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	IT OFFICE USE ONLY	Return completed workbool 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	08/23/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
	-		-

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20191 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: 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	
		Cass Cable TV, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 200 (Number, street, rural route, apartment, or suite number)	
		Virginia, IL 62691 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
		(Number, street, rural route, apartment, or suite number)	
		(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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Cass Cable TV, Inc.	27104
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated 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.	communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	e home parks should be reported in parentheses below the
		07175
First	CITY OR TOWN Williamsville	STATE IL
Community	Riverton	IL
	Sherman	IL
d Rows as Necessary	Petersburg	IL
	Athens	IL

								FORM SA1	-2E. PAGE
Name		ABLE SYSTEM:						515	2710
	Cass Cable TV, Inc.								2110
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	r 31, as the ca	se may be).		-	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	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	ounts allowed	for adva	ince payment.					
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note	e: Where an in	dividual	or organization	i is receivii	ng service that f	falls under	different	
	categories, that person or entity	should be cour	nted as a	a subscriber in	each appl	icable category	. Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fi	rom those	
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	ind rates, in the	e ngnt-n	and block. A ly	vo- or three	e-word descripti	ion of the s	Service is	
	BLC	DCK 1					BLOC		I
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:		-				-		
	Service to first set		2,069	21.45					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
					-				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat	-				l vour cable svs	tem's serv	ices that were	
F	not covered in space E, that is, the	hose services	that are	not offered in a	combinatio	n with any seco	ondary tran	smission	
Services	service for a single fee. There ar furnished at cost or (2) services		,		0				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	le was n	nade or establi					
	brief (two- or three-word) descrip	otion and includ	le the ra	ite for each.			1		
		BLO				DATE	0.175.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		BORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	• Pay cable	17.35		tel, hotel		45.00	Pay ca	ble - add'l	12.
	• Pay cable—add'l channel	13.95	• Cor	mmercial				ble - add'l	12.
			• Pay	/ cable					
	Fire protection				annol				1
	•Burglar protection		-	/ cable-add'l ch	annei				
	•Burglar protection Installation: Residential		• Fire	e protection					
	•Burglar protection Installation: Residential • First set	45.00	• Fire • Bur	e protection glar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)	45.00 30.00	• Fire • Bur Other s	e protection glar protection services:		45.00			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bur • Other s • Rec	e protection glar protection services: connect		45.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bur Other s • Rec • Dis	e protection glar protection services:		45.00			

	LEGAL NAME OF OWNER OF			SYSTEM
ime	Cass Cable TV, Inc.	- CABLE STOTEM.		27
	PRIMARY TRANSMITTERS:	TFI EVISION		
G nary nitters: <i>v</i> ision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru- • 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 the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	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-th	t (1) stations carried only on a part-t 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 I ed both on a substitute basis and also , see page (v) of the general instructi 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 independent actions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in 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
	WILL	9	E	Urbana, IL
	WCIX	13	Ν	Springfield, IL
Necessary	WSEC	15	E	Jacksonville, IL
s as Necessary		. 4		Jacksonvine, iL
	WAND	18	N	Decatur, IL
euessary		18 18	N I-M	
uessary	WAND			Decatur, IL
euessary	WAND WAND2	18	I-M	Decatur, IL Decatur, IL
ecessery	WAND WAND2 WBUI	18 22	I-M I	Decatur, IL Decatur, IL Decatur, IL
euessdry	WAND WAND2 WBUI WBUI2	18 22 22	I-M I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL
recessed ry	WAND WAND2 WBUI WBUI2 WICS	18 22 22 42	I-M I I-M N	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL
cuessdry	WAND WAND2 WBUI WBUI2 WICS WICS2	18 22 22 42 42	I-M I I-M N I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL
were essary	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP	18 22 22 42 42 42 44	I-M I I-M N I-M I	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL
weressary	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP WRSP2	18 22 22 42 42 44 44	I-M I I-M N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL
iner essary	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP WRSP2	18 22 22 42 42 44 44	I-M I I-M N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL
rrecessary	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP WRSP2	18 22 22 42 42 44 44	I-M I I-M N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL
, welessary	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP WRSP2	18 22 22 42 42 44 44	I-M I I-M N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL
rrecessary	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP WRSP2	18 22 22 42 42 44 44	I-M I I-M N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL
ineressally	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP WRSP2	18 22 22 42 42 44 44	I-M I I-M N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL
s necessary	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP WRSP2	18 22 22 42 42 44 44	I-M I I-M N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL
s necessary	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP WRSP2	18 22 22 42 42 44 44	I-M I I-M N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL
5 NELESSATY	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP WRSP2	18 22 22 42 42 44 44	I-M I I-M N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL
s necessary	WAND WAND2 WBUI WBUI2 WICS WICS2 WRSP WRSP2	18 22 22 42 42 44 44	I-M I I-M N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL

