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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8-28-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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	
		COMMZOOM COMMUNICATIONS, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number)	
		SAN ANTONIO. TX 78217	
		(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 is 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:	
		COMMZOOM	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	COMMZOOM COMMUNICATIONS, LLC	000992
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	or mobile home parks should be reported in parentheses below the
First	CITY OR TOWN KENEDY	TX
Community	KARNES CITY	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	COMMZOOM COMMUN	CATIONS, LL	_C						00099
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIE	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanuai		s wiu iir a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	e that cable	
	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					service that are	different fro	om those	
	printed in block 1 (for example, t	iers of services th	hat incl	ude one or m	ore second	dary transmissio	ns), list the	m, together	
	with the number of subscribers a	ind rates, in the r	right-ha	and block. A tw	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF	20	DATE	CAT			NO. OF	DATE
	CATEGORY OF SERVICE Residential:	SUBSCRIBER	15	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
			156	58.74					
	Service to first set		100	30.74					
	• Service to additional set(s)								
	• FM radio (if separate rate)		52	E0 74					
	Motel, hotel		53	58.74					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	•	,		0		0.,		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		•	-		-		-	
Transmissions:	Block 1: Give the standard rat							wara nat	
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip				SHEU. LISU			ionn or a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res			0.11200		
	• Pay cable		• Mote	el, hotel					
	• Pay cable—add'l channel		• Com	mercial					
	Fire protection		• Pay	cable					<u> </u>
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential			protection					
	First set			lar protection					
	Additional set(s)	a		ervices:					
	• FM radio (if separate rate)			onnect					
	Converter			onnect					
				et relocation					
			 Mov 	e to new addr	ess				

	LEGAL NAME OF OWNER OF	E CABLE SYSTEM [.]		SYSTEM ID
me				000992
	PRIMARY TRANSMITTERS:	•		
Anary nitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te 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 p d with a station according to its over-the	t (1) stations carried only on a part-ti ne carriage of certain network progra i1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KABB	29	I	SAN ANTONIO, TX
	KABB KENS	29 5	I N-M	SAN ANTONIO, TX SAN ANTONIO, TX
ecessary			I N-M E	
cessary	KENS	5		SAN ANTONIO, TX
cessary	KENS KLRN	5 9	E	SAN ANTONIO, TX SAN ANTONIO, TX
cessary	KENS KLRN WOAI	5 9 4	E	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX
cessary	KENS KLRN WOAI KPXL	5 9 4 26	E N-M I	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX
essary	KENS KLRN WOAI KPXL KMYS	5 9 4 26 35	E N-M I I	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX
cessary	KENS KLRN WOAI KPXL KMYS KSAT	5 9 4 26 35 12	E N-M I I N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX
ecessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
łecessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
s Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
s Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
: Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
IS Necessary	KENS KLRN WOAI KPXL KMYS KSAT KVDA	5 9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX

