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 COPYRIGHT	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	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 4 January 4 June 20 Period 2 July 4 Percenter 24
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. BOX 249
	2	(Number, street, rural route, apartment, or suite number)
		EXCELSIOR SPRINGS, MO 64024
	<u> </u>	(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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)	241
	Instructions: List each separate community served by the cable system. A "communi	
•	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	as the "first community." Please use it as the first community on all future filings.	st will serve as a form of system identification herearter kin
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area	identified city.	one parts should be reported in parentileses below the
Served		
	CITY OR TOWN	STATE
First	CARL JUNCTION	МО
Community	AIRPORT DRIVE	МО
	ALBA	МО
d Rows as Necessary	DUENWEG	MO
a nows as necessary	DUQUESNE	MO
	GALENA	KS
	JASPER CO	MO
	NECK CITY	MO MO
	ORONOGO	MO
	PURCELL	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MEDIACOM SOUTHEAS	T LLC (CAR	RL JU	NCTION, MO)				2416
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`		,	,	,	le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	s in tha	at category (the	number o	f persons or org	anizations		
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ly otanida		, with the p		
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.								
	BLO	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		1,360	29.95-47.54					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		2	29.95-47.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for rat	•	,		•	• •			
	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								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
nuioo	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and includ	e the ra	ate for each.					
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi	idential			• • •	
	• Pay cable	PP		otel, hotel			Family	Cable	77.4
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.99		rglar protection					
	Additional set(s)	15.00-29.00		services:					
	• FM radio (if separate rate)	40.70		connect		29.00			
	Converter	10.50		sconnect		45.00.00.00			
	1		• Ou	tlet relocation		15.00-29.00			
				ve to new addre					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	MEDIACOM SOUTHEA	ST LLC (CARL JUNCTION, N	10)	2416
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary smitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channer of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	so in space I, if the station was carrie n concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-ti the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a postitute program log)—if the pon some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCLJ Trinity	46	I	JOPLIN, MO
	KFJX/KFJX(HD) FOX	13	I	PITTSBURG, KS
as Necessary	KGCS-LP MO SOUTHERN	22	I	JOPLIN, MO
	KJPX RTV	35	l	JOPLIN, MO
	KOAM/KOAM (HD) CBS	7	Ν	PITTSBURG, KS
	KODE/KODE (HD) ABC	43	Ν	JOPLIN, IL
	KODE-DT2 Grit	43.2	Ν	JOPLIN, IL
	KODE-DT3 Bounce TV	43.3	Ν	JOPLIN, IL
	KOZJ/KOZJ (HD) PBS	25	Е	JOPLIN, MO
	KOZJ-DT2 PBS Kids	25.2	E	JOPLIN, MO
	KOZJ-DT3 Create	25.3	Е	JOPLIN, MO
	KOZJ-DT3 Create KSNF/KSNF (HD) NBC	<u>25.3</u> 46	E N	
				JOPLIN, MO
	KSNF/KSNF (HD) NBC	46	N	JOPLIN, MO JOPLIN, MO
	KSNF/KSNF (HD) NBC KSNF-DT2 Laff	46 46.2	N N	JOPLIN, MO JOPLIN, MO JOPLIN, MO
	KSNF/KSNF (HD) NBC KSNF-DT2 Laff	46 46.2	N N	JOPLIN, MO JOPLIN, MO JOPLIN, MO
	KSNF/KSNF (HD) NBC KSNF-DT2 Laff	46 46.2	N N	JOPLIN, MO JOPLIN, MO JOPLIN, MO
	KSNF/KSNF (HD) NBC KSNF-DT2 Laff	46 46.2	N N	JOPLIN, MO JOPLIN, MO JOPLIN, MO
	KSNF/KSNF (HD) NBC KSNF-DT2 Laff	46 46.2	N N	JOPLIN, MO JOPLIN, MO JOPLIN, MO
	KSNF/KSNF (HD) NBC KSNF-DT2 Laff	46 46.2	N N	JOPLIN, MO JOPLIN, MO JOPLIN, MO
	KSNF/KSNF (HD) NBC KSNF-DT2 Laff	46 46.2	N N	JOPLIN, MO JOPLIN, MO JOPLIN, MO
	KSNF/KSNF (HD) NBC KSNF-DT2 Laff	46 46.2	N N	JOPLIN, MO JOPLIN, MO JOPLIN, MO