Accounting P							FORM	A SA1-2E. PAGE
Cass Cable		ADLE SI	STEIVI.					SYSTEM ID
	,							2710
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Ic Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		0.0				0.0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cass Cable TV, Inc.							27104
					^			
I	SUBSTITUTE CARRIAGE							
I	In General: In space I, identi							
	substitute basis during the ac explanation of the programm							
Substitute					e general insu			2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting period 	-	r cable system	carry, on a substitute basi	s, any nonnel	twork televisio	n program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	leave the	rest of this pag	e blank. If vour answer is '	"Yes." vou mu	ist complete th	ne progran	n
	log in block 2.	,		, ,	, ,	····	1 3	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their n	neaning is	
	clear. If you need more spa					,	J	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							l.
	"NBA Basketball: 76ers vs.		vies of baske	toali. List specific program	Tulles, IOF exa	ampie, i Love	LUCY OF	
			lcast live, enter	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can							46
	first. Example: for May 7 giv		when your syst	tem carried the substitute	program. Use	numerais, wit	n the mon	tn
			substitute pro	gram was carried by your	cable system	List the times	accuratel	v
	to the nearest five minutes.							J
	stated as "6:00–6:30 p.m."					·		
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming mat y	our system wa	s permitted to delete unde	r FCC rules a	nu regulations	5 111	
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUF	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	-	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						<u> </u>		
						_		
						_		
						_		
						_		
1			1		1	r		

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Cass Cable TV, Inc. K GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	service , see
K GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions located in the paper SA1-2 form.	total of service , see
K Gross Receipts Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions located in the paper SA1-2 form.	service , see
during the accounting period	279,671.00 at of gross receipts)
L 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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more information.)
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-m accounting period is \$52.00	
Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula \$ 263,800.00	
2. Enter amount of gross receipts from space K	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K	
5. Enter the amount from line 3	
6. Subtract line 5 from line 4	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K \$ 279,671.00	
2. Base amount under statutory formula \$ 263,800.00	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	71
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	00
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	1,477.71
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)	71
Due 2. Filing Fee (See the instructions for more information on filing fee calculations)	00
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	1,497.71
Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form for more information.	pyrights!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O	F OWNER OF CABLE SYSTEM: TV, Inc.		SYSTEM ID# 27104
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	ers, and (2) the cable system's t tal number of channels on which ed television broadcast stations otal number of activated channel e cable system carried television	s	. 12 . 16
N Individual to Be Contacted		ct about this statement of accour		
for Further Information	Name	Chad Winters	Telephor	ne <u>217-452-4105</u>
	Address	100 Redbud Rd. (Number, street, rural route, apart Virginia, IL 62691 (City, town, state, zip)	tment, or suite number)	
	Email	chad.winters@	casscabletv.com Fax (optional) 217-452-7	030
O Certification	I, the undersigned of the u	gned, hereby certify that (Check o mer other than corporation or p ent of owner other than corpora in line 1 of space B and that the o ficer or partner) I am an officer (i in line 1 of space B. hed the statement of account and	ust be certified and signed in accordance with Copyright Office regulations ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of space ation or partnership) I am the duly authorized agent of the owner of the cable owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as ow hereby declare under penalty of law that all statements of fact contained hereic knowledge, information, and belief, and are made in good faith. X /s/ Chad Winters Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	B; or system as identified vner of the cable system
		Typed or printed Title: (Title of d	d name: Chad Winters Vice President Official position held in corporation or partnership)	
		Date:	8/23/2019	

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	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
s Cable TV, Inc.	271
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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