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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	7/18/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	UNTING PERIOD COVERED E	BY THIS STATEMENT: (YYYY/(Period))	
		2018/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional - see instructions)	
Accounting Period				
В		Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent cor	e cable system. If the owner is a subsidiary of another corporation, give the full corporate title poration.	
Owner		List any other name or names under which	the owner conducts the business of the cable system.	
			ccounting period, only the owner on the last day of the accounting period should submit a 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.	10016
		LEGAL NAME OF OWNER/MAILING		
		ST. JOHN CABLE CO PO BOX 268 S		
		BUSINESS NAME(S) OF OWNER OF		
		MAILING ADDRESS OF OWNER OF C	CABLE SYSTEM	
		(Number, street, rural route, apartment, or suite nu	mber)	
		(City, town, state, zip)		
С			ess or trade names used to identify the business and operation of the system u 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:		
		MAILING ADDRESS OF CABLE SYSTEM:		
	2	(Number, street, rural route, apartment, or suite nu		
		(City, town, state, zip code)		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	ST. JOHN CABLE CO PO BOX 268 SAINT JOHN, WA 99171	10016
D Area Served	Instructions: List each separate community served by the cable system. A "cou "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
		STATE
First Community	ST. JOHN	WA
,		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								-2E. PAGE
Name					00474			515	1001
	ST. JOHN CABLE CO P	O BOX 268	SAINT	JOHN, WA	99171				1001
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serve							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standai	rd rate variation	s within a p	articular rate	
	category, but do not include disc				os of soo	ondony transmis	sion convio	a that cable	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count ur	ider "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	right-har	d block. A tw	o- or thre	e-word descript	ion of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		057	50.00					
	Service to first set		257	52.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES	;				
E	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
nuioo	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and include	e the rate	for each.					
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGO	RY OF SER\	/ICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installati	on: Non-resi	dential		D	oigital Basic	1
	• Pay cable		<ul> <li>Motel</li> </ul>	, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		<ul> <li>Comr</li> </ul>	nercial				& Starz	10.50
	Fire protection		• Pay c	able				Channel	14.50
	<ul> <li>Burglar protection</li> </ul>			able-add'l ch	annel		Showti		14.50
	Installation: Residential		•	rotection			Cinema	X	9.00
	• First set			ar protection			НВО		15.50
	Additional set(s)		Other se						
	• FM radio (if separate rate)		• Reco						
	Converter		<ul> <li>Disco</li> </ul>	nnect					
				relocation to new addre					

RIMARY TRANSMITTERS: General: In space G, identified by your cable system CC rules and regulations in 3.59(d)(2) and (4), 76.61(e) abstitute program basis, as ubstitute Basis Stations: asis under specific FCC rule Do not list the station here ation was carried only on a List the station here, and a asis. For further information olumn 1: List each station ulticast stream associated VETA-2" as the same on the olumn 2: Give the channe license. For example, WF olumn 3: Indicate in each ducational station, by enter or independent multicast), or the meaning of these ter olumn 4: Give the location	PO BOX 268 SAINT JOHN, W TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	g translator stations and low power te of (1) stations carried only on a part- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sul the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. .PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
RIMARY TRANSMITTERS: General: In space G, identified by your cable system CC rules and regulations in 5.59(d)(2) and (4), 76.61(e) abstitute program basis, as ubstitute Basis Stations: asis under specific FCC rules ation was carried only on a List the station here, and a asis. For further information oblumn 1: List each station ulticast stream associated VETA-2" as the same on the olumn 2: Give the channe license. For example, WF olumn 3: Indicate in each ducational station, by enter or independent multicast), or the meaning of these ter olumn 4: Give the location CC. For Mexican or Canad 1. CALL SIGN REM AYU XLY HQ	TELEVISION TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations c iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. is case whether the station is a network string the letter "N" (for network), "N-M" "E" (for noncommercial educational), or mrms, see page (iv) of the general instru- n of each station. For U.S. stations, listi dian stations, if any, give the name of t <b>2.</b> <b>3</b> <b>4</b>	g translator stations and low power te of (1) stations carried only on a part-f the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sul the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over estation, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community with which the station the community with which the station <b>3. TYPE OF STATION</b> <b>N</b>	elevision stations) time basis under rams [sections ations carried on a ubstitute program 1 Log)—if the so on some other tions. .PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION SPOKANE, WA SPOKANE, WA SPOKANE, WA
General: In space G, identified by your cable system CC rules and regulations in 5.59(d)(2) and (4), 76.61(e) distitute program basis, as substitute Basis Stations: asis under specific FCC rul Do not list the station here ation was carried only on a list the station here, and a asis. For further information obumn 1: List each station ulticast stream associated VETA-2" as the same on the olumn 2: Give the channe license. For example, WF olumn 3: Indicate in each ducational station, by enter or independent multicast), or the meaning of these ter olumn 4: Give the location CC. For Mexican or Canad <b>1. CALL SIGN</b> <b>REM</b> AYU XLY HQ	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations of s call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. o case whether the station is a network tring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 2 3 4	t (1) stations carried only on a part- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sul- the Special Statement and Program and both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station the community with which the station <b>3. TYPE OF STATION</b> <b>N</b>	the basis under         rams [sections         ations carried on a         ubstitute program         Log)—if the         so on some other         ctions.         PN, etc. Identify each         bort multistream         r the air in its community         a noncommercial         bendent), "I-M"         tional multicast).         n is licensed by the         n is identified.         4. LOCATION OF STATION         SPOKANE, WA         SPOKANE, WA         SPOKANE, WA
REM AYU XLY HQ	2 3 4	N     	SPOKANE, WA SPOKANE, WA SPOKANE, WA
AYU XLY HQ	3 4	l N	SPOKANE, WA SPOKANE, WA
AYU XLY HQ	3 4	l N	SPOKANE, WA SPOKANE, WA
XLY HQ	4	N	SPOKANE, WA
HQ			
	-		····;
	7	E	SPOKANE, WA
WSU	10	E	PULLMAN, WA
UID	12	E	MOSCOW, ID
			SPOKANE, WA
			SPOKANE, WA
		•	SPOKANE, WA
~~1			
S		SKN 22 GPX 50	SKN         22         I           GPX         50         I

