## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA3 Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

FOR COPYRIGI	HT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/14/2019	\$ ALLOCATION NUMBER

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)  January 1-June 30  (Year)										
B	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  In line 2, list any other 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 3253										
	1 LEGAL NAME OF OWNER OF CABLE SYSTEM:										
	Atlantic Telephone Membership Corporation		· · · · · · · · · · · · · · · · · · ·	3253							
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):										
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM:										
	PO Box 3198 (Number: street rural route apartment or suite number) Shallotte, NC 28459										
	(City, town, state, zip)										
C	INSTRUCTIONS: In line 1, give any business or trade names used to identify the l names already appear in space B. In line 2, give the mailing address of the system	ousiness and open, if different from	eration of the sy n the address o	/stem unless these given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM: ATMC		<u></u>								
	MAILING ADDRESS OF CABLE SYSTEM: PO Box 3198 (Number street rural route apartment or suite number)										
	Shallotte, NC 28459 (City, town, state, zip code)										
D Area	Instructions: For complete space D instructions, see page 1b Identify only the first all communities.	community serve	ed below and re	list on page 1b with							
Served											
First ►	Shallotte NC										
Community	Below is a sample for reporting communities if you report multiple channel line-ups										
	CITY OR TOWN (SAMPLE)		H LINE UP	SUB GRP#							
Sample <b>▶</b>	Alda Alliance Gering	MD MD	A B B	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 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 filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3253 Atlantic Telephone Membership Corporation 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 ח 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 fillings Area Note: Entities and properties such as hotels, apartments condominiums or mobile home parks should be reported in parentheses below Served the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9) When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below STATE CH LINE UP SUB GRP# CITY OR TOWN NC SHALLOTTE **◀** First NC Community **BOLIVIA** NC BRICKLANDING NC CALABASH NC CAROLINA SHORES NC HOLDEN BEACH NC OCEAN ISLE BEACH NC SUNSET BEACH. NC SUNSET HARBOR NC VARNAMTOWN NC TOWN OF LELAND NC UNINCORPORATED BRUNSWICK COUNTY NC TABOR CITY NÇ WHITEVILLE . . . . NC UNINCORPORATED COLUMBUS COUNTY NC ST JAMES ... NC OAK ISLAND

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Telephone Membership Corporation

3253

## 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.

BLOCK	. 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO OF SUBSCRIBERS	RATE	
Residential:  Service to first set Service to additional set(s) FM radio (if separate rate) Motel, hotel Commercial	26 736	\$25,90				
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:  Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$6.95 \$6.95 \$80.00	Installation: Non-residential	\$80 00 \$80 00 \$20 00 \$20 00 \$20 00		

LEGAL NAME OF OV	VNER OF CABLE SYSTEM	f:				Name
Atlantic Telep	hone Membership	Corporation	<u> </u>		3253	Name
PRIMARY T In General: In carried by you FCC rules and 76.59(d)(2) and substitute pro Substitute basis under sy Do not list station was List the stat basis. For fr Column 1: each multicas cast stream as WETA-simulca Column 2: its community on which your Column 3: I educational st (for independe For the meani Column 4: planation of lo Column 5: cable system carried the dis For the retra of a written ag the cable syst tion "E" (exeme	RANSMITTERS space G, identify or cable system du d regulations in ef d (4), 76.61(e)(2) a gram basis, as ex Basis Stations: W decific FCC rules, the station here in carried only on a cion here, and also curther information List each station's at stream associat is "WETA-2". Simulast). Give the channel of license. For ex cable system can indicate in each can cation, by entering ent multicast), "E" ing of these terms of the station is ou cal service area, so cal service area, so flyou have enter stant station on a in ansmission of a di reement entered i em and a primary opt). For simulcast these three cate	every television every television aring the accountect on June 24, and (4), or 76.63 eplained in the new the respect to an regulations, or an space G—but substitute basis on space I, if the acconcerning substitute basis of a call sign. Do not ed with a station ed with a station ed with a station least streams mumber the FCC cample, WRC is concerning to the letter "N" (for noncommer, see page (v) of the concerning television to see page (v) of the station during the station during the station during the station on or before or transmitter or and spories. See page page page is, also enter "E" prories.	station (including ting period, except, 1981, permitting (referring to 76.6 ext paragraph by distant stations: do list it in space station was carristitute basis station was carristitute basis station according to its ust be reported in the sassigned to Channel 4 in Wastation is a network retwork), "N-Notical educational), the general instruction accounting period area, (i.e., the general instruction of the service area, (i.e., the general instruction of the general instructi	of (1) stations can gethe carriage of (2) and (4))]; a carried by your content of the Special Sections, see page (von program services over-the-air design column 1 (list each of the television states of the television of the television states of the television of t	ns and low power television stations) ried only on a part-time basis under certain network programs [sections and (2) certain stations carried on a able system on a substitute program statement and Program Log)—if the stitute basis and also on some other of the general instructions. The such as HBO, ESPN, etc. Identify ignation. For example, report multipach stream separately; for example ation for broadcasting over-the-air in its may be different from the channel pendent station, or a noncommercial ulticast), "I" (for independent), "I-M" incommercial educational multicast). "Yes". If not, enter "No". For an exentering "LAC" if your cable system	Primary Transmitters Television  Channel Line-Up
Note: If you ar		e channel line-up	s, identify the line	e-up in the far rigi	vith which the station is identified. nt column here in Space G based on nel line-up.	
1 CALL SIGN	2. B'CAST CHANNEL NUMBER	3 TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WWAY	3	N	NO		WILMINGTON, NC	
WECT	6	N	NO		WILMINGTON, NC	
WSFX	26	N	NO		WILMINGTON, NC	
WUNJ	39	Е	NO		WILMINGTON, NC	
WILM	10	N	NO		WILMINGTON, NC	
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		- N				

	,								
	LEGAL NAME OF	OWNER OF CABL	E SYSTE	M:					
Name	Atlantic Tele	phone Memi	pershi	o Corporation				3253	
	Alianto Fele	PUDITE MEHIL		o corporation					
Primary Transmitters: Radio	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.  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 the Copyright Office regulations on this point, see page (vi) of the general instructions.  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).								
					T		0.75	LOCATION OF STATION	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  Atlantic Telephone Membership Corporation  3253									
Atlantic Telephone Membership Corporation 3253  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 (vi) of the general instructions.									
<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li></ul>									
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 attach additional pages.  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 (vi) 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 required 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 on October 19, 1976. SUB	STITUTE I	PROGRAM			I SUBSTITUTE GE OCCURRED	7 REASON	:		
1 TITLE OF PROGRAM	2. LIVE? Yes orNo	3. STATION'S CALL SIGN	4. STATION S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
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	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	Л:					
Name	Atlantic Telephor	e Membership	Corporation				3253	
J Part-Time Carriage Log	time carriage due hours your syster Column 1 (Cal column 5 of space Column 2 (Dal curred during the "4/10."  State the startion of the television "app." Example	space ties in value to lack of action carried that it sign): Give to e.G. tes and hours accounting per and day when and ending notation's brock: "12:30 a.m.	with column 5 of spot vated channel capacistation. If you need he call sign of every sof carriage): For earlied, in the carriage occur times of carriage to backast day, you may a single when the hearlied with the carriage to back as the sum of carr	city, you more sp distant each stater rred. Use the near ay give a	are required to of acce, please atta station whose be tion, list the data numerals, with rest quarter hours an approximate	complete this log ach additional payasis of carriage yes and hours when the month first. In any case when any case when ding hour, follows.	giving the total dages you identified by " en part-time carri Example: for April ere carriage ran to owed by the abbr	thes are age or age or the ereviation
			DATES AND HO	JRS OF	PART-TIME CAF	RRIAGE		
		WHEN CA	ARRIAGE OCCURRI	ED		WHEN CA	ARRIAGE OCCUR	RED
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	TOAU PAGE 1		·							
LEGA	L NAME OF OWNER OF CABLE SYSTEM:		Name							
Atla	Atlantic Telephone Membership Corporation 3253									
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.  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.  (Amount of gross receipts)										
COPYRIGHT ROYALTY AND FILING FEES Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.										
• If	your system did carry any distant television stations, you must complete the app ecompanying this form and attach the schedule to your statement of account.	licable parts of the DSE Schedule								
b	part 8 or part 9, block A, of the DSE schedule was completed, the base rate follock 3 below.									
	part 6 of the DSE schedule was completed, the amount from line 7 of block C sh below.	ould be entered on line 2 in block								
	part 7 or part 9, block B, of the DSE schedule was completed, the surcharge a in block 4 below.	mount should be entered on line								
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,60 least the minimum fee, regardless of whether they carried any distant stations system's gross receipts for the accounting period.	This fee is 1.064 percent of the								
	Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064	13								
	Enter the result here.  This is your minimum fee.	\$ 35,349 94								
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree space G. If, in space G, you identified any stations as "distant" by stating "Yes" in this block.  • Did your cable system carry any distant television stations during the account Yes—Complete the DSE schedule.	es" in column 4, you must check ting period?								
Block	Line 1 BASE RATE FEE: Enter the base rate fee from either part 8, section 3 4, or part 9, block A of the DSE schedule. If none, enter zero	3 or \$								
J	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	· <b>-</b>								
	Line 3. Add lines 1 and 2 and enter here	\$								
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimur from block 1 or the sum of the base rate fee/3.75 fee from block 3, line whichever is larger									
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either p (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, a zero		Cable systems submitting additional deposits under							
	Line 3 <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interview Worksheet)	<b>▶</b>	Section 111(d)(7) should contact the Licensing							
-	Line 4. FILING FEE:	\$ 725.00	Division for the							
1	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here	\$ 36,074 94	appropriate form for submitting the additional fees.							
	Remit this amount via electronic payment payable to Register of Copyright instructions for more information.)	nts (See page (i) of the general								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Name	Atlantic Telephone Membership Corporation	<b>Name</b> 3253
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried telev to its subscribers and (2) the cable system's total number of activated channels, during the activated 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 and nonbroadcast services	rision broadcast stations occunting period.
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Telephone	910-755-1782 
	Address	
	Shallotte, NC 28459 (City town state zip)	·
- · · · · · · · · · · · · · · · · · · ·	Email (optional)   lgraff@atmc com   Fax (optional)   910-755-187	1
0	CERTIFICATION (This statement of account must be certified and signed in accordance with lations, as explained in the general instructions.)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	n Copyright Office regu-
Certification	(Owner other than corporation or partnership) I am the owner of the cable system as id-	entified in line 1
	of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B and that the owner is not a corporation of	of the owner of or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg owner of the cable system in line 1 of space B.	al entity identified as
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all contained herein are true, complete, and correct to the best of my knowledge, information, made in good faith. [18 U.S.C. sec. 1001]</li> </ul>	
	Handwritten signature: PUD Clutt	
	Typed or printed name: Kim Edwards	
	Title: Vice President - Accounting and Finance (Title of official position held in corporation or partners)	nership)
	Date: 1-30-19	

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 filing a determination that would be made by a court of law

# REMITTER (COMPANY) Name : Atlantic Telephone Membership Corporation Address : PO Box 3198 City : Shallotte Contact First Name : Laura Contact Middle Name : Phone : 910-755-1782 FAX : 910-755-1871

Contact Last Name: Graff

The Cable ID # is a unique number assigned by the Licensing Division.

To request a new ID number, contact the Licensing Division at 202-707-8150.

Email: | Igraff@atmc.com

	YEAR	PERIOD	ID NUMBER	First Community Served (City, State)	FILING FEE	ROYALTY FEE	TOTAL FEES
1	2018	2	3253	Shallotte, North Carolina	\$725.00	\$35,349.94	\$36,074.94
2							\$0.00
3							\$0.00
4							\$0.00
5							\$0.00
6							\$0.00
7							\$0.00
8							\$0.00
9							\$0.00
10							\$0.00
11							\$0.00
12							\$0.00
13							\$0.00
14							\$0.00
15							\$0.00
16							\$0.00
17							\$0.00
18							\$0.00
19							\$0.00
20							\$0.00
21							\$0.00
22							\$0.00
23							\$0.00
24							\$0.00
25							\$0.00
26							\$0.00
27							\$0.00
28							\$0.00
29							\$0.00
30							\$0.00
			Filing Fee Sub	total: \$725.00		Sub-Total:	\$36,074.94

Privacy Act Notice: Sections 111 and 119 of title 17, United States Code, authorize the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your payment. PII is any personal information that can be used to identify or contact an individual, such as names, addresses, and telephone numbers. The Copyright Office collects this PII in order to allocate your payment by electronic funds transfer (EFT). By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes being available for public inspection and being included in search reports prepared for the public. The effects of not providing the PII requested are that it may delay the allocation of your payment and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

**Total Payment Amount:** 

\$35,349.94

Royalty Fee Subtotal: