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
03/01/2024	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	20232 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	
	Cogeco US (Penn), LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	
	Quincy, MA 02169 (City, town, state, zip)	
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	ese
System	IDENTIFICATION OF CABLE SYSTEM:	
	Cogeco US, LLC	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 107 1/2 B Pleasant Ave. (Number, street, rural route, apartment, or suite number)	
	Kingwood, WV 26537 (City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN Town Of Tunnelton Town Of Albright City Of Kingwood W Town Of Kingwood W Town Of Mingwood Town Of Mingwood W Town Of W Town Of Mingwood Town Of Mingwood W Town Of W Town Of Mingwood Town Of Mingwood W Town Of W Town Of Mingwood Town Of Ming		LECAL NAME OF CAMPED OF CARLE CYCTEM	SYSTEM II					
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discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN Town Of Tunnelton Town Of Albright City Of Kingwood Town Of Terra Alta County Of Preston Town Of Masontown Town Of Newburg Town Of Reedsville County Of Monongalia Uninc Area Of Masontown WV County Of Monongalia Uninc Area Of Masontown WV County Of Monongalia Uninc Area Of Masontown WV								
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Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Town Of Tunnelton Community Town Of Albright City Of Kingwood Town Of Terra Alta County Of Preston Town Of Masontown Town Of Newburg Town Of Reedsville County Of Monongalia Uninc Area Of Masontown WV County Of Monongalia Uninc Area Of Masontown WV County Of Monongalia Uninc Area Of Masontown WV WV WV WV WV WV WV WV WV W								
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Accounting Period: 2023/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14054

Cogeco US (Penn), LLC

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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1174	39.99	Entertainment	1,009	\$ 69.98		
 Service to additional set(s) 			Variety	39	\$114.98		
 FM radio (if separate rate) 			Family	-	\$127.97		
Motel, hotel	0	39.99					
Commercial	51	39.99					
Converter							
Residential		4.99-19.99					
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	1.99 - 19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
 Additional set(s) 	40.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		Move to new address	40.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 14054

Cogeco US (Penn), 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
KDKA	2	N	PITTSBURGH, PA
WDTV	5	N	WESTON, WV
WNPB	8	E	MORGANTOWN, WV
WPGH	10	N	PITTSBURGH, PA
WPNT	9	<u> </u>	PITTSBURGH, PA
WPXI	11	N	PITTSBURGH, PA
WTAE	4	N	PITTSBURGH, PA
WVFX	16	N	CLARKSBURGH, WV
WINP	12	<u> </u>	PITTSBURGH, PA
WQED	15	E	PITTSBURGH, PA

Accounting Period: 2023/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Penn), LLC

14054

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.

H

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	I OCATION OF STATION
O/ LEE OIOI	7 ((V) () 1 (V)	C/D	LOOMING OF CHANGE	O/ LEE OIGIV	7 ((V) () 1 (V)	O/D	EGO/THOIT OF CITATION
		ļ					

	od: 2023/2 LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					RM SA1-2E. PAGE SYSTEM ID:	
Name	Cogeco US (Penn), LL							14054	
			A. OTATEM						
1		_	_	ENT AND PROGRAM LO	_	414.			
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
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.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special tatement and	During the accounting per	riod, did yo	ur cable syste	m carry, on a substitute ba	sis, any nonr	network te	levision pro	ogram	
rogram Log	broadcast by a distant sta	ation?					YES	X NO	
-3	Note: If your answer is "No	n" leave the	rest of this no	age blank. If your answer is	"Ves" vou r	must comi			
	log in block 2.	o , icave tile	, rest of this pe	age blank. If your answer is	s res, your	nust com	oicte the pi	ogram	
	2. LOG OF SUBSTITUT	E PROGRA	AMS						
				rate line. Use abbreviations	wherever po	ossible, if	their mean	ing is	
	clear. If you need more sp				W. (1				
				evision program ("substitute our cable system substitut					
				ns. See page (v) of the ger					
	Do not use general catego	ries like "mo		ketball." List specific progra					
	"NBA Basketball: 76ers vs		ideaet live ent	ter "Yes." Otherwise enter "	'No."				
			·	casting the substitute progr					
	Column 4: Give the bro	adcast stati	ion's location (the community to which the	e station is lic		the FCC c	or, in	
				e community with which the					
	first. Example: for May 7 g	,	wnen your sy	stem carried the substitute	program. Us	se numera	ais, with the	e montn	
	Column 6: State the time	nes when th		rogram was carried by your					
			a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.r	n. should b	e	
	stated as "6:00–6:30 p.m."		listed progra	m was substituted for progr	romming that	vour eve	om was re	auirod	
				during the accounting perio					
	was substituted for program							r·- 3·-···	
		9	your bystom w	as permitted to delete und	er FCC rules	and regu	lations in		
	effect on October 19, 1976	•	your system w	vas permitted to delete und	er FCC rules	and regu	lations in		
	effect on October 19, 1976	•	your oystem w	vas permitted to delete und	Т			<u> </u>	
	,	S	E PROGRAN	·	WHE	N SUBST		7. REASON FO	
	S	SUBSTITUT		1	WHE	N SUBST	TITUTE	7. REASON FO	
	,	SUBSTITUT	E PROGRAN	1	WHE CARRI	N SUBST	TITUTE CURRED	DELETION	
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	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	DELETION	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	DELETION	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	DELETION	
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accounting Period: 2	2023/2	FORM:	SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Penn), LLC	;	SYSTEM ID 1405						
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 transr (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, see	73,826.00						
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		ross receipts)						
	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 fo accounting period is \$52.00	r this six-mon							
	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 and 2								
	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	·	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)	7,600)							
	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	1,100.26	-						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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	. \$	2,419.26						
I	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,419.26							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	2,439.26						
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		ights!						

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV Cogeco US (Per	WNER OF CABLE SYSTEM: nn), LLC				SYSTEM ID# 14054
M Channels	to its subscribers, 1. Enter the total r system carried te 2. Enter the total r	and (2) the cable system's to number of channels on which elevision broadcast stations.		els during the accou	inting period.	10
		ole system carried television last services	oroadcast stations			255
N Individual to Be Contacted		BE CONTACTED IF FURTHI	ER INFORMATION IS NEEDE	D (Identify an individ	dual to whom	
for Further Information	Name	Patrick Bratton			Telephone	617-786-8800
		2 Batterymarch Park, (Number, street, rural route, apartn Quincy, MA 02169 (City, town, state, zip)				
	Email	pbratton@breez	teline.com	F	ax (optional)	
•	CERTIFICATION (7	This statement of account mu	st be certified and signed in ac	ccordance with Copy	right Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check o	ne, but only one, of the boxes.)			
	(Owner	other than corporation or pa	artnership) I am the owner of th	ne cable system as id	dentified in line 1 of space E	3; or
		-	tion or partnership) I am the downer is not a corporation or part		of the owner of the cable s	system as identified
		r or partner) I am an officer (i ne 1 of space B.	f a corporation) or a partner (if a	partnership) of the le	egal entity identified as ow	ner of the cable system
		, and correct to the best of my	hereby declare under penalty of knowledge, information, and be			
			X /s/ Patrick Bratte	on		
			Enter an electronic signature on Enter signature using an "/s/ sign			
		Typed or printed	name: Patrick Brattor	1		
		Title: (Title of off	Chief Financial Office			
		Date:			March 1, 2024	

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

counting Period: 2023/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ogeco US (Penn), LLC	14054
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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	
Name 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 www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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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