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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	_
	ems (Short Form)	DATE RECEIVED		<u>coplicsoa@loc.gov</u>
-			\$	For additional information, contact the U.S. Copyright
General instr	uctions are located	03/01/2024		Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		7		
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2023	2 Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa	•	sidiary of another corporation, give the full o	corporate
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.	
	If there were different owners during th	e accounting period, only the owner or	the last day of the accounting period should	d submit a
	single statement of account and royalty	fee payment covering the entire accou	nting period.	40140
	Check here if this is the system's first fili	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	40118
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM	Λ	
	Cogeco US (SC), LLC			
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFEREN	Т)	
	MAILING ADDRESS OF OWNER O			
	2 Batterymarch Park, Suite (Number, street, rural route, apartment, or suite			
	Quincy, MA 02169			
	(City, town, state, zip) INSTRUCTIONS: In line 1, give any bus	iness or trade names used to ide	antify the business and operation of t	he system unless these
С	names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	Cogeco US, LLC			
	MAILING ADDRESS OF CABLE SYSTE	М:		
	2 520 Pine Log Road (Number, street, rural route, apartment, or suite	number)		
	Aiken, SC 29803			
	(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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Cogeco US (SC), LLC	40118
D Area	Instructions: List each separate community served by the cable syster "a separate and distinct community or municipal entity (including uni discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first commu- as the "first community." Please use it as the first community on all f Note: Entities and properties such as hotels, apartments, condominiu	m. A "community" is the same as a "community unit" as defined in FCC rules: incorporated communities within unincorporated areas and including single, unity that you list will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Town of Allendale	SC
Community	Allendale County (un-incorp)	SC
	Snelling	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	TEM II
Name	Cogeco US (SC), LLC		•					010	401 [°]
Ε	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p	, ,			,		those exis	ting on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				,	ble system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n		<i>.</i>	0,0			,	s charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block			-					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ice to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-l	nand block. A t	wo- or thre	ee-word descript	ion of the	service is	
	sufficient.	DCK 1			T		BLOC	()	
		NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:				E			407	~~~
	Service to first set		220	39.99		ainment		187	69.
	Service to additional set(s)				Variety			6	###
	• FM radio (if separate rate)		•	20.00	Family			-	###
	Motel, hotel Commercial		0 51	39.99 39.99					
	Converter		51	33.33					
	Residential			4.99-19.99					
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rain not covered in space E, that is, t								
•	service for a single fee. There ar								
Services	furnished at cost or (2) services	or facilities fur	hished t	o nonsubscrib	ers. Rate i	nformation shou	ld include	both the	
Other Than	amount of the charge and the ur		usually	v billed. If any r	ates are cl	harged on a var	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cab	e svstem for e	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a				lished. List	t these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SEF		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	40.00		ation: Non-res	sidential				
	Pay cable Add'l channel	19.99		tel, hotel mmercial					
	 Pay cable—add'l channel 			y cable					
	Fire protection			y cable-add'l cl	hannel				
	Fire protection Burglar protection			,					
	Fire protection Burglar protection Installation: Residential			e protection					
	•Burglar protection	50.00	• Fire	e protection	n				
	•Burglar protection Installation: Residential	50.00 50.00	• Fir • Bu	•	1				
	•Burglar protection Installation: Residential • First set		• Fire • Bu Other	rglar protection	1	3.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bu Other • Re	rglar protection services:	1	3.00			
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	50.00	• Fir • Bu Other • Re • Dis	rglar protection services: connect	1	3.00			

ccounting Period:	2023/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	Cogeco US (SC), LLC	;		40118
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a astitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGT (NBC)	26.1	N	Augusta, GA
	WAGT-CW	26.2	N	Augusta, GA
ld Rows as Necessary	WCES	20.1	E	Wrens, GA
	WEBA	14.1	E	Allendale, SC
	WEBA-SCC	14.2	E	Allendale, SC
	WEBA WORLD	14.3	E	Allendale, SC
	WFXG (FOX)	54.1	N	Augusta, GA
	WFXG GRIT	54.3	Ν	Augusta, GA
	WFXG/Bounce	54.2	N	Augusta, GA
	WJBF ABC	6.1	N	Augusta, GA
	WJBF/MeTV	6.2	N	Augusta, GA
	WRDW MY12	12.3	N	Augusta, GA
	WAGT-DABL	(569 MHz) Ch 30 - 254	Ν	Augusta, GA
	WRDW CBS	12.1	N	Augusta, GA
	WAGT-ANT-TV	26.3	N	Augusta, GA
	WJBF-ESCAPE	(557 MHz) ch 28 - 240	N	Augusta, GA

