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	FNT	OF ACCOUNT	FOR COPYRIGI	Return completed workbook by email to:						
		ansmissions by	DATE RECEIVED	AMOUNT	-					
Cable Syste	•	-		\$	For additional information,					
General instru	uctions	are located	2/26/25		contact the U.S. Copyright Office Licensing Division at:					
in the first tab	of this	s workbook		ALLOCATION NUMBER	Tel: (202) 707-8150					
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))						
		2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
			I							
			Barcode Data Filing Period (optional	- see instructions)						
			Barcode Bata Filing Ferrod (optional							
Accounting Period										
		Instructions:								
В		Give the full legal name of the owner of th		sidiary of another corporation, give the full c	orporate					
		title of the subsidiary, not that of the pare	ent 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 single statement of account and royalty fe		the last day of the accounting period should nting period.	l submit a					
		Check here if this is the system's first filing	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	4026					
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM	1						
		MEDIACOM SOUTHEAST LLC (CAR	ROLLTON, MO)							
		BUSINESS NAME(S) OF OWNER OF	•	т)						
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
		ONE MEDIACOM WAY								
		(Number, street, rural route, apartment, or suite nu MEDIACOM PARK, NY 10918	umber)							
		(City, town, state, zip)								
С				entify the business and operation of the system, if different from the addre						
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		MEDIACOM SOUTHEAST LLC								
		MAILING ADDRESS OF CABLE SYSTEM	· · · · · · · · · · · · · · · · · · ·							
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite nu	umber)							
		EXCELSIOR SPRINGS, MO 64024	,							
		(City, town, state, zip code)								
	0 "									

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		SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	4026
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future to be a set of the set of	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter knowr filings.
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	CARROLTON	МО
Community		
Rows as Necessary		
Rows as necessary		

	FORM SA1-2E. PA												
Name													
	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)												
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	IBERS AND R	ATES								
E	In General: The information in s												
0	system, that is, the retransmission												
Secondary Transmission	about other services (including p						those exist	ing on the					
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken												
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in												
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).												
	Rate: Give the standard rate of					•	,	ne 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			0		0							
	subscriber who pays extra for ca					•••	•						
	first set" and would be counted o												
		<b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers a												
	sufficient.	,	5			•							
	BLC	DCK 1					BLOCK						
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	САТИ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE				
	Residential:	SUBSCRIDE	_1\3		CAT		WICL	SUBSCRIBERS	10411				
	Service to first set		120	74.49									
	Service to additional set(s)												
	• FM radio (if separate rate)												
	Motel, hotel												
	Commercial		0	74.49									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s								
F	In General: Space F calls for ra		,		-	• •							
I	not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services												
Services	5	•			0		• • •						
Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,												
Secondary	enter only the letters "PP" in the rate column.												
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.												
Nates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a												
	brief (two- or three-word) description and include the rate for each.												
		BLO	CK 1				BLOCK 2						
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE				
	Continuing Services:		Installa	ation: Non-res	idential								
			• Mo	tel, hotel			Variety	TV	####				
	• Pay cable	PP	-	mmercial									
	• Pay cable • Pay cable—add'l channel	PP PP	• Co										
				y cable									
	• Pay cable—add'l channel		• Pa		nannel								
	Pay cable—add'l channel     Fire protection		• Pay	y cable	nannel								
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		• Pay • Pay • Fire	y cable y cable-add'l cł									
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	PP	• Pay • Pay • Fire • Bui	y cable y cable-add'l ch e protection									
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	PP 75.00	• Pay • Pay • Fire • Bui Other	y cable y cable-add'l ch e protection rglar protection		49.00							
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	PP 75.00	• Pay • Pay • Fire • Bui • Bui • Ree	y cable y cable-add'l ch e protection rglar protection <b>services:</b>		49.00							
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	PP 75.00 49.00	• Pay • Pay • Fire • Bur • Bur • Re • Dis	y cable y cable-add'l ch e protection rglar protection <b>services:</b> connect		49.00							

