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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
1-17-25	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α				
A .	ACCO	UNTING PERIOD COVERED BY TH	IS STATEMENT: (YYYY/(Period))	
		2024/2 Period	1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20242		
		20242 Barcod	e Data Filing Period (optional - see instructions)	
Accounting Period				
		Instructions:		
В		Give the full legal name of the owner of the cable s the subsidiary, not that of the parent corporation.	ystem. If the owner is a subsidiary of another corporation, give the full corporate title of	
Owner		List any other name or names under which the own	ner conducts the business of the cable system.	
		If there were different owners during the accountin statement of account and royalty fee payment cover	ng period, only the owner on the last day of the accounting period should submit a single ering the entire accounting period.	
		Check here if this is the system's first filing. If not, e	enter the system's ID number assigned by the Licensing Division.	63815
		LEGAL NAME OF OWNER/MAILING ADDR	ESS OF CABLE SYSTEM	
		TONGUE RIVER CABLE TV		
		BUSINESS NAME(S) OF OWNER OF CABLE	SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE	SYSTEM	
		620 Betty Street (Number, street, rural route, apartment, or suite number)		
		Ranchester WY 82839		
		(City, town, state, zip)		
С	INSTR names	UCTIONS: In line 1, give any business or already appear in space B. In line 2, give	trade names used to identify the business and operation of the system ur the mailing address of the system, if different from the address given in s	lless these pace 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)		
L				

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 suffciency of the filing, a determination that would be made by a court of law.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	TONGUE RIVER CABLE TV	63815					
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
First	CITY OR TOWN RANCHESTER / DAYTON	STATE WY					
Community	STORY	WY					
ws as Necessary							

								FORM SA1	TEM ID		
Name									6381		
	TONGUE RIVER CABLE	TV							0301		
_	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIB	ERS AND RA	ATES						
E		In General: The information in space E should cover all categories of secondary transmission service of the cable									
_	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission Service: Sub-		y of the accounting period (June 30 or December 31, as the case may be). Der of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary	•									
Rates	each category by counting the nu										
	separately for the particular servi										
	Rate: Give the standard rate c										
	unit in which it is generally billed. category, but do not include disc				iny standar	d rate variation	is within a p	articular rate			
	Block 1: In the left-hand block				ries of seco	ondarv transmi	ssion service	e that cable			
	systems most commonly provide			•							
	that applies to your system. Note	e: Where an in	dividual o	or organizatio	n is receivi	ng service that	falls under	different			
	categories, that person or entity										
	subscriber who pays extra for ca					in the count u	nder "Servic	e to the			
	first set" and would be counted o Block 2: If your cable system h	0			()	service that are	different fr	om those			
	printed in block 1 (for example, ti										
	with the number of subscribers a										
	sufficient.										
	BLC			BLOCK	NO. OF	r					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATI		
	Residential:										
	 Service to first set 		180	\$39.00	Net Plu	IS		63	\$39.0		
	 Service to additional set(s) 				Basic			117	\$95.0		
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC		Nemice								
_	In General: Space F calls for rat				-	vour cable sv	stem's servi	ces that were			
F	not covered in space E, that is, th		,		•	• •					
	service for a single fee. There ar										
Services	furnished at cost or (2) services of										
Other Than Secondary	amount of the charge and the un		usually i	billed. If any ra	ates are cha	arged on a var	lable per-pro	ogram basis,			
ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 2: 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							form of a			
	brief (two- or three-word) description and include the rate for each.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:			tion: Non-res	sidential						
	• Pay cable	\$16.00		el, hotel			Pay Cabl		\$16.0		
	• Pay cable—add'l channel	\$9.50		mercial		\$35.00	Pay Cabl	e	\$9.50		
	Fire protection		•Pay								
	•Burglar protection		-	cable-add'l cl	hannel		Install		\$35.0		
	Installation: Residential			protection			Reconne	••••••	\$35.0		
			• Burg	5.00 • Burglar protection			Outlet Re	elocation	\$35.0		
	• First set										
	First setAdditional set(s)	\$35.00	•	ervices:							
	• First set • Additional set(s) • FM radio (if separate rate)		• Rec	onnect		\$35.00		new address	+		
	First setAdditional set(s)		• Rec • Disc	onnect onnect				new address I Reconnect	\$35.0 \$35.0		
	• First set • Additional set(s) • FM radio (if separate rate)		• Rec • Disc	onnect		\$35.00 \$35.00		••••••	+		

