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.

		Retur		
FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED AMOUNT				
08/24/2023	\$	For a conta		
	ALLOCATION NUMBER	(202)		

Return completed workbook by

coplicsoa@copyright.gov

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

Α	ACC	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filling 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							
		Shenandoah Cable Television, LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO Box 459 (Number, street, rural route, apartment, or suite number)							
		Edinburg, VA 22824 (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:							
		Frederick, MD FTTH-GLO MAILING ADDRESS OF CABLE SYSTEM:							
	2	Same As Above [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 filling, a determination that would be made by a court of law.

	1	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Name	Shenandoah Cable Television, LLC	639						
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule						
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list was the "first community." Please use it as the first community on all future fillings.	will serve as a form of system identification hereafter knov						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	Frederick City	MD						
Community	Unincorporated area of Frederick County	MD						
	Middletown Town	MD						
Rows as Necessary								
,								
	0.0000							
	0.0000							

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Shenandoah Cable Television, LLC

SYSTEM ID# 63915

Ε

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.

OCK 1		BLOCK 2			
NO. OF			NO. OF		
SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
		Locals TV	15	\$49	
		Entertain TV	19	\$116	
		Delight TV	4	\$152	
		IndulgeTV	4	\$192	
	NO. OF	NO. OF	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE Locals TV Entertain TV Delight TV	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS Locals TV 15 Entertain TV 19 Delight TV 4	

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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
Continuing Services:		Installation: Non-residential				
Pay cable						
• Pay cable—add'l channel						
Fire protection						
•Burglar protection						
Installation: Residential						
• First set (includes 2)						
Additional set(s)						
• FM radio (if separate rate)						
, , ,						
Converter						

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63915

Shenandoah Cable Television, LLC

G

Primary Transmitters: Television

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
WDCA	20	N	Washington DC
WDCA-2	20.2	I-M	Washington DC
WDCA-3	20.3	I-M	Washington DC
WDCW	50	<u> </u>	Washington DC
WDCW-2	50.2	I-M	Washington DC
WDME	48	<u> </u>	Washington DC
WDVM	25	<u>l</u>	Washington DC
WDVM-2	25.2	I-M	Washington DC
WDVM-3	25.3	I-M	Washington DC
WETA	26	E	Washington DC
WETA-3	26.3	E-M	Washington DC
WETA-4	26.4	E-M	Washington DC
WJLA	7	N	Washington DC
WJLA-2	7.2	I-M	Washington DC
WJLA-3	7.3	I-M	Washington DC
WJLA-4	7.4	I-M	Washington DC
WPXW	66	<u> </u>	Manassas, VA
WPXW-5	66.5	I-M	Manassas, VA
WRC	4	N	Washington DC
WRC-2	4.2	N-M	Washington DC
WRC-3	4.3	N-M	Washington DC
WTTG	5	N	Washington DC
WTTG-2	5.2	I-M	Washington DC
WUSA	9	N	Washington DC

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Shenandoah Cable Television, LLC

63915

PRIMARY TRANSMITTERS: TELEVISION

GPrimary
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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WUSA-2	9.2	I-M	Washington DC
WUSA-3	9.3	I-M	Washington DC
WUSA-4	9.4	I-M	Washington DC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Shenandoah Cable Television, LLC

63915

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).

	T =	a :-	I	1	I		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
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							ļ
							l
							
							
							
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A	.d. 2022 /4					FOR	M 0 4 4 0
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:			FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Shenandoah Cable Tel						63915
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ar explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No- log in block 2.	ify every nor ecounting poing that must represent CONCER iod, did you tion?	nnetwork televi eriod, under sp st be included i RNING SUBS ur cable systen	sion program, broadcast by ecific present and former F in this log, see page (v) of the TITUTE CARRIAGE in carry, on a substitute ba	y a distant sta FCC rules, reg the general ins	ulations, or authorizationstructions in the paper services the paper services the paper services are the paper ser	ns. For a further SA1-2 form. gram X NO
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	cet, please of every no distant stat gulations, coies like "mo Bulls." In was broad sign of the adcast static atth and day ye "5/7." es when the Example: a er "R" if the and regulati	am on a separa add additional annetwork televition and that your authorization ovies" or "baskiddcast live, enterstation broadcon's location (tons, if any, the when your system substitute program carrolisted program ons in effect d	rows to the tables. vision program ("substitute our cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute program community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:00 in was substituted for programing the accounting period.	e program") the program the program titles, for e "No." ram. he station is lide to station is ide program. Use the program. Use the program to 6 to	hat, during the accoun ogramming of another ions for further informations for further informations for further informations for further informations and the second sections of the second sections are second sections. It is the second sections are second sections are second sections are second sections are second sections.	ting station ation. or in month rately
	effect on October 19, 1976.			· 	WHE	N SUBSTITUTE	7. DEAGON 50D
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN		5. MONTH AND DAY	AGE OCCURRED 6. TIMES FROM — TO	7. REASON FOR DELETION

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	Shenandoah Cable Television, LLC		63915
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transic (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,944.40
	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 3. 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 t 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		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	Base amount under statutory formula	,	
	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		
	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)	52.00	
Due	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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period: 2	2023/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: able Television, LLC				SYSTEM ID# 63915
M Channels	to its subscribers,	and (2) the cable system's to	otal number	s on which the cable system carried to er of activated channels during the ac	ccounting period.	27
	on which the ca	number of activated channels ble system carried television sst services	broadcast	t stations		310
N Individual to Be Contacted		BE CONTACTED IF FURTH pout this statement of accour		RMATION IS NEEDED (Identify an in	dividual	
for Further Information	Name	Petra R. O'Neill			Telephone	(561) 801-8668
	Address	500 Shentel Way (Number, street, rural route, apartr Edinburgh, VA 22824 (City, town, state, zip)		e number)		
	Email	petra.o'neill@er	mp.shente	el.com	Fax (optional)	
_	CERTIFICATION (This statement of account m	ust be cert	tified and signed in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check c	one, <i>but onl</i>	ly one, of the boxes.)		
	(Owner	other than corporation or p	artnership	p) I am the owner of the cable system	as identified in line 1 of space	B; or
				artnership) I am the duly authorized ag t a corporation or partnership; or	gent of the owner of the cable	system as identified
		e r or partner) I am an officer (i ne 1 of space B.	if a corpora	ation) or a partner (if a partnership) of t	the legal entity identified as o	wner of the cable system
		, and correct to the best of my		eclare under penalty of law that all state ge, information, and belief, and are mad		in
			X	/s/ Derek Rieger		
				electronic signature on the line above to ature using an "/s/ signature" (e.g., /s/ J	•	
		Typed or printed	I name:	Derek Rieger		
		Title: (Title of of		resident Legal/General Count held in corporation or partnership)	nsel	
		Date:			August 24, 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 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.

counting Period: 2023/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
enandoah Cable Television, LLC	63915
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 17	sic de sub- Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners?	ssions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEDECT ACCECOMENT	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay	vmont –
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Ellie 1 Elliei de amount of late payment of underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	-
(interest cha	rge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	please
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original file.	•
Owner	
Address	
ID number First community served	
Accounting period	

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

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)