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

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 2/29/2024 \$

AMOUNT ALLOCATION NUMBER

by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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.	36917
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (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 unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Jackson County	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(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 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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Zito Midwest LLC	36917
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated or unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobi	nunity" is the same as a "community unit" as defined in FCC rules: "a ommunities within unincorporated areas and including single, discrete I serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Jackson County	IL
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1				
Name	Zito Midwest LLC											
Е	SECONDARY TRANSMISSION											
-	In General: The information in si system, that is, the retransmission			-	-							
Secondary	about other services (including p											
Transmission	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											
Service: Sub- scribers and		•										
Rates	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 serv											
	Rate: Give the standard rate clunit in which it is generally billed.	-	-	•			-					
	category, but do not include disc				y stanuar		witinitap					
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categori		•						
	systems most commonly provide											
	that applies to your system. Note categories, that person or entity			-		-						
						• • •	•					
	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 a					,		, 0				
	sufficient.											
	BLO	OCK 1 NO. OF					BLOCI	K 2 NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA			
	Residential:											
	Service to first set		23	83.88								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SECO											
F	In General: Space F calls for rat	•	,		-	• •						
•	not covered in space E, that is, the service for a single fee. There are					,						
Services	furnished at cost or (2) services	•		•			• • • •					
Other Than	amount of the charge and the un		usually b	illed. If any rat	es are ch	arged on a varia	able per-pr	ogram basis,				
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for eac	h of the a	oplicable servic	es listed.					
Rates	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) descrip	tion and includ			-							
		BLO						BLOCK 2				
		RATE		ORY OF SERV tion: Non-resi		RATE	CATEG	ORY OF SERVICE	RAT			
	CATEGORY OF SERVICE	TOTIL			uentiai							
	Continuing Services:			el hotel								
	Continuing Services: • Pay cable		• Mote	el, hotel imercial								
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mote • Corr	mercial								
	Continuing Services: • Pay cable		• Mote • Corr • Pay		annel							
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection		• Mote • Com • Pay • Pay	nmercial cable	annel							
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	30.00	• Mote • Com • Pay • Pay • Fire	imercial cable cable-add'l cha	annel							
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential		• Mote • Com • Pay • Pay • Fire • Burg	nmercial cable cable-add'l cha protection	annel							
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	30.00	• Mote • Corr • Pay • Pay • Fire • Burg Other s	nmercial cable cable-add'l cha protection glar protection	annel	30.00						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	30.00	• Mote • Com • Pay • Pay • Fire • Burg Other s • Rec	imercial cable cable-add'l cha protection glar protection ervices:	annel	30.00						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	30.00	• Mote • Com • Pay • Pay • Fire • Burg Other s • Reco	mercial cable cable-add'l cha protection glar protection ervices: onnect	annel	30.00						

counting Period: 2	-			FORM SA1-2E. PAG								
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM								
	Zito Midwest LLC			369								
	PRIMARY TRANSMITTERS:	TELEVISION										
G Primary	carried by your cable syste FCC rules and regulations	n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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										
Transmitters: Television	 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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								
	KBSI	23.1	N	Paducah KY								
	KFVS	12.1	N	Cape Girardeau MO								
	WDKA	49.1	l	Paducah KY								
	WPSD	6.1	Ν	Paducah KY								
	WSIL	3.1	N	Paducah KY								
	WSIU	8.1	Е	Carbondale IL								
	WTCT	27.1		Marion IL								
		27.1	•									
Add Rows as Necessary												

counting Period:	2023/2			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM II						
Name	Zito Midwest LLC			369 [,]						
	PRIMARY TRANSMITTERS	: TELEVISION								
G	carried by your cable syste	lentify every television station (including em during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tim	e basis under						
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis,	(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s : With respect to any distant stations c	(4)); and (4)); and (2) certain statio	ns carried on a						
		rules, regulations, or authorizations: ere in space G—but do list it in space I (t n a substitute basis.	the Special Statement and Program Lo	pg)—if the						
	basis. For further informat	I also in space I, if the station was carrie ion concerning substitute basis stations	, see page (v) of the general instructio	ns.						
	Column 1: List each station's call sign. <i>Do not</i> 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 Cana	adian stations, if any, give the name of t	he community with which the station is	s identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

