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.

		Ret		
FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT	Cor		
2/28/24	\$ ALLOCATION NUMBER	For con Offic (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	ACCOUNTING 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.						
		T						
		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:						
		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 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.

Namo			FORM SA1-2E. PAGI
Shenandoah Cable Television, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 STATE Marlinton WV Hillsboro WV	Name		SYSTEMI
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 STATE Marlinton WV Community Branchland WV Hillsboro WV			382
Area Served identified city. CITY OR TOWN STATE First Marlinton WV Community Branchland WV Hillsboro WV	D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single will serve as a form of system identification hereafter know
First Marlinton WV Community Branchland WV Hillsboro WV			ome parks should be reported in parentheses below the
Community Branchland WV Hillsboro WV	Firet		
Hillsboro WV			
	· · · · · · · · · · · · · · · · · ·		m
	1 B		
	a Rows as Necessary	Focationas County (Mannington)	

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 38205

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.

BL	OCK 1		BLOCK	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential: (Starter HD)					
Service to first set	70	\$30.00	1st Converter HD/DVR	41	\$16.95
Service to additional set(s)			Add'l Converter HD/DVR	3	\$9.95
• FM radio (if separate rate)			Cable Card	-	\$1.99
Motel, hotel			Technology Fee	242	\$3.00
Commercial			Copyright Fee	242	\$0.70
Converter			Broadcast TV Surcharge	242	\$33.26
Residential	70	\$5.95	Advanced (Expanded)	134	\$94.00
Non-residential			Ultimate (Digital)	38	\$115.00
		T		T	l'''''

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	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE C				RATE
Continuing Services:		Installation: Non-residential			
Pay cable		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 (includes 2) 	\$99.95	Burglar protection			
 Additional set(s) 	\$14.95	Other services:			
 FM radio (if separate rate) 		Reconnect	\$25.00	Service Call	\$49.95
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38205

4. LOCATION OF STATION

Shenandoah Cable Television, LLC

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

67.22 6.61.	212 0710 1 0111 1111 122 110 1112 211	0.11.20.01.11.01	2007111011 011 011111011
WBRA	15	E	Roanoke, VA
WBRA-2	15.2	E-M	Roanoke, VA
WDBJ	7	N	Roanoke, VA
WFXR	27	N	Roanoke, VA
wwcw	21	<u> </u>	Lynchburg, VA
WPXR	38	<u> </u>	Roanoke, VA
WSET	13	N	Lynchburg, VA
WSLS	10	N	Roanoke, VA
WSLS-2	10.2	I-M	Roanoke, VA
WSLS-3	10.3	I-M	Roanoke, VA
WVNS	59	N	Lewisburg, WV
WVVA	6	N	Bluefield, WV
	•		

3. TYPE OF STATION

Add Rows as Necessary

counting Period	: 2023/2			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:					
Name	Shenandoah Cable T	Shenandoah Cable Television, LLC 38							
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syste	m during the accounting period, exce	g translator stations and low power tele ot (1) stations carried only on a part-tir	ne basis under					
Primary Transmitters:									
Television			carried by your cable system on a subs	stitute program					
	•	ules, regulations, or authorizations:	the Cresial Ctatement and Drawans I	\ :f +b					
	station was carried <i>only</i> or	·	the Special Statement and Program L	og)—ir the					
	• List the station here, and	also in space I, if the station was carri	ed both on a substitute basis and also						
		· ·	s, see page (v) of the general instruction						
		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	"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								
		RC is channel 4 in Washington, D.C. case whether the station is a networl	station, an independent station, or a	noncommercial					
			(for network multicast), "I" (for independent						
			or "E-M" (for noncommercial education	nal multicast).					
		erms, see page (iv) of the general inst	ructions in the paper SA1-2 form. st the community to which the station is	s licensed by the					
		· · · · · · · · · · · · · · · · · · ·	the community with which the station is	•					
		, ,,,	·						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
		•							
		•							
		•							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