Accounting F	Period: 2018	/1					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
MEDIACOM	SOUTHEA	ST LLC	C (CARL JUNCTION, MC	D)				24162
all-band basis w Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Co	t every radio s whose signals ctions Conce it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	station ca were ge rning Al y the sys be received the static tion's sig g a check n's locati	arried on a separate and discr nerally receivable by your cal I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ole system during Copyright Office at the system's he system's FM ant this point, see pa sed by the cable he station is licer	g the accountir regulations, ar eadend, and (2 enna, during c age (v) of the g system as a se used by the FC	ng period n FM sig 2) it can vertain si jeneral i eparate	d. Inal is generally be expected, ated intervals. Instructions in the. and discrete	H Primary Transmitters: Radio
		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	MEDIACOM SOUTHEA	ST LLC (CARL JUNC	TION, MO)			24162
	SUBSTITUTE CARRIAG	E: SPECIA		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						
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			ta lina. Llao abbraviationa	whorever pee	oible, if their meening i	
	In General: List each subst clear. If you need more spa				wherever pos	sible, il trell meaning i	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			
	Column 4: Give the broa	adcast static	on's location (th	e community to which the	station is lice	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).	
	Column 5: Give the mor first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	numerals, with the mo	nth
			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."	or "D" if tho	listed program	was substituted for progra	mming that y	our system was requir	od
	to delete under FCC rules a						
	was substituted for program	nming that y					
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S		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	
						_	
					·		
						_	
						_	
					·		
						<u> </u>	
						_	
						_	
]					

Accounting Period:	2018/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)			5	8YSTEM ID# 24162
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanati 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	system's s on of how	econdary trans to compute this	mission servi s amount, see \$ 26	ce
L 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula			1007	
	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		269,783.87		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01			59.84	
	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 .	••••••	\$	1,378.84
	FILING FEE AND TOTAL REMITTANCE DUI	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)			1,378.84	
	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,398.84
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)	SYSTEM ID# 24162
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations	s . 19 69
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephor	ne 845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations	5)
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified where of the cable system
	X /s/ Kenneth J. Kohrs 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: Kenneth J. Kohrs Title: Vice President, Financial Reporting	
	(Title of official position held in corporation or partnership) Date: 8/22/2018	

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unting Period: 2018/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
DIACOM SOUTHEAST LLC (CARL JUNCTION, M	0)	241
service of providing secondary transmissions of prima	ection 111(d)(1)(A), of the Copyright Act by adding the fol- ne gross amounts paid to the cable system for the basic ary broadcast transmitters, the system shall not include sub- eiving secondary transmissions pursuant to section 119." e the note on page (vii) of the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) b	pelow	
Name	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (viii) of		0
Tor an explanation of interest assessment, see page (viii) of	the general instructions located in the paper SA1-2 form.	X
		Interest Assessme
Line 1 Enter the amount of late payment or underpayment.	·····	Interest Assessme
		Interest Assessme
	x	A Interest Assessm
Line 1 Enter the amount of late payment or underpayment .	x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum	x here	Interest Assessm
Line 1 Enter the amount of late payment or underpayment .	x here	Linterest Assessm
Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter t	x	Linterest Assessm
Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum	x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter t Line 4 Multiply line 3 by 0.00274** and enter here	x	Linterest Assessm
 Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter t 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 	x	Linterest Assessm
 Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter t 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, e * To view the interest rate chart click on <i>www.copyright.g</i> 	x	Linterest Assessm
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Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter t 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, 4 * To view the interest rate chart click on <i>www.copyright.g</i> contact the Licensing Division at (202) 707-8150 or lice ** This is the decimal equivalent of 1/365, which is the int NOTE: If you are filing this worksheet covering a statement of list below the owner, address, first community served, ID num Owner	x	La Interest Assessm
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