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)									
	PRIMARY TRANSMITTERS:	TELEVISION								
G		ntify every television station (including								
G	carried by your cable system during the accounting perior except (1) stations carried only on a part-time basis unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sectio									
Primary	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on									
Fransmitters:		explained in the next paragrapl With respect to any distant stations of	arriad by your cable system on a	substitute progra						
Television		es, regulations, or authorizations	amed by your cable system on a s	substitute progra						
	Do not list the station here	in space G-but do list it in space I (	the Special Statement and Progra	m Log)—if tł						
	station was carried only on a	a substitute basis Iso in space I, if the station was carri	ad both on a substitute basis and a	also on some off						
	basis. For further informatio	n concerning substitute basis stations	s, see page (v) of the general instru	uctio						
		's call sign.Do not report origination p with a station according to its over-th								
	"WETA-2" as the same on t		le-ali designation. Foi example, n	eport multistree						
		I number the FCC assigned to the tel	evision station for broadcasting ov	er the air in its commur						
		RC is channel 4 in Washington, D.C case whether the station is a network	station, an independent station, c	or a noncommerc						
		ing the letter "N" (for network), "N-M"								
		"E" (for noncommercial educational), ms, see page (iv) of the general instr		ational multicas						
	Column 4: Give the location	of each station. For U.S. stations, lis	t the community to which the stati	on is licensed by t						
	FCC. For Mexican or Canad	ian stations, if any, give the name of	the community with which the stat	ion is identifi∉						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO						
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO						
d Rows as Necessary	KCPT-DT3 PBS Create	18.3	E-M	KANSAS CITY, MO						
a nows as necessary										
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO						
	KCTV/KCTV(HD)CBS	24	N	KANSAS CITY, MO						
	KCTV-DT2 The365	24.2	I-M	KANSAS CITY, MO						
	KCTV-DT3 Start TV	24.3	I-M	KANSAS CITY, MO						
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO						
			-w							
	KCWE/KCWE CW HD	31	1	KANSAS CITY, MO						
	KCWE-DT2 True Crime	31.2	I-M	KANSAS CITY, MO						
	KGKC Telemundo	39	1	LAWRENCE, KS						
	KMBC/KMBC(HD)ABC	29	N	KANSAS CITY, MO						
		29.2	I-M							
	KMBC-DT2 METV	29.2	I-M	KANSAS CITY, MO						
	KMCI/KMCI (HD) IND	41		LAWRENCE, KS						
	KMCI-DT2 BOUNCE TV	41.2	I-M	LAWRENCE, KS						
	KMCI-DT3 ION Mystery	41.3	I-M	LAWRENCE, KS						
	KMOS PBS	15	E	SEDALIA, MO						
	KPXE ION/KPXE ION HD	51	I	KANSAS CITY, MO						
	KPXE-DT2 ION Mystery	51.2	I-M	KANSAS CITY, MO						
	KPXE-DT3 Defy	51.3	I-M	KANSAS CITY, MO						
	KPXE-DT4 Grit	51.4	I-M	KANSAS CITY, MO						
	KPXE-DT5 JTV	51.5	I-M	KANSAS CITY, MO						
		01.0	1-141							
	KQTV ABC	7	N	ST JOSEPH, MO						
	KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO						
	KSHB-DT2 Grit	42.2	I-M	KANSAS CITY, MO						
	KSHB-DT3 LAFF	42.3	I-M	KANSAS CITY, MO						
	KSHB-DT4 getTV	42.4	I-M	KANSAS CITY, MO						
	KSMO/KSMO (HD) MYNET	47	1	KANSAS CITY, MO						
	KSMO-DT2 H&I	47.2	I-M	KANSAS CITY, MO						
	KSMO-DT3 DABL	47.3	I-M	KANSAS CITY, MO						
	KSMO-DT4 Cozi TV	47.4	I-M	KANSAS CITY, MO						
	KSMO-DT5 COMET	47.5	I-M	KANSAS CITY, MO						
	WDAF/WDAF(HD) FOX	34	1	KANSAS CITY, MO						
	WDAF-DT2 ANTENNA TV	34.2	I-M	KANSAS CITY, MO						
	WDAF-DT3 Rewind TV	34.3	I-M	KANSAS CITY, MO						
	WDAF-DT4 TBD	34.4	I-M	KANSAS CITY, MO						

Accounting F			YSTEM:					SYSTEM ID
			C (CARROLLTON, MO)					402
			( , , , , , , , , , , , , , , , , , , ,					
PRIMARY TRA	NSMITTERS	RADIO	1					
			arried on a separate and discr					Н
all-band basis v	vhose signals	were ge	nerally receivable by your cal	ble system durin	g the accounti	ng perio	d.	
			II-Band FM Carriage: Under ( stem whenever it is received a					Primary Transmitters:
			ived at the headend, with the					Radio
For detailed info	ormation abou		opyright Office regulations on					
paper SA1-2 for		aign of	and station corriad					
			each station carried. on is AM or FM.					
			nal was electronically process	sed by the cable	system as a s	eparate	and discrete	
			k mark in the "S/D" column.					
			on (the community to which the			CC or, in	the case of	
Mexican or Can	adian stations	s, if any,	the community with which the	e station is ident	nea).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						· <b> </b>		
					1			