Accounting P							FURI	I SA1-2E. PAGE
				00171				SYSTEM II
			X 268 SAINT JOHN, WA	- 331/1				100
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for <b>Column 1:</b> lo	it is carried b monitoring, to ormation abou rm. dentify the cal	y the sys be recei it the Cc	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stat this by placing live the station	ion's sig g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licens	sed by the FC			
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	ST. JOHN CABLE CO	PO BOX	268 SAINT	JOHN, WA 99171			10016
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every noi	nnetwork televis	ion program, broadcast by	a distant stat	ion, that your cable syst	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA?	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant sta	tion?				YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTI			te Bare II.e. ekkendettenen		- 16 to 16 the state of a second second	_
	In General: List each subst clear. If you need more spa				wnerever pos	sible, if their meaning is	5
	Column 1: Give the title	of every no	nnetwork telev	sion program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.	Bulls."					
				"Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC or, in	
	the case of Mexican or Car	adian static	ns, if any, the	community with which the	station is iden	itified).	
			when your sys	tem carried the substitute	program. Use	numerals, with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable system	List the times accurate	elv
	to the nearest five minutes.						.,
	stated as "6:00–6:30 p.m."						!
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
			E PROGRAM			AGE OCCURRED	7. REASON FOR DELETION
	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
						_	
					·		
						<u> </u>	
						_	
						_	
						_	
						_	
		]					
1		1					

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ST. JOHN CABLE CO PO BOX 268 SAINT JOHN, WA 99171	S	YSTEM ID# 10016
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 9,669.45
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 • 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-month	
	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,	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		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		
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		hts!

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: BLE CO PO BOX 268 SAINT JOHN, WA 99171	SYSTEM ID# 10016
M Channels	<ul><li>to its subscribe</li><li>1. Enter the tota system carried</li><li>2. Enter the tota</li></ul>	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	10
	and nonbroad	Icast services	101
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Cheryl Van Lith Telephone (509	9) 648-3322
	Address	PO Box 268 (Number, street, rural route, apartment, or suite number)	
		Saint John, WA 99171 (City, town, state, zip)	
	Email	sjcable@stjohncable.com Fax (optional)	
0	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersign	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Own	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or	as identified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the light of space B.	the cable system
		ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	
		X /s/ Eric Trump	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Eric Trump	
		Title: General Manager (Title of official position held in corporation or partnership)	
		Date: 7/13/2018	
	1		

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 it placement in t 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 lay

	ER OF CABLE SYSTEM:				SYSTEM
JOHN CABLE	CO PO BOX 268 SAINT JOHN, WA 9	9171			100
The Satellite Hor lowing sentence: "In determ service of scribers a	nining the total number of subscribers and the gro f providing secondary transmissions of primary br and amounts collected from subscribers receiving ation on when to exclude these amounts, see the	111(d)(1)(A), of the oss amounts paid to badcast transmitter secondary transmi	e Copyright Act by add o the cable system for rs, the system shall no ssions pursuant to se	the basic ot include sub- ction 119."	P Special Statemer Concerning Gros Receipts Exclusio
	Inting period, did the cable system exclude any a e carriers to satellite dish owners?	mounts of gross rea	ceipts for secondary to	ansmissions	
	he total here and list the satellite carrier(s) below		\$		
Name Mailing Address		Name Mailing Address			
INTEREST A	SSESSMENT				
	ete this worksheet for those royalty payments sub	mitted on a regult of			
For an explanation	on of interest assessment, see page (viii) of the g				Q
		eneral instructions	located in the paper S		Q Interest Assessme
Line 1 Enter the	on of interest assessment, see page (viii) of the g	eneral instructions	located in the paper S	GA1-2 form.	Q Interest Assessm
Line 1 Enter the	on of interest assessment, see page (viii) of the g	eneral instructions	located in the paper S x		Q Interest Assessme
Line 1 Enter the	on of interest assessment, see page (viii) of the g e amount of late payment or underpayment line 1 by the interest rate* and enter the sum here line 2 by the number of days late and enter the su	eneral instructions	located in the paper S x	A1-2 form.	Q Interest Assessm
Line 1 Enter the Line 2 Multiply	on of interest assessment, see page (viii) of the g e amount of late payment or underpayment	m here	located in the paper S x x x x x x	A1-2 form.	Q Interest Assessm
Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the	on of interest assessment, see page (viii) of the g e amount of late payment or underpayment line 1 by the interest rate* and enter the sum here line 2 by the number of days late and enter the su	m here	located in the paper Sxxxxxxx	A1-2 form.	Q Interest Assessm
Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the	on of interest assessment, see page (viii) of the g e amount of late payment or underpayment line 1 by the interest rate* and enter the sum here line 2 by the number of days late and enter the su line 3 by 0.00274** and enter here L, (page 6) block 1, line 2, or block 2 line 8, or block interest rate chart click on <i>www.copyright.gov/lic</i>	eneral instructions	located in the paper S x	A1-2 form.	Q Interest Assessm
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