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: Tel: (202) 707-8150 in the first tab of this workbook 8-26-20 ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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
		Zito West Holding LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915
	INSTR	(City, town, state, zip) RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		Zito Media - Mountain Home 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.

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Zito West Holding LLC	49
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	munity" is the same as a "community unit" as defined in FCC ru ed communities within unincorporated areas and including sing you list will serve as a form of system identification hereafter kr
	as the "first community." Please use it as the first community on all future filing	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Mountain Home	ID
Community	Mountain Home Air Force Base	