EGAL NAME OI								SYSTEM I 401
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. dentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein the Co sign of of the static ion's sign g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived 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 the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2, 2				2,2		
							·	
							·	
						·	·	
							·	
							·	

Accounting Perio	01: 2023/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Cogeco US (SC), LLC							40118
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tifv everv no	nnetwork televi	s <i>ion program.</i> broadcast bv	a distant sta	tion. that vo	our cable svs	tem carried on a
_	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	ist be included i	n this log, see page (v) of th	ne general ins	structions ir	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta					[YES	X NO
Program Log	-				() / "		-	
	Note: If your answer is "No	o", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. I lse abbreviations	wherever n	nssihla ift	heir meaning	n ie
	clear. If you need more spa					5551510, 11 1		y 13
				vision program ("substitute	e program") tl	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		JVIES OF DASK	eiball. List specific progra		stample, i	LOVE LUCY	01
			dcast live, ente	er "Yes." Otherwise enter "	'No."			
				asting the substitute progr				
	the case of Mexican or Car		、	he community to which the		,	the FCC or,	in
				stem carried the substitute			ls, with the n	nonth
	first. Example: for May 7 gi	ve "5/7."	5					
				ogram was carried by your				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program cari	Ted by a system from 6:01	:15 p.m. to 6	:28:30 p.m	n. should be	
		ter "R" if the	e listed program	n was substituted for progr	ramming that	vour syste	em was <i>requ</i>	ired
	to delete under FCC rules a							ogram
	was substituted for program		your system w	as permitted to delete und	er FCC rules	and regul	ations in	
	effect on October 19, 1976							
					WHE	N SUBST	ITUTE	
		UBSTITUT	E PROGRAM		CARRI	AGE OCC	URRED	7. REASON FOR
			E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		

Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (SC), LLC	S	YSTEM ID# 40118
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	2,494.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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	this six-mon	
	accounting period is \$52.00		
	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 \$137,1	00)	
	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		jhts!

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (SC), LLC		SYSTEM ID# 40118
M Channels			16
	2. Enter the total number of activated channels on which the cable system carried television broad and nonbroadcast services		275
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER IN we can contact about this statement of account.)	FORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Patrick Bratton	Telephone	617-786-8800
	Address 2 Batterymarch Park, Sui (Number, street, rural route, apartment, or Quincy, MA 02169 (City, town, state, zip)	te 205 suite number)	
	Email pbratton@breezeline	com Fax (optional)	
O Certification	 I, the undersigned, hereby certify that (Check one, but (Owner other than corporation or partner) (Agent of owner other than corporation of in line 1 of space B and that the owner it X (Officer or partner) I am an officer (if a corr in line 1 of space B. I have examined the statement of account and hereb are true, complete, and correct to the best of my know [18 U.S.C., Section 1001(1986)] I have examined the statement of account and hereb are true, complete, and correct to the best of my know [18 U.S.C., Section 1001(1986)] I part of the statement of account and hereb are true, complete, and correct to the best of my know [18 U.S.C., Section 1001(1986)] 	ship) I am the owner of the cable system as identified in line 1 of space r partnership) I am the duly authorized agent of the owner of the cable is not a corporation or partnership; or poration) or a partner (if a partnership) of the legal entity identified as owner of the cable is not a corporation or partnership) of the legal entity identified as owner of the cable is not a corporation, and belief, and are made in good faith. /s/ Patrick Bratton an electronic signature on the line above to certify this statement. signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified vner of the cable system
	Date:	March 1, 2024	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
jeco US (SC), LLC	40118
 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	- Special Statement Concerning Gross Receipts Exclusion
Name 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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	- ays
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	- ays
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	 ays
x x Line 2 Multiply line 1 by the interest rate* and enter the sum here x x data Line 3 Multiply line 2 by the number of days late and enter the sum here x	- ays -
Line 2 Multiply line 1 by the interest rate* and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x 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 \$	ays
Line 2 Multiply line 1 by the interest rate* and enter the sum here x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
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