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

			<ul> <li>Return completed workbook</li> </ul>
STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u> </u>
Cable Systems (Short Form)		ć	For additional information.
General instructions are located	2/27/24	\$	contact the U.S. Copyright
in the first tab of this workbook	_/_/_ ·	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
			1
A ACCOUNTING PERIOD COVE	RED BY THIS STATEMENT: (Y)	YYY/(Period))	
2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
2023/2		······	
	Barcode Data Filing Period (optional -	see instructions)	
Accounting			
Period			

Α	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2023/2 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.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Grande Communications Networks, LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM 401 Carlson Circle (Number, street, rural route, apartment, or suite number)	
	San Marcos, TX 78666 (City, town, state, zip)	
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these mes 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 1 Centrovision, Inc Troy	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 401 Carlson Circle (Number, street, rural route, apartment, or suite number)	
	San Marcos, TX 78666 (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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Grande Communications Networks, LLC	5431
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo 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 fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter knowr lings.
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	Тгоу	ТХ
ommunity		
as Necessary		

							FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF C						515	543
	Grande Communication	s Networks	, LLC					545
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIBERS AND	RATES				
E	In General: The information in s	•	-					
Secondary	system, that is, the retransmissic about other services (including p							
Transmission	last day of the accounting period					iose existing	on the	
Service: Sub-	Number of Subscribers: Both					le system, b	roken	
scribers and	down by categories of secondary		•		•			
Rates	each category by counting the nu separately for the particular service						larged	
	Rate: Give the standard rate c						and the	
	unit in which it is generally billed.				d rate variations	within a par	ticular rate	
	category, but do not include disc				andor (transmis)	ion convice	that apple	
	Block 1: In the left-hand block systems most commonly provide	•		-	•			
	that applies to your system. <b>Note</b>							
	categories, that person or entity					•		
	subscriber who pays extra for ca				in the count und	der "Service	to the	
	first set" and would be counted o Block 2: If your cable system I				service that are	different fror	n those	
	printed in block 1 (for example, ti	•						
	with the number of subscribers a	ind rates, in the	e right-hand block. A	two- or three	e-word description	on of the ser	vice is	
	sufficient.			11		DI OOK	0	
	BLU	OCK 1 NO. OF	:			BLOCK	Z NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:							
	<ul> <li>Service to first set</li> </ul>		426 28.4	<b>)</b>				
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel		0 28.4					
	Commercial		4 28.4	<b>Э</b>				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			FS				
-	In General: Space F calls for rat				l your cable syst	em's service	es that were	
F	not covered in space E, that is, the				,	,		
Services	service for a single fee. There are furnished at cost or (2) services of	•		•		• • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.			0		,	
ransmissions:	Block 1: Give the standard rat							
Rates	Block 2: List any services that listed in block 1 and for which a s			-				
	brief (two- or three-word) descrip						in or u	
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	ERVICE	RATE	CATEGO	RY OF SERVICE	RAT
	Continuing Services:		Installation: Non-	esidential				
	• Pay cable	16.99	• Motel, hotel			Expande	ed Basic	46.0
	• Pay cable—add'l channel		Commercial			<b>Digital T</b>	ier (Premier P	22.9
	Fire protection		• Pay cable			Variety F	Pak	14.9
	•Burglar protection		<ul> <li>Pay cable-add'</li> </ul>	channel		HD Tier		6.9
	Installation: Residential		<ul> <li>Fire protection</li> </ul>			Latin Tie		7.9
	• First set	54.99	<ul> <li>Burglar protect</li> </ul>	on		Sports P		14.9
		30.00	Other services:			Ultra Sp	orts Tier	4.9
	<ul> <li>Additional set(s)</li> </ul>	30.00						
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	30.00	• Reconnect		30.00	Movie Ti		7.9
	( )	30.00			30.00			
	• FM radio (if separate rate)	30.00	<ul> <li>Reconnect</li> </ul>		30.00 30.00 30.00			

Inting Period:	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O			SYSTEM ID# 5431
	Grande Communicat	÷		5451
G Primary ansmitters: Celevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eacl educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations crules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. 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 he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form.	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each cort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCEN	9	N	Temple, TX
	KWTX	10	N	Waco, TX
as Necessary	KXXV	25	N	Waco, TX
	KWKT	44	<b>N</b>	Waco, TX
	KNCT	46	E	Killeen, TX
	KCEN-2	9.1	<b>I</b>	Temple, TX
	KWTX-2	10.1	N	Waco, TX
	KXXV-2	25.1	N	Waco, TX
	KWKT-2	44.1	N	Waco, TX

EGAL NAME OF								SYSTEM I
Grande Com	imunicatio	ns Net	works, LLC					54
	every radio s	station ca	rried on a separate and discre					н
Special Instruct eceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate to Column 4: G	tions Conce it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat this by placing ive the station	rning AI y the sys be recein t the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	egulations, an adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st general in eparate a	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or EM	C/D			AM or EM	S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Fello	d: 2023/2						FORM	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Grande Communication	ons Netwo	orks, LLC					5431
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	iccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
0 0	Note: If your answer is "No	" leave the	rest of this pa	ge blank If vour answer i	s "Yes " vou r	nust comp	lete the prop	-
	log in block 2.	, iouvo uio		go blank. It your anower is	5 100, you i	naor oomp		Jiani
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa			rows to the tables. vision program ("substitute	program") ti	hat during	the econumt	ing
	period, was broadcast by a							
	under certain FCC rules, re	egulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for fur	ther informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadc	asting the substitute prog	ram.			
	Column 4: Give the broat the case of Mexican or Car			the community to which the			the FCC or,	in
				stem carried the substitute			ls, with the n	nonth
	first. Example: for May 7 gi							
	Column 6: State the tim to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	led by a system from 0.0	i. io p.iii. to o	.20.30 p.m		
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			and regul		
	S	UBSTITUT	E PROGRAM	1	CARRI	N SUBST	URRED	7. REASON FOR
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		

