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 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	8/22/2019	\$ 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 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the 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.	4816
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WAVE DIVISION HOLDINGS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or sulte number)	
		BOTHELL WA 98021 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)	
		BOTHELL WA 98021 (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 fing, a determination that would be made by a court of law.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	WAVE DIVISION HOLDINGS LLC	4816
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single,
Area	as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or	lings.
Served	identified city.	
	CITY OR TOWN	STATE
First	SKAMANIA COUNTY	WA
Community		
Add Rows as Necessary		
Add nows as necessary		

								FORM SA1	-2E. PAGE
Name								313	481
	WAVE DIVISION HOLDI	NGS LLC							
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc	ounts allowed	for adva	ance payment.	-				
	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.		: nynt-n	and block. A tv					
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	238	LING	25.95	0,11		(IIIOE	CODOCI (IDEI (C	
	Service to first set								
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		30	25.95					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
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	rate column.	-	-		-			
ransmissions:	Block 1: Give the standard rat							vara nat	
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				onea. Elot				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
			Installa	ation: Non-res	idential				
	Continuing Services:								
	Pay cable	17.00	 IVI01 	tel, hotel					
	-	17.00		tel, notel mmercial					
	• Pay cable	17.00	• Cor	-					
	Pay cable Pay cable—add'l channel	17.00	• Cor • Pay	mmercial	nannel				
	 Pay cable Pay cable—add'l channel Fire protection 	17.00	• Cor • Pay • Pay	mmercial / cable	nannel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	17.00 	• Cor • Pay • Pay • Fire	mmercial / cable / cable-add'l ch e protection					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Cor • Pay • Pay • Fire • Bur	mmercial / cable / cable-add'l ch					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	29.95	• Cor • Pay • Pay • Fire • Bur Other s	mmercial / cable / cable-add'l ch e protection rglar protection		29.95			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	29.95	• Cor • Pay • Pay • Fire • Bur • Bur • Rec	mmercial y cable y cable-add'l ch protection glar protection services:		29.95			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	29.95	• Cor • Pay • Pay • Fire • Bur • Bur • Bur • Rec • Dis	mmercial y cable y cable-add'l ch protection glar protection services: connect		29.95			

ounting Period: 2	-			FORM SA1-2E. PAC
Name				SYSTEM 48
	WAVE DIVISION HOLD			+(
G Primary ransmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ider 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 a • List the station here, and al basis. For further information Column 1: List each station ¹ multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Ilso 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-the he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru	<i>bt</i> (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain state carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als s, see page (v) of the general instruct program services such as HBO, ES re-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educal uctions in the paper SA1-2 form.	television stations) -time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast).
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, lis lian stations, if any, give the name of t	t the community to which the statior the community with which the statio	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KATU - ABC	2	N	PORTLAND, OR
ows as Necessary	KOIN - CBS	6	N	PORTLAND, OR
	KGW - NBC	8	N	PORTLAND, OR
	KGWDT3 - Estrella TV	8.3	Ν	PORTLAND, OR
	KOPB - PBS	10	E	PORTLAND, OR
	ΚΡΤΥ - FOX	12	N	PORTLAND, OR
	KWVT - Youtoo Ameri	17.1	N	SALEM, OR
	KPXG - ION	22	N	SALEM OR
	KNMT - TBN	24	N	PORTLAND, OR
	KRCW - CW	32	N	SALEM, OR
	KRCWDT2 - Antenna	32.2	Ν	SALEM, OR
	KRCWDT3 - This TV	32.3	N	SALEM, OR
	KPWC - Azteca	37.1	Ν	SALEM, OR
	KPDX - MyNetworkTV	49	N	VANCOUVER, WA
	1		1	

Accounting Period:	2019/1			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	WAVE DIVISION HOLD	DINGS LLC		4816
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network program	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations:	(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c	arried by your cable system on a subst	ons carried on a
			he Special Statement and Program Lo	yg)—if the
	basis. For further information Column 1: List each station multicast stream associated	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	ed both on a substitute basis and also on , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each
	of license. For example, WF Column 3: Indicate in each	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	evision station for broadcasting over th station, an independent station, or a n	oncommercial
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	(for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	nal multicast). licensed by the
		lian stations, ir any, give the name of	ne community with which the station is	; identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME O								SYSTEM ID 481
	t every radio	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of for detailed infi- aper SA1-2 for Column 1: In Column 2: S Column 3: It ignal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of stem whenever it is received a ved at the headend, with the pyright 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
	AN4 -14	0/5			A.A	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		<u> </u>						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	M SA1-2E. PAGE 5.
	SYSTEM ID#
	4816
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 syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations.	
Substitute explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-	
Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	
Special • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program	1
Statement and Program Log broadcast by a distant station?	× NO
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program	
log in block 2. 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 add additional rows to the tables.	
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 stat under certain FCC rules, regulations, or authorizations. See page (v) 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	1-
"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 mon	th
first. Example: for May 7 give "5/7."	h .
Column 6: State the times when the substitute program was carried by your cable system. List the times accuratel 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	У
stated as "6:00–6:30 p.m."	
	d
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was require	
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>require</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program	
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Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC	S	*STEM ID# 4816
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	, 310.00
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		•	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: ON HOLDINGS LLC	SYSTEM ID# 4816
M Channels	to its subscribe1. Enter the to system carrie2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried televisio ers, and (2) the cable system's total number of activated channels during the accountir al number of channels on which the cable ed television broadcast stations	
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individua t about this statement of account.)	I to whom
for Further Information	Name	OXANA SOSKOVA	Telephone 425-217-4000
	Address	3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number) BOTHELL WA 98021 (City, town, state, zip)	
	Email	tax.dept@wavebroadband.com Fax	(optional) <u>425-217-4001</u>
O	I, the undersig (Ow (Age X (Off I have examin are true, complete	N (This statement of account must be certified and signed in accordance with Copyrig ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identif and of owner other than corporation or partnership) I am the duly authorized agent of the n line 1 of space B and that the owner is not a corporation or partnership, or iccer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal of n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of ete, and correct to the best of my knowledge, information, and belief, and are made in good tion 1001(1986)] Mark Statement of account and hereby declare under penalty of law that all statements of ete, and correct to the best of my knowledge, information, and belief, and are made in good tion 1001(1986)] Mark Statement of account and hereby declare under penalty of law that all statements of the statement of account and hereby declare under penalty of law that all statements of the normal correct to the best of my knowledge, information, and belief, and are made in good tion 1001(1986)] Mark Statement of account and hereby declare under penalty of law that all statements of the normal correct of the best of my knowledge, information, and belief, and are made in good tion 1001(1986)] Mark Statement of account and hereby declare under penalty of law that all statements of the ran electronic signature on the line above to certify the Enter signature using an "/s/ signature" (e.g., /s/ John Srr Typed or printed name: JOHN FEEHAN Title: CFO (Title of official position held in corporation or partnership)	Tied in line 1 of space B; or e owner of the cable system as identified entity identified as owner of the cable system fact contained herein d faith.
		Date:	8/16/2019

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

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
/E DIVISION HOLDINGS LLC	481
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." 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.	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name	
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 Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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	
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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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