	2024/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF			SYSTEM II					
	TONGUE RIVER CABLE TV 6381								
	PRIMARY TRANSMITTERS: TELEVISION								
G		entify every television station (including m during the accounting period, except							
Ū	FCC rules and regulations i	n effect on June 24, 1981, permitting th	he carriage of certain network program	is [sections					
Primary Transmitters:	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 a								
Television	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
	basis under specific FCC ru	les, regulations, or authorizations: in space G—but do list it in space I (tl	he Special Statement and Dragram Le	a) if the					
	station was carried only on		ne Special Statement and Program Lo	g)—ii the					
		also in space I, if the station was carrie							
		n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p							
	multicast stream associated	with a station according to its over-the							
	"WETA-2" as the same on t Column 2: Give the channe	he form. el number the FCC assigned to the tele	evision station for broadcasting over th	e air in its community					
	of license. For example, W	RC is channel 4 in Washington, D.C.	Ũ						
		case whether the station is a network ring the letter "N" (for network), "N-M"							
	(for independent multicast),	"E" (for noncommercial educational), o	or "E-M" (for noncommercial education						
		rms, see page (iv) of the general instru n of each station. For U.S. stations, lisi		licensed by the					
		dian stations, if any, give the name of t							
	1. CALL SIGN	4. LOCATION OF STATION							
	KCWC	2. B'CAST CHANNEL NUMBER 4	3. TYPE OF STATION	RIVERTON WY					
		-							
	KTVQ	10	N	BILLINGS MT					
	KCWY	12	N	CASPER WY					
Id Rows as Necessary	ΚΟΤΑ	13	N	RAPID CITY SD					
d Rows as Necessary	KCLO	16	Ν	RAPID CITY SD					
d Rows as Necessary	KCLO KEVN	16 23	N	RAPID CITY SD RAPID CITY SD					
d Rows as Necessary		-							
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					
d Rows as Necessary	KEVN	23	N	RAPID CITY SD					

Accounting F	Period: 2024	/2						FOR	M SA1-2E. PAGE 4.
LEGAL NAME OF			′STEM:						SYSTEM ID# 63815
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								Н	
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Sive the statior	y the sys be receivent t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process is mark in the "S/D" column. on (the community to which th	at t sy thi	he system's hea stem's FM anter s point, see pag d by the cable sy station is license	idend, and (2) nna, during ce e (v) of the ge rstem as a sep ed by the FCC) it can b rtain sta eneral ins parate ai	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters: Radio
	1		he community with which the	s'		<i>.</i>		·	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+							
		+							
		+							
		+					 		

	d: 2024/2						FOR	RM SA1-2E. PAGE 5.		
Mana	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	TONGUE RIVER CABL	ETV						63815		
Substitute Carriage: Special	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Flogram Log	Note: If your answer is "No		rest of this pag	e blank. If your answer is '	Yes," you mu	st complet	-			
	log in block 2.					•				
	 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for									
	s	SUBSTITUTE PROGRAM WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON								
	1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES							7. REASON FOR		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION				7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES			

Accounting Period:	2024/2 FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM IC							
	TONGUE RIVER CABLE TV 6381							
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.							
	COPYRIGHT ROYALTY FEE							
L 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							
	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 \$ 52.00							
	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							
	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							
	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)							
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							
	EFT Trace # or TRANSACTION ID # 27KTB101							
	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:	2024/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM:			SYSTEM ID# 63815
M Channels	to its subscribers, a	and (2) the cable system's	r of channels on which the cable system carried television broad s total number of activated channels during the accounting perio ich the cable carried television broadcast stations	od.	17
	2. Enter the total nu		els h the cable system carried television broadcast stations broadcast services		183
N Individual to Be Contacted	we can contact abo	out this statement of acco	THER INFORMATION IS NEEDED (Identify an individual to who sunt.)		
for Further Information	Name R			Telephone	307-655-9011
		20 BETTY STREET			
		umber, street, rural route, apar ANCHESTER WY			
		ity, town, state, zip)	02035		
	Email	TRCATV@T	Fax (option	al	
0	CERTIFICATION (Th	is statement of account n	nust be certified and signed in accordance with Copyright Office	regulations)	
Certification	• I, the undersigned, h	ereby certify that (Check o	one, <i>but only one</i> , of the boxes.)		
	(Owner ot	her than corporation or p	partnership) I am the owner of the cable system as identified in line	1 of space B;	or
	× (Agent of	owner other than corpor	ration or partnership) I am the duly authorized agent of the owner o in line 1 of space B and that the owner is not a corporation or par		tem as identified
	(Officer o	or partner) I am an officer ((if a corporation) or a partner (if a partnership) of the legal entity iden in line 1 of space B.	tified as owne	r of the cable system
		and correct to the best of m	hereby declare under penalty of law that all statements of fact conta ny knowledge, information, and belief, and are made in good faith.	ined herein	
			X /s/ ROB HIUM Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ment.	
		Typed or printe	ed name: ROB HIUM		
		Title:	GENERAL MANAGER (Title of official position held in corporation or pa	artnership)	
		Date:	1/17/2025		

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 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.

Accounting Period: 2024/2	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TONGUE RIVER CABLE TV	63815
 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? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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
× 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 0 days 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing. 	
Owner Address ID number First community served Accounting period	

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 fling, a determination that would be made by a court of law.