Accounting Period:	2023/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Grande Communications Networks, LLC				5431
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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 receipting the statement in space P concerning the statement in the sta	stem's so of how	econdary trans to compute this	mission servic s amount, see	e 2,505.86
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info BLOCK 1: GROSS RECEIPTS OF \$137,10	ut less th ormatio	n. han \$527,600	\$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f			or this six-mont	1
	accounting period is \$52.00	iee tilat	you must pay it		1
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line:	s 1 and 3	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				<u> </u>
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		172,505.86		
	3. Subtract line 2 from line 1		91,294.14		
	4. Enter the amount of gross receipts from space K		\$ 1	72,505.86	
	5. Enter the amount from line 3		\$	91,294.14	
	6. Subtract line 5 from line 4		\$	81,211.72	
	7. Multiply line 6 by .005 (enter figure here)			\$	406.06
	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	and 8		\$	406.06
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but	less than \$527	7,600)	
	1. Extension amount of areas respired from an apple				
	Enter the amount of gross receipts from space K		263.800.00		
	2. Base amount under statutory formula		263,800.00		
	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	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)	•••••	\$	406.06	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · .	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	426.06
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 f		-		ghts!

Accounting Period:	2023/2						FORM SA1-2E. PAGE 7
Name		NER OF CABLE SYSTEM: nications Networks, LL	.c				SYSTEM ID# 5431
<b>M</b> Channels	to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cabl	must give (1) the number and (2) the cable system's umber of channels on whi levision broadcast stations umber of activated channe e system carried televisio t services	total num ch the cat s els n broadca	nber of activated chan ble ast stations	nnels during the		13 
N Individual to Be Contacted		E CONTACTED IF FURT		ORMATION IS NEED	DED (Identify an	individual to whom	
for Further Information	Name N	lorgan Conkle				Telephone	347-835-7661
	(N P	50 College Road E Jumber, street, rural route, apar Princeton, NJ 08540 Dity, town, state, zip)	rtment, or su				
	Email	morgan.conkle	@astour	nd.com		Fax (optional)	
O Certification	<ul> <li>I, the undersigned,</li> <li>(Owner of (Agent of in line)</li> <li>X (Officer of in line)</li> <li>I have examined th</li> </ul>	hereby certify that (Check ther than corporation or p f owner other than corpor e 1 of space B and that the or partner) I am an officer e 1 of space B. e statement of account and and correct to the best of m	one, <i>but or</i> partnershi ration or p owner is n (if a corpol	nly one, of the boxes.) <b>ip</b> ) I am the owner of the <b>partnership</b> ) I am the out not a corporation or part ration) or a partner (if eclare under penalty of	the cable system a duly authorized ag rtnership; or a partnership) of f of law that all state	Copyright Office regulation as identified in line 1 of space gent of the owner of the cable the legal entity identified as o ements of fact contained here de in good faith.	e B; or e system as identified wner of the cable system
				gnature using an "/s/ sig	n the line above to gnature" (e.g., /s/	o certify this statement. John Smith)	-
		Typed or printe Title: (Title of	Senio	Parisa Saleha or Vice Presiden tion held in corporation or	t - Controlle	r	
		Date:				3/1/2024	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 telephon 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 i 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 th 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

unting Period: 2023/2			FO	RM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:				SYSTEM I
nde Communications Networks, LLC				54
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d) lowing sentence: "In determining the total number of subscribers and the gross ame service of providing secondary transmissions of primary broadcas scribers and amounts collected from subscribers receiving second For more information on when to exclude these amounts, see the note on located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts made by satellite carriers to satellite dish owners?	(1)(A), of the Copyright bunts paid to the cable a t transmitters, the syste dary transmissions purs in page (vii) of the gener of gross receipts for se	system for the basic em shall not include su suant to section 119." ral instructions	ub- Si Ci Re	P pecial Statement oncerning Gross eccipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	<b>\$</b>			
Name Name Mailing Address Mailing	ag Address			
INTEREST ASSESSMENT				
You must complete this worksheet for those royalty payments submitted			nt.	Q
			nt.	Q
You must complete this worksheet for those royalty payments submitted	nstructions located in th			<b>Q</b> erest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general	nstructions located in th			<b>Q</b> erest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	nstructions located in th			Q erest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general	nstructions located in th		Inte	<b>Q</b> erest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	nstructions located in th			Q erest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	nstructions located in th	xx	Inte	<b>Q</b> erest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	nstructions located in th		Inte	Q erest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here	nstructions located in th	xx	Inte	Q erest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here	nstructions located in th	x	 days 	Q erest Assessme
<ul> <li>You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum here</li> <li>Line 4 Multiply line 3 by 0.00274** and enter here</li> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing</i></li> </ul>	Instructions located in the second	xxxx 0.00274 (interest charge)	 days 	Q erest Assessme
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