Accounting P			YSTEM:						M SA1-2E. PAGE
Zito Midwes									369
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cat						н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. Mentify the call tate whether t the radio stat this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	att sy thi see	the system's he ystem's FM ante is point, see pag d by the cable s station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the. and discrete	Primary Transmitters Radio
	AM or EM	S/D		П		AM or EM	8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio							FOR	M SA1-2E. PAGE 5.				
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#				
Hame	Zito Midwest LLC							36917				
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG								
Substitute	In General: In space I, identi substitute basis during the ad	fy every non counting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	itions, or au	uthorizations.	For a further				
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
	broadcast by a distant station?											
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
	log in block 2.	,		, , ,	····, / ·····							
	2. LOG OF SUBSTITUTE	PROGRA	MS									
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad 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."	ce, please a of every nor distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." as when the Example: a	add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, entel station broadca on's location (th ins, if any, the o when your syst e substitute pro program carrie	rows to the tables. sion program ("substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N sting the substitute program le community to which the community with which the s tem carried the substitute p gram was carried by your of	brogram") that d for the prog eral instruction n titles, for exa lo." m. station is licer station is licer station is licer station is licer station s iden brogram. Use cable system. 15 p.m. to 6:2	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals, List the tin 8:30 p.m.	ne accounting of another sta er information ove Lucy" or e FCC or, in , with the mon mes accurate should be	tion n. nth				
	to delete under FCC rules a											
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete under	r FCC rules a	nd regulat	ions in					
		UBSTITUT	E PROGRAM		WHE	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				
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM	_ 10					
							_					
							_					
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Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 36917
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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	3,085.89 oss receipts)
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 \$ • Use block 3 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 \$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 th accounting period is \$52.00	nis 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		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,	100)	
	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 Due	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		nts!

Accounting Period:	2023/2								F	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM:								SYSTEM ID# 36917
M Channels	to its subscribe	You must give (1) the numbe rs, and (2) the cable system al number of channels on wh ed television broadcast statio	's total num hich the cab	mber of a	activated channels	during the ac	counting period	ı. Г	7	
	on which the	al number of activated chann cable system carried televis idcast services	sion broadc					[80	
N Individual to Be Contacted		O BE CONTACTED IF FUR about this statement of acc		ORMAT	FION IS NEEDED (I	dentify an ind	dividual to whon	n		
for Further Information	Name	Teri McMullen						Telephone	814-260-0434	
	Address	PO Box 665 (Number, street, rural route, apa Coudersport PA 16 (City, town, state, zip)		uite numb	per)					
	Email	teri.mcmullen	@zitomedi	dia.com			Fax (optiona	I		
	CERTIFICATION	(This statement of account r	must be cer	ertified a	and signed in accord	ance with Co	opyright Office r	egulations)		
O Certification	• I, the undersigned	ed, hereby certify that (Check	one, <i>but on</i>	nly one ,	of the boxes.)					
	(Owne	er other than corporation or	r partnershi	1ip) I am	n the owner of the cal	ole system as	identified in line	e 1 of space B;	or	
	(Agen	t of owner other than corpo in line 1 of space B and that					nt of the owner o	of the cable sy	stem as identified	
	X (Offic	cer or partner) I am an officer in line 1 of space B.	r (if a corpor	oration) c	or a partner (if a partı	nership) of the	e legal entity ide	ntified as owne	r of the cable system	
		d the statement of account an ete, and correct to the best of tion 1001(1986)]	-					ained herein		
			<u> </u>	/s/Ja	ames Rigas					
					nic signature on the li using an "/s/ signatur			ent.		
		Typed or printe	ed name:	Jam	nes Rigas					
		Title:	Presic (Title of officia		n held in corporation or p	partnership)				
		Date:					02/27/202	24		

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.

Inting Period: 2023/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Midwest LLC	3691
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address	P Special Statement Concerning Gross Receipts Exclusion
Line 1 Enter the amount of late payment or underpayment x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x days 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	

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