COMMZOOI		NICATI	ONS, LLC					0009
	t every radio	station c	arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) in the basis of for detailed infi- aper SA1-2 fo Column 1: lo Column 2: S Column 3: li 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 placin Give the statio	y the sys be rece at the Co I sign of the station ition's sig g a checo n's locat	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's h system's FM an this point, see p sed by the cable he station is licer	eadend, and o tenna, during age (v) of the system as a s nsed by the Fe	(2) it car certain general separate	h be expected, stated intervals. instructions in the.	Primary Transmitters Radio
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 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	COMMZOOM COMMU	NICATION	IS, LLC				000992
	SUBSTITUTE CARRIAGI	E: SPECIA			3		
I I	In General: In space I, identi					ion that your cable	e system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the pape	er SA1-2 form.
Carriage:	1. SPECIAL STATEMEN						
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television p	
Program Log	broadcast by a distant star	tion?				Y	ES XNO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the p	orogram
	log in block 2.			·	•		-
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their mea	ning is
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") tha	t during the acco	untina
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love Lu	cy″ or
			dcast live, ente	r "Yes." Otherwise enter "N	0."		
				sting the substitute program			
	the case of Mexican or Can			e community to which the			or, in
				tem carried the substitute p			ne month
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your o			
	stated as "6:00–6:30 p.m."		i program cam		5 p.m. to 0.2	0.50 p.m. should	be
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a was substituted for program						program
	effect on October 19, 1976.		our system wa		1 00 1003 0		
					10/11		-
	s	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
						_	
						_	
						_	
						_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	S	STEM ID# 000992
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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 service s amount, see	, 849.50
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)		0.00
	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	7,600)	
	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 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:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: I COMMUNICATIONS, LLC	SYSTEM ID 000992
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast static ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	ons 9 44
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	JACOB T. GRAY Teleph	none 210-736-3376, EXT 1004
	Address	2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number) SAN ANTONIO, TX 78217 (City, town, state, zip)	
	Email	CFO@COMMZOOM.COM Fax (optional) 210-403	3-2688
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, comp	Image: Normal content of the conte	owner of the cable system
		(Title of official position held in corporation or partnership)	
		Date: AUGUST 28, 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. P
L NAME OF OWNER OF CABLE SYSTEM:	SYSTE
MMZOOM COMMUNICATIONS, LLC	00
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS E The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(lowing sentence: "In determining the total number of subscribers and the gross amoun service of providing secondary transmissions of primary broadcast tr scribers and amounts collected from subscribers receiving secondary. For more information on when to exclude these amounts, see the note on pa located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of made by satellite carriers to satellite dish owners? NO 	A), of the Copyright Act by adding the fol- ts paid to the cable system for the basic ansmitters, the system shall not include sub- y transmissions pursuant to section 119." age (vii) of the general instructions
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing A	ddress
You must complete this worksheet for those royalty payments submitted as For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	ructions located in the paper SA1-2 form.
For an explanation of interest assessment, see page (viii) of the general inst	x 1%
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 1%
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 1% x 0
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 1% x 0 days
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 1% x 0 x 0
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 1% x 1% x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 y - x 0.00274 S - (interest charge) erest-rate.pdf. For further assistance please
 For an explanation of interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest and enter the amount of late payment or underpayment	x 1% x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 y - x 0 y - x 0 y - y </td
 For an explanation of interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest assessment, and and an an an assessment as a set of the sum here interest as page assessment, and enter the sum here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6. * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov 	x 1% Interest Assess x 1% x 0 days - x 0 x 0 days - x 0 colspan="2">(interest charge) erest-rate.pdf. For further assistance please ent for one day late. dy submitted to the Copyright Office, please
 For an explanation of interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest in the amount of late payment or underpayment	x 1% Interest Assess x 1% x 0 days - x 0 x 0 days - x 0 colspan="2">(interest charge) erest-rate.pdf. For further assistance please ent for one day late. dy submitted to the Copyright Office, please
 For an explanation of interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest in the amount of late payment or underpayment	x 1% Interest Assess x 1% x 0 days - x 0 x 0 days - x 0 colspan="2">(interest charge) erest-rate.pdf. For further assistance please ent for one day late. dy submitted to the Copyright Office, please
 For an explanation of interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest in the amount of late payment or underpayment	x 1% x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 y 0.00274 x 0.00274 x 0.00274 x 0.00274 x 0.00274 x 0.00274
 For an explanation of interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest in the amount of late payment or underpayment	x 1% x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 y 0.00274 x 0.00274 x 0.00274 x 0.00274 x 0.00274 x 0.00274
 For an explanation of interest assessment, see page (viii) of the general institution interest assessment, see page (viii) of the general institution interest in the amount of late payment or underpayment	x 1% x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 y 0.00274 x 0.00274 x 0.00274 x 0.00274 x 0.00274 x 0.00274

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 th 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 fling, a determination that would be made by a court of law.