of law that all statements of fact contained herein
		nature on the line above to certify this statement. n "/s/ signature" (e.g., /s/ John Smith) . Cole pervisor
	Date:	8/25/2023

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 telephon 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 i 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 th 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

unting Period: 2023/1					FORM SA1-2E. PAGE
L NAME OF OWNER OF CABL	LE SYSTEM:				SYSTEM
SHAM COMMUNICAT	IONS, LLC				6332
The Satellite Home Viewer a lowing sentence: "In determining the to service of providing scribers and amount For more information on wh located in the paper SA1-2 to		1(d)(1)(A), of the amounts paid to dcast transmitters condary transmis te on page (vii) of	Copyright Act by adding the f the cable system for the basi , the system shall not include sions pursuant to section 119 the general instructions	c ∍ sub-)."	P Special Statemen Concerning Gros Receipts Exclusio
During the accounting perio made by satellite carriers to X NO	d, did the cable system exclude any amo satellite dish owners?	unts of gross rece	eipts for secondary transmissi	ions	
YES. Enter the total her	re and list the satellite carrier(s) below		.\$		
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSM	ENT				
-	ksheet for those royalty payments submit st assessment, see page (viii) of the gene				Q
For an explanation of interest		eral instructions lo	cated in the paper SA1-2 for		Q Interest Assessme
For an explanation of intereating 1 Enter the amount of	st assessment, see page (viii) of the gene	eral instructions lo	x		Q Interest Assessme
For an explanation of interest Line 1 Enter the amount of Line 2 Multiply line 1 by the	st assessment, see page (viii) of the gene	eral instructions lo	x		Q Interest Assessme
For an explanation of interest Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the	st assessment, see page (viii) of the gene late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the sum	eral instructions lo	xx	m. 	Q Interest Assessme
For an explanation of interest Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.0	st assessment, see page (viii) of the gene late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the sum	eral instructions lo	xx	m. days 	Q Interest Assessme
For an explanation of interest Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.0 in space L, (page 6)	st assessment, see page (viii) of the gene late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the sum	eral instructions lo	xxx 0.00274	m. days ge)	Q Interest Assessme
For an explanation of interest Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.0 in space L, (page 6) * To view the interest ratic contact the Licensing	st assessment, see page (viii) of the gene late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the sum 20274** and enter here block 1, line 2, or block 2 line 8, or block te chart click on <i>www.copyright.gov/licen</i>	eral instructions lo	x 0.00274 \$ (interest charged) (interest charged)	m. days ge)	Q Interest Assessme
For an explanation of interest Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.0 in space L, (page 6) * To view the interest ratic contact the Licensing I ** This is the decimal eq NOTE: If you are filing this v	st assessment, see page (viii) of the gene late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the sum 00274** and enter here block 1, line 2, or block 2 line 8, or block te chart click on <i>www.copyright.gov/licen</i> . Division at (202) 707-8150 or licensing@	eral instructions lo here	x 0.00274 \$ (interest charge pdf. For further assistance p day late. ed to the Copyright Office, pla	m. days ge) lease ease	Q Interest Assessme
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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.