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

				Return completed workbook
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
	ems (Short Form) uctions are located	2/27/24	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	o of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full c	orporate
Owner	List any other name or names under which	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		n the last day of the accounting period should nting period.	l submit a
	Check here if this is the system's first filin	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	33803
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	

		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	33803
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		FT RANDALL CABLE SYSTEMS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number)	
		WILLMAR, MN 56201 (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 s 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
Privacy Act Notice	: Section	a 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) requested on this	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	FT RANDALL CABLE SYSTEMS INC	33803
D	Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	HANLEY FALLS	MN
ommunity		
s as Necessary		
as ivecessary		

								FORM SA1-	TEM ID
Name	LEGAL NAME OF OWNER OF C							515	3380
	FT RANDALL CABLE S	YSTEMSIN	C						0000
Е	SECONDARY TRANSMISSION								
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both	•					2		
scribers and Rates	down by categories of secondar each category by counting the n								
	separately for the particular serv							0	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				iny stanua		s wiunin a j		
	Block 1: In the left-hand block	in space E, th	e form l	ists the catego					
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of Block 2: If your cable system					convice that are	difforont f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.				T		BLOCK	· •	
		NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:		40	404.00					
	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> </ul>		13	101.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemie		<u> </u>				
_	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are	not offered in	combinatio	on with any seco	ondary tran	Ismission	
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.						0	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rutes	listed in block 1 and for which a				0				
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	40.05		ation: Non-res	idential				
	• Pay cable	10.95		tel, hotel mmercial					
	Pay cable—add'l channel     Fire protection	11.95		/ cable					
	•Burglar protection		-	/ cable-add'l cł	nannel				
	Installation: Residential		-	protection					
	• First set	20.00		glar protection					
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)		• Red	connect		20.00			
		1					I		1
	Converter		• Dis	connect		N/A			
	• Converter			connect let relocation		N/A 20.00			

	LEGAL NAME OF OWNER (	OF CABLE SYSTEM:		SYSTEM
ame	FT RANDALL CABL	E SYSTEMS INC		33
	PRIMARY TRANSMITTERS	: TELEVISION		
G mary mitters: vision	carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same or <b>Column 2:</b> Give the chan of license. For example, N <b>Column 3:</b> Indicate in eace educational station, by en (for independent multicast For the meaning of these <b>Column 4:</b> Give the location	d also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the-	(1) stations carried only on a par e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s rried by your cable system on a s e Special Statement and Program I both on a substitute basis and al see page (v) of the general instru rogram services such as HBO, ES -air designation. For example, re vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections stations carried on a substitute program m Log)—if the lso on some other actions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	котс	45		MINNEAPOLIS, MN
			I N	MINNEAPOLIS, MN MINNEAPOLIS, MN
veccary	WFTC	29		MINNEAPOLIS, MN
ecessary	WFTC KRWF	29 43	N	MINNEAPOLIS, MN REDWOOD FALLS, MN
cessary	WFTC KRWF KCCO	29 43 7	N N	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN
cessary	WFTC KRWF KCCO KMSP	29 43 7 9	N N N	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN
ecessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Vecessary	WFTC KRWF KCCO KMSP	29 43 7 9	N N N	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN
Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
s Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
is Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
is Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
: Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
s Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
35 Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
is Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
as Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
as Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
as Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
as Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN
as Necessary	WFTC KRWF KCCO KMSP KWCM	29 43 7 9 10	N N N E	MINNEAPOLIS, MN REDWOOD FALLS, MN ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN

EGAL NAME OF								SYSTEM II 338
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recei t the Cc sign of e he static ion's sign g a checl	I-Band FM Carriage: Under C tem whenever it is received a wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during co ge (v) of the g	?) it can ertain st eneral i eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
Aexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FORI	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 33803
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	ify every no	nnetwork televi	sion program, broadcast by	a <i>distant</i> sta	tion, that y	our cable syst	em carried on a
Substitute Carriage:	explanation of the programm	ing that mu	st be included ir	n this log, see page (v) of th				
Special Statement and	• During the accounting per broadcast by a distant stat	iod, did you			is, any nonne	etwork tele		m X NO
Program Log	<b>Note:</b> If your answer is "No		rest of this pa	ge blank. If your answer is	"Yes," you m	iust compl	VES	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call s <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the mon first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	of every no distant stat gulations, c ies like "mo Bulls." n was broad sign of the adcast station adian station th and day ve "5/7." es when the Example: a er "R" if the and regulation ming that y	nnetwork telev ion and that yc or authorization wies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	ision program ("substitute our cable system substitute is. See page (v) of the gen etball." List specific program r "Yes." Otherwise enter "I asting the substitute progra- ne community to which the community with which the item carried the substitute orgram was carried by your red by a system from 6:01: was substituted for progra- uring the accounting period	ed for the pro- eral instruction n titles, for ex- No." am. station is lice station is lice program. Use cable system 15 p.m. to 6:: amming that d; enter the le	gramming ons for fur kample, "I entified). e numeral h. List the 28:30 p.m your syste etter "P" if	the FCC or, in s, with the mo times accurate s should be m was <i>require</i> the listed prog	ation on. r onth ely ed
	s	UBSTITUT	E PROGRAM	l		N SUBS	TITUTE CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
								·
								·
								·
							_	
							_	

Accounting Period:	2023/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SI	STEM ID# 33803
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 trans (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 servic amount, see	e 5,984.91
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 less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 1 • 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	r 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,	<u> </u>	
	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	,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		
	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		
	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		ghts!

Accounting Period:	2023/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SYSTEM ID# 33803
<b>M</b> 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	7 42
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name KRISTI HILBRANDS Telephone 33	20-847-7104
	Address 1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip)	
	Email kristih@hcinet.net Fax (optional) 320-847-7123	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)]</li> <li>X /s/ Bruce Hanson</li> </ul>	stem as identified
	Enter an electronic signature on the line above to certify this statement.         Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       BRUCE HANSON         Title:       TREASURER         (Title of official position held in corporation or partnership)         Date:       02/27/2024	

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unting Period: 2023/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RANDALL CABLE SYSTEMS INC	3380
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name	_
Mailing Address Mailing Address	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         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 Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         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 Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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