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				
08/29/2018	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

Α	ACCOL	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting		20181 Barcode Data Filing Period (optional - see instructions)							
Period									
В	G	nstructions:  iive 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  if the subsidiary, not that of the parent corporation.							
Owner	Li	ist any other name or names under which the owner conducts the business of the cable system.							
		there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a ingle statement of account and royalty fee payment covering the entire accounting period.							
	С	heck 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							
	C	CCI Systems, Inc. (FKA Cable Constructors Inc)							
	В	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	Р	Packerland Broadband							
	M	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		P.O. BOX 190  Number, street, rural route, apartment, or suite number)							
	I	ron Mountain, MI 49801							
	,	Dity, town, state, zip)							
С		ICTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	DENTIFICATION OF CABLE SYSTEM:							
	N	IAILING ADDRESS OF CABLE SYSTEM:							
	2	Number, street, rural route, apartment, or suite number)							
	(-								
	(0	Dity, 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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CCI Systems, Inc. (FKA Cable Constructors Inc)	6293
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	as the "first community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobi	e home parks should be reported in parentheses below the
Area Served	identified city.	
Ocivea		
	CITY OR TOWN	STATE
First	Lavalle	WI
Community		
-		
dd Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62931

## CCI Systems, Inc. (FKA Cable Constructors Inc)

## E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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 charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** 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 and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2		
0.475.000\/.05.050\/.05	NO. OF	5.475	0.475,000,000,050,000	NO. OF	D. T. T.
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	1	35.95	Expanded	9	37.00
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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 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, 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.

**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 brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	18.95	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		Pay cable		
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set		Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

Accounting Period:	2018/1				FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER O	SYSTEM ID#			
Name	CCI Systems, Inc. (F	62931			
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do not list the station he station was carried only o • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chant of license. For example, No Column 3: Indicate in each educational station, by entitorindependent multicast For the meaning of these of Column 4: Give the locati FCC. For Mexican or Can.				
		, ,,,	,		
	1 CALL SIGN	. ,,,	,		OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION	OF STATION
	WKOW	2. B'CAST CHANNEL NUMBER  6	3. TYPE OF STATION  N	4. LOCATION Madison, WI	OF STATION
	WKOW WISC	2. B'CAST CHANNEL NUMBER  6  3	3. TYPE OF STATION  N  N	4. LOCATION  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN	2. B'CAST CHANNEL NUMBER  6  3  22	3. TYPE OF STATION  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN	2. B'CAST CHANNEL NUMBER  6  3  22	3. TYPE OF STATION  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION
Add Rows as Necessary	WKOW WISC WMSN WMTV	2. B'CAST CHANNEL NUMBER  6  3  22  4	3. TYPE OF STATION  N  N  N  N	4. LOCATION  Madison, WI  Madison, WI  Madison, WI  Madison, WI	OF STATION

Accounting Period: 2018/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CCI Systems, Inc. (FKA Cable Constructors Inc)

62931

#### 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

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	T						
	1	ı		1	1	l	1

Associating Dovid	d. 2019/1						FOR	M CA4 OF DAGE F
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				62931
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGIN General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting perbroadcast by a distant state of the substitute of the programm of t	ify every non accounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please	nnetwork televi- eriod, under sp st be included RNING SUBS ur cable system erest of this pa AMS am on a separ- add additiona	ision program, broadcast by becific present and former F in this log, see page (v) of the second of	a distant sta CC rules, reg he general ins sis, any nonr s "Yes," you r	ulations, on the structions of the struction of the structions of	or authorization in the paper Selevision progression progression progression progression progression progression progression their meaning their meaning stression and their meaning stression progression progres	ns. For a further A1-2 form.  ram NO gram g is
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broad the case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	distant staregulations, or ies like "mo Bulls."  m was broat sign of the adcast stationadian sta	tion and that yor authorizatio ovies" or "bask dcast live, ent station broadcon's location (ons, if any, the when your sy e substitute pra program car listed program ions in effect of	ns. See page (v) of the general sets and its specific prograter "Yes." Otherwise enter "easting the substitute prograthe community to which the community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 m was substituted for programing the accounting period	red for the property in titles, for each of the station is like a station is like program. Using the cable system of the cable	ogrammir ions for fu example, censed by entified). se numer m. List the 5:28:30 p. t your sys letter "P"	og of another urther informa "I Love Lucy" y the FCC or, als, with the retimes accur m. should be tem was requif the listed prulations in	station tion. or  in month ately
	S	UBSTITUT	E PROGRAM	1			CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
								<del> </del>

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 62931
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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	I,191.37 ss receipts)
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 \$20 to the 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		
	1. Base amount under statutory formula \$ 263,800.00	,	
	Enter amount of gross receipts from space K		
	<u> </u>		
	3. Subtract line 2 from line 1		
	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)	
	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	<u>.</u>	
	FILING FEE AND TOTAL REMITTANCE DUE		
	TIERROT LE AND TOTAL NEWSTIANGE DUL		
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:	2018/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER CCI Systems, Inc. (F	R OF CABLE SYSTEM: FKA Cable Constructo	rs Inc)	SYSTEM ID# 62931
<b>M</b> Channels	to its subscribers, and (     Enter the total number system carried television to the total number on which the cable system.	(2) the cable system's total er of channels on which to sion broadcast stations er of activated channels erstem carried television br		34
N Individual to Be Contacted for Further	we can contact about th	ONTACTED IF FURTHE his statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom  Telephone 906-7	71-2208
Information	Address 105	Kent St.	nt, or suite number)	
	(City, t	Mountain, MI 498( town, state, zip)		
	Email	christopher.nanic	k@packerlandbroadband.com Fax (optional) 906-828-3289	
O Certification	Owner other  (Agent of ownin line 1 of the	r than corporation or par remer other than corporation of space B and that the own partner) I am an officer (if a space B.	t be certified and signed in accordance with Copyright Office regulations)  e, but only one, of the boxes.)  thership) I am the owner of the cable system as identified in line 1 of space B; or  on or partnership) I am the duly authorized agent of the owner of the cable system a ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as owner of the	
		correct to the best of my k	ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
			/s/ Jacob Mulaikal inter an electronic signature on the line above to certify this statement. inter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed r		
			CFO ial position held in corporation or partnership)	
		Date:	8/7/2018	

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ounting Period: 2018/1	FORM SA1-2E. PAGE 8
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
I Systems, Inc. (FKA Cable Constructors Inc)	62931
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 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 <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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	

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