Accounting Perio	d: 2024/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (	CARROLLT	ON, MO)			4026
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every no	nnetwork televi	s <i>ion program</i> , broadcast by	a distant sta	tion, that your cabl	e system carried on a
	substitute basis during the a						
Substitute Carriage:	explanation of the programm				ne general ins	structions in the pa	per SA1-2 form.
Special	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting per</li> </ol>					otwork tolovision	program
Statement and	broadcast by a distant sta		u cable syster	in carry, on a substitute ba	sis, any noni		
Program Log	2					YE	
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete the	program
	log in block 2. 2. LOG OF SUBSTITUTE		Me				
	In General: List each subs			ate line. Use abbreviations	wherever po	ossible, if their me	aning is
	clear. If you need more spa						
	<b>Column 1:</b> Give the title period, was broadcast by a			vision program ("substitute our cable system substitut			
	under certain FCC rules, re						
	Do not use general categor		ovies" or "bask	etball." List specific progra	m titles, for e	example, "I Love L	.ucy" or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	er "Yes." Otherwise enter "	No "		
				asting the substitute progr			
				he community to which the			C or, in
	the case of Mexican or Car Column 5: Give the mor			stem carried the substitute			the month
	first. Example: for May 7 giv	ve "5/7."					
	Column 6: State the time to the nearest five minutes.			ogram was carried by your			
	stated as "6:00–6:30 p.m."		a program can		. 10 p.iii. to o	.20.00 p.m. shou	
				n was substituted for progr			
	to delete under FCC rules a was substituted for program						
	effect on October 19, 1976.	• •	, ,				
						N SUBSTITUTE	
	SI	JBSTITUT	E PROGRAM			AGE OCCURRE	
	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 —	DELETION
						_	
						_	
						-	
						_	

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	S	YSTEM ID# 4026
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	2,825.08 ss 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 \$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 accounting period is \$52.00	this six-mon	
	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		
<b>_</b>			
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		nts!

Accounting Period:	2024/2							FORM SA1-2E. PAGE
Name		WNER OF CABLE SYSTEM: UTHEAST LLC (CARROL	LTON, N	<i>I</i> O)				SYSTEM ID 402
M Channels	to its subscribers, 1. Enter the total r	u must give (1) the number of , and (2) the cable system's to number of channels on which elevision broadcast stations .	otal numbe n the cable	er of activated channels o	during the a	ccounting period.	stations	44
	on which the cat	number of activated channels ble system carried television ast services	broadcast					69
N Individual to Be Contacted		BE CONTACTED IF FURTH boout this statement of accoun		RMATION IS NEEDED (I	dentify an ir	dividual to whom		
for Further Information	Name	Kenneth J. Kohrs				Tel	ephone <b>845-4</b>	143-2762
	Address	One Mediacom Way (Number, street, rural route, apartm	nent, or suite	e number)				
		Mediacom Park, NY (City, town, state, zip)	10918					
	Email	Copyrights@me	ediacomco	c.com		Fax (optional)		
O Certification	I, the undersigned     (Owner     (Agent of     in lir     (Office     in lir	This statement of account mu d, hereby certify that (Check o <b>r other than corporation or pr</b> <b>of owner other than corpora</b> ne 1 of space B and that the or <b>or or partner)</b> I am an officer (in ne 1 of space B. the statement of account and	artnership artnership ation or pa wner is no if a corpora	ly one, of the boxes.) <b>p)</b> I am the owner of the ca <b>artnership)</b> I am the duly a it a corporation or partners ation) or a partner (if a par	able system authorized a hip; or tnership) of	as identified in line 1 gent of the owner of t the legal entity identif	of space B; or he cable system ied as owner of	
		, and correct to the best of my	/ knowledg		and are ma			
				electronic signature on the l ature using an "/s/ signatur				
		Typed or printed	name:	Kenneth J. Kohrs				
				Vice President, Fin n held in corporation or partner		Reporting		
		Date:				2/14/2025		

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

counting Period: 2	2024/2	FORM SA1-2E. PAGE 8
GAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID
EDIACOM SOL	JTHEAST LLC (CARROLLTON, MO)	4026
The Satellite He lowing sentenc "In dete service scribers For more inform	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." nation on when to exclude these amounts, see the note on page (vii) of the general instructions appr SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
During the accord made by satelli	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
Name Mailing Address	Name Mailing Address	
You must comp For an explana	ASSESSMENT blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
	x	
Line 3 Multiply	x days v line 2 by the number of days late and enter the sum here	
	/ line 3 by 0.00274** and enter here = L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
contact th	e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please e Licensing Division at (202) 707-8150 or licensing@loc.gov. e decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you a	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First communit Accounting per		

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