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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	02/20/24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		Barcode Data Filing Period (optional - see instructions)
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
		JoAnn Davis
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Davis Communications Inc
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 117 (Number, street, rural route, apartment, or suite number)
		Cheney, WA 99004
		(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)
I		

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:	SYSTEM ID#
Hamo	JoAnn Davis	265
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	l communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Cheney	WA
Community	Medical Lake	WA
	Four Lake	WA
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM IC
Name	JoAnn Davis	ADEL OTOTEM.						010	26
Е	SECONDARY TRANSMISSION					,			
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission Service: Sub-	last day of the accounting period						la avatam	brokon	
scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	number of	f persons or org	anizations		
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc	counts allowed	for adva	ance payment.					
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servic	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	s that inc	clude one or mo	ore second	lary transmissio	ons), list the	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
		OCK 1					BLOCK	(2	
		NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKO	RAIE	CAT	EGORT OF SEI	NICE	SUBSCRIBERS	RAI
	Service to first set		323	107.75					
	 Service to additional set(s) 		85	1.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5				
F	In General: Space F calls for rat		,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any rat	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that	t your cable sys	stem fur	nished or offere	ed during t	he accounting p	period that		
	listed in block 1 and for which a brief (two- or three-word) description				shed. List	these other serv	ices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERV	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi			UATEO		
	• Pay cable		• Mot	tel, hotel			DVR		10.
	 Pay cable—add'l channel 		• Cor	mmercial					
	Fire protection		-	/ cable			premiu	m channels	20.
	•Burglar protection			/ cable-add'l ch	annel				
	Installation: Residential			e protection			overhe	ad drops	60.0
	 First set Additional set(s) 	-		glar protection			undere	ound installs	###
		1.00		services:			underg *100	ound installs	###
			• P ~ ~	connect					
	• FM radio (if separate rate)			connect				andscane fee	
			• Dis	connect connect tlet relocation				andscape fee	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYST
Name	JoAnn Davis	CABLE OTOTEM.		•·
	PRIMARY TRANSMITTERS:	TFIEVISION		
-		entify every television station (including	translator stations and low power	television stations)
G	carried by your cable system	m during the accounting period, except	t (1) stations carried only on a par	t-time basis under
rimary		in effect on June 24, 1981, permitting the) e)(2) and (4), or 76.63 (referring to 76.6		
nsmitters:	substitute program basis, a	s explained in the next paragraph.		
levision		: With respect to any distant stations ca ules, regulations, or authorizations:	arried by your cable system on a s	substitute program
	• Do not list the station here	e in space G—but do list it in space I (th	ne Special Statement and Program	n Log)—if the
	 station was carried only on List the station here, and a 	a substitute basis. also in space I, if the station was carried	d both on a substitute basis and a	lso on some other
	basis. For further information	on concerning substitute basis stations,	see page (v) of the general instru	ctions.
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	•	
	"WETA-2" as the same on t	the form.		
	of license. For example, Wi	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), c		
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		is licensed by the
		dian stations, if any, give the name of th	2	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KREM	2/502	N	SPOKANE, WA
	*** NEST	68	N-M	
ws as Necessary	***COURT TV	75	N-M	
ws as necessary	***GRIO	04	N1 N4	
	GRIU	81	N-M	
	***START	81	N-M	
	***START	83	N-M	SPOKANE, WA
	***START ***GET KAYU	83 86 3/503	N-M N-M N	SPOKANE, WA
	***START ***GET KAYU *** MYNET	83 86 3/503 65	N-M N-M N N-M	
	***START ***GET KAYU *** MYNET KXLY	83 86 3/503 65 4/504	N-M N-M N N-M N	SPOKANE, WA SPOKANE, WA
	***START ***GET KAYU *** MYNET KXLY ***ME TV	83 86 3/503 65 4/504 13/513	N-M N-M N N-M N N-M	
	***START ***GET KAYU *** MYNET KXLY ***ME TV ***Heros & Icons	83 86 3/503 65 4/504 13/513 74	N-M N-M N N-M N-M N-M	SPOKANE, WA
	***START ***GET KAYU *** MYNET KXLY ***ME TV ***Heros & Icons KHQ	83 86 3/503 65 4/504 13/513	N-M N-M N N-M N N-M	
	***START ***GET KAYU *** MYNET KXLY ***ME TV ***Heros & Icons	83 86 3/503 65 4/504 13/513 74	N-M N-M N N-M N-M N-M	SPOKANE, WA
	***START ***GET KAYU *** MYNET KXLY ***ME TV ***Heros & Icons KHQ	83 86 3/503 65 4/504 13/513 74 6/506	N-M N-M N N-M N-M N-M N-M N-M N-M	SPOKANE, WA
	****START ****GET KAYU *** MYNET KXLY ****ME TV ****Heros & lcons KHQ **** SWX	83 86 3/503 65 4/504 13/513 74 6/506 37/310	N-M N-M N N-M N-M N-M N-M N-M N-M	SPOKANE, WA SPOKANE, WA
	***START ***GET KAYU *** MYNET KXLY ***ME TV ***Heros & Icons KHQ *** SWX KSPS	83 86 3/503 65 4/504 13/513 74 6/506 37/310 7/507	N-M N-M N N-M N-M N-M N-M N-M N N-M 1	SPOKANE, WA SPOKANE, WA
	****START ****GET KAYU *** MYNET KXLY ****ME TV ****Heros & Icons KHQ **** SWX KSPS *** KSPS-world	83 86 3/503 65 4/504 13/513 74 6/506 37/310 7/507 66	N-M N-M N N-M N-M N-M N-M N N-M I I I-M	SPOKANE, WA SPOKANE, WA
	****START ***GET KAYU *** MYNET KXLY ***ME TV ***Heros & Icons KHQ *** SWX KSPS *** KSPS-world ****KSPS-create	83 86 3/503 65 4/504 13/513 74 6/506 37/310 7/507 66 67	N-M N-M N N N-M N-M N-M N N-M I I I I-M I-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA
	****START ****GET KAYU **** MYNET KXLY ****ME TV ****Heros & Icons KHQ *** SWX KSPS **** KSPS-world ****KSPS-create KSKN ****LAFF	83 86 3/503 65 4/504 13/513 74 6/506 37/310 7/507 66 67 9/509 71	N-M N-M N N N-M N-M N-M N N-M I I I I-M I-M N N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA
	****START ****GET KAYU **** MYNET KXLY ****ME TV ****Heros & Icons KHQ **** SWX KSPS **** KSPS-world ****KSPS-create KSKN	83 86 3/503 65 4/504 13/513 74 6/506 37/310 7/507 66 67 9/509	N-M N-M N N-M N-M N-M N-M N-M I I I I-M I-M N	SPOKANE, WA SPOKANE, WA SPOKANE, WA
	****START ****GET KAYU **** MYNET KXLY ****ME TV ****Heros & Icons KHQ *** SWX KSPS **** KSPS-world ****KSPS-create KSKN ****LAFF	83 86 3/503 65 4/504 13/513 74 6/506 37/310 7/507 66 67 9/509 71	N-M N-M N N N-M N-M N-M N N-M I I I I-M I-M N N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA
	****START ****GET KAYU **** MYNET KXLY ****ME TV ****Heros & Icons KHQ *** SWX KSPS **** KSPS-world ****KSPS-create KSKN ****LAFF	83 86 3/503 65 4/504 13/513 74 6/506 37/310 7/507 66 67 9/509 71	N-M N-M N N N-M N-M N-M N N-M I I I I-M I-M N N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA

EGAL NAME O JoAnn Davis		CABLES	SYSTEM:					SYSTEM I
JOANN Davis	5							2
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) on the basis of For detailed infi- paper SA1-2 for Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried b monitoring, to ormation abou rm. dentify the cal state whether the radio stat this by placin Sive the statio	by the sy be rece ut the Co I sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which th , the community with which th	at the system's h system's FM an this point, see p sed by the cable the station is lice	headend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e 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	
UALL SIGN		3/D	LOOKTION OF STATION	UALL SIGN		3/0	LOGATION OF STATION	

Accounting Perio	od: 2024/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ΓEM:					SYSTEM ID#
Name	JoAnn Davis							265
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi				-	ion, that you	ır cable svste	m carried on a
_	substitute basis during the a	counting pe	eriod, under spe	cific present and former FC	CC rules, regul	ations, or au	uthorizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting period 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion program	
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the prograr	n
	log in block 2.			·	-			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if thei	ir meaning is	
	clear. If you need more space Column 1: Give the title				program") tha	t during the	e accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ns for furthe	er informatior	ו.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baskel	tball." List specific prograr	n titles, for exa	ample, "I Lo	ove Lucy" or	
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "I	No."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	am.			
	Column 4: Give the broat the case of Mexican or Can						e FCC or, in	
	Column 5: Give the mon						with the mor	nth
	first. Example: for May 7 giv	re "5/7."						
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	noula be	
	Column 7: Enter the lette							
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming that y	our system was	s permitted to delete unde	er FCC rules a	nd regulatio	ons in	
					11			1
	s	UBSTITUT	E PROGRAM	I		EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. 1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
			+					
			+					
			+					
							_	
							_	
							_	
			+					
			+					
			L				_	
							-	
							_	
			L					
1	1		1	1	11	1		1

Accounting Period:	2024/2 FORM SA1-2E. PAGE	6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	_
Hume	JoAnn Davis 26	i5
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 of 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, see 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.	
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 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-mon 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 \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 209,330.00	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 209,330.00	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here) \$ 774.30	
	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)	
	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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	_
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 774.30	
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 \$ 794.30	
	EFT Trace # or TRANSACTION ID # 27C1LES0/76640092516	
	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.	

Name		FOWNER OF CABLE SYSTEM:		
	JoAnn Davis			SYSTEM ID 265
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	ers, and (2) the cable system's tota tal number of channels on which the ed television broadcast stations tal number of activated channels cable system carried television br		19 192
N Individual to Be Contacted		TO BE CONTACTED IF FURTHEI t about this statement of account.)	R INFORMATION IS NEEDED (Identify an individual)	
for Further Information	Name	Carol Campbell	Telephone	509-624-7129
	Address	P.O. Box 117 (Number, street, rural route, apartme	ent, or suite number)	
		Cheney, WA 99004 (City, town, state, zip)		
	Email	carol@daviscomn	n.net Fax (optional)	
O Certification	(Ow (Agu (Agu (Of • I have examin are true, comp	ent of owner other than corporation in line 1 of space B and that the own ficer or partner) I am an officer (if a in line 1 of space B. ed the statement of account and her	e, <i>but only one</i> , of the boxes.) tnership) I am the owner of the cable system as identified in line 1 of space f on or partnership) I am the duly authorized agent of the owner of the cable s ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as own preby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	system as identified ner of the cable system
			X /s/ JoAnn Davis	
		Typed or printed na	name: JoAnn Davis	
			President cal position held in corporation or partnership)	

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 the 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 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 t 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

unting Period: 2024/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nn Davis	26
 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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
×	
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 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	
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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	

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