38205

Shenandoah Cable Television, LLC

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						 	
					 		

Accounting Perio	nd: 2023/2					FOR	M SA1-2E. PAGE 5.			
-ccounting refle	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:			FURI	SYSTEM ID#			
Name	Shenandoah Cable Te	levision,	LLC				38205			
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
	In General: In space I, ident	ify every no	nnetwork televi	sion program, broadcast by	a distant stat	tion, that your cable sys	tem carried on a			
	S S	stitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further lanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute										
Carriage: Special		. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and	•	•	ur cable systen	n carry, on a substitute bas	sis, any nonr					
Program Log	broadcast by a distant sta	tion?				YES	NO			
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	"Yes," you r	must complete the proເ	gram			
	log in block 2.									
	2. LOG OF SUBSTITUTI		-							
	In General: List each subsclear. If you need more spa				wherever po	ossible, if their meaning	g is			
				vision program ("substitute	program") th	nat, during the account	ing			
	period, was broadcast by a	distant sta	tion and that ye	our cable system substitute	ed for the pro	ogramming of another	station			
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	111 111165, 101 6	xample, 1 Love Lucy	OI .			
	Column 2: If the program	m was broa		er "Yes." Otherwise enter "						
				asting the substitute progr he community to which the		concod by the ECC or	in			
	the case of Mexican or Car						111			
	Column 5: Give the mor	nth and day		stem carried the substitute		,	nonth			
	first. Example: for May 7 gi						_4_I			
	to the nearest five minutes			ogram was carried by your ried by a system from 6:01			ately			
	stated as "6:00-6:30 p.m."	. Елатріо.	a program can	iod by a cyclom nom c.c.	. 10 p.iii. to 0	.20.00 p.m. onedia bo				
				n was substituted for progr						
	to delete under FCC rules was substituted for prograr						ogram			
	effect on October 19, 1976	•	your system w	as permitted to delete und	ci i oo iules	and regulations in				
				1	T					
	9	I IBSTITI IT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO					
		1	3. STATION'S		5. MONTH	6. TIMES	DELETION			
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO				
						_				
			 							
			l							
							"			
						_				
						_				
			l				"			
			l				"			
			l							
							.,			
						_				
						_				
			 							
							"			
						_				
			l							

Accounting Period:	2023/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC 38205
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
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 \$263,800 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.
	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 this six-month accounting period is \$52.00.
	Line 1. Royalty fee for accounting period
	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
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	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
	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)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period: 2	2023/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: able Television, LLC				SYSTEM ID# 38205
M Channels	to its subscribers, 1. Enter the total is system carried to the total in the total	and (2) the cable system's to number of channels on which elevision broadcast stations.	otal number on the cable	n which the cable system carried to	counting period.	19
		ole system carried television st services		auons 		270
N Individual to Be Contacted		BE CONTACTED IF FURTH pout this statement of accoun		ATION IS NEEDED (Identify an in	dividual	
for Further Information	Name	Petra R. O'Neill			Telephone	(561) 801-8668
		500 Shentel Way (Number, street, rural route, apartn Edinburgh, VA 22824 (City, town, state, zip)		mber)		
	Email	petra.o'neill@er	np.shentel.c	com	Fax (optional)	
_	CERTIFICATION (This statement of account mu	ust be certifie	d and signed in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check o	ne,but only o	ne, of the boxes.)		
	(Owner	other than corporation or p	artnership) l	am the owner of the cable system a	as identified in line 1 of space	B; or
		of owner other than corpora ne 1 of space B and that the o		nership) I am the duly authorized ag corporation or partnership; or	ent of the owner of the cable	system as identified
		r or partner) I am an officer (i ne 1 of space B.	f a corporatio	n) or a partner (if a partnership) of t	he legal entity identified as o	wner of the cable system
		, and correct to the best of my		re under penalty of law that all state information, and belief, and are mad		in
				/ Derek Rieger	certify this statement.	
				re using an "/s/ signature" (e.g., /s/ J		
		Typed or printed	name: D e	erek Rieger		
				sident Legal/General Cou	nsel	
		Date:			February 28, 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 filing, 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#
enandoah Cable Television, LLC	38205
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?	Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	<u> </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	<u>-</u>
(interest charge)	
* 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@copyright.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.	
ist below the owner, address, instructing served, ib number, and accounting period as given in the original lilling.	
Owner	
Address	
ID number	
First community served	

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.

Accounting period