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 COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to	
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instru	ems (Short Form) actions are located of this workbook.	2/29/24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31		
Accounting Period	2023.	Barcode Data Filing Period (optional	- see instructions)		
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full corpo	orate title	
Owner	List any other name or names under whi	ich the owner conducts the business of	the cable system.		
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should su nting period.	bmit a	
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	062905	
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM	l		
	CEQUEL COMMUNICATIONS LLC				
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFEREN	Г)		
	SUDDENLINK COMMUNICATIONS				
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM			
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite	number)			
	TYLER, TX 75701 (City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line				

4	IDENTIFICATION OF CABLE SYSTEM:
	MIAMI CORRECTIONAL FACILITY
	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID: 062905
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
	CITY OR TOWN	STATE
First Community	BUNKER HILL (MIAMI CORR)	IN
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICA	TIONS LLC							06290
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s	-		-		•			
	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						hose exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ole svstem	n. broken	
scribers and	down by categories of secondar	•					,	,	
Rates	each category by counting the n			•••				s charged	
	separately for the particular serv					•	,	we and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· · ·			ny stanua		s wiu iir a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	0			· · ·	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-h	and block. A tv	vo- or thre	e-word descripti	on of the	service is	
	sufficient.				BLOCK	< 2			
		NO. OF		B 4 7 5				NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:		0						
	Service to first set		U	-					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		40	42.44					
	Converter		49	42.41					
	Residential Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscri	ber) info	rmation with re	spect to a	ll your cable sys	tem's ser	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the			-		-		-	
Transmissions:	Block 1: Give the standard ra							· · · · · · · · · · · · · · · · · · ·	
Rates	Block 2: List any services tha listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	-	• Mo	tel, hotel					
	Pay cable—add'l channel	-	• Cor	mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		•Pay	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	-	• Bur	glar protection					
	 Additional set(s) 	-		services:					
	• FM radio (if separate rate)		• Red	connect		-			
	/								
	Converter		• Dis	connect					
	• Converter			connect tlet relocation		-			
	• Converter		• Out		ess				

ting Period:	2023/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		06290
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Insmitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e 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 a basis. For further informatic Column 1: List each station multicast stream associated	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 51(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 instruction program services such as HBO, ESP	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ons. PN, etc. Identify each
	of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i	noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
		20	E	
	WFYI-1	20	E	
	WISH-1	8	N	INDIANAPOLIS, IN
Necessary	WISH-1 WNDY-1	8 23	N I	INDIANAPOLIS, IN INDIANAPOLIS, IN
lecessary	WISH-1 WNDY-1 WRTV-1	8 23 6	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
ecessary	WISH-1 WNDY-1 WRTV-1 WTHR-1	8 23 6 13	N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Vecessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1	8 23 6 13	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Vecessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
vecessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
s Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
s Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
s Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
15 Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
as Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
s Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
as Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
as Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
is as Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
rs as Necessary	WISH-1 WNDY-1 WRTV-1 WTHR-1 WTTV-2	8 23 6 13 4.2	N 	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN

EGAL NAME OI								SYSTEM I 0629
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. lentify the call tate whether to the radio stat	y the sys be rece It the Co sign of the static ion's sig	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's l system's FM ar his point, see p	neadend, and (ntenna, during o age (v) of the g	2) it can certain s leneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	ion (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
					1			
							·	

Accounting Perio	od: 2023/2					FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				062905
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
I	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorization	ns. For a further
Substitute	explanation of the programm				ne general ins	structions in the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-		-			
Statement and	 During the accounting per 		ur cable systen	n carry, on a substitute ba	sis, any nonr	network television prog	
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	s "Yes," you r	must complete the prog	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subs				s wherever p	ossible, if their meaning	g is
	clear. If you need more spa						
	period, was broadcast by a			vision program ("substitute			
	under certain FCC rules, re						
	Do not use general categor	ies like "mo					
		n was broa		er "Yes." Otherwise enter "			
				asting the substitute progr			·
	the case of Mexican or Car			he community to which the			In
				stem carried the substitute			nonth
	first. Example: for May 7 giv						
				ogram was carried by your			ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program can	led by a system from 6.01	: 15 p.m. to b	20:30 p.m. should be	
		er "R" if the	listed progran	n was substituted for progr	ramming that	t your system was <i>requ</i>	ired
	to delete under FCC rules a						ogram
	was substituted for program effect on October 19, 1976.	•	your system wa	as permitted to delete und	er FCC rules	and regulations in	
	SI	JBSTITUT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	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. TIMES FROM — TO	DELETION
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2023/2 FORM SA1-2E	E. PAGE 6.
Name		EM ID#
Name	CEQUEL COMMUNICATIONS LLC	62905
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. \$ 12,57 (Amount of gross 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 \$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	2.00
	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 \$ 5	2.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	2.00
	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)	
		0.00
		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 \$ 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	
	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 \$ 6	7.00
	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:	2023/2						FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER CEQUEL COMMUNI						SYSTEM ID# 062905
M Channels	to its subscribers, and 1. Enter the total numb	(2) the cable system's to per of channels on which	otal numb	per of activated channels	during the a		7
	on which the cable sy	per of activated channels ystem carried television ervices	broadcas	st stations			68
N Individual to Be Contacted		CONTACTED IF FURTH this statement of accourt		RMATION IS NEEDED (Identify an ir	ndividual	
for Further Information	Name RO	DNEY HASKINS				Telephone	903) 579-3152
	(Num TYL	27 S SE LOOP 323 ber, street, rural route, apartn LER, TX 75701 town, state, zip)		te number)			
	Email	RODNEY.HASK	KINS@AI	LTICEUSA.COM		Fax (optional)	
O Certification	I, the undersigned, here (Owner othe (Agent of ow in line 1 o (Officer or p in line 1 o	reby certify that (Check c er than corporation or p wner other than corpora of space B and that the o partner) I am an officer (i of space B. statement of account and I correct to the best of my	ation or p ware in a corpor if a corpor hereby da	nly one, of the boxes.) ip) I am the owner of the o artnership) I am the duly ot a corporation or partner ration) or a partner (if a pa	cable system authorized a ship; or rtnership) of w that all stat	Copyright Office regulations as identified in line 1 of spac gent of the owner of the cabl the legal entity identified as o ements of fact contained here ide in good faith.	e B; or e system as identified owner of the cable system
		Typed or printed	Enter sigr	/s/ Alan Dannenba electronic signature on the nature using an "/s/ signatu ALAN DANNENB	line above to ıre" (e.g., /s/		-
		Title: (Title of of		PROGRAMMING on held in corporation or partne	ership)		
		Date:				2/27/2024	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06290
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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 \$ - (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.	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 \$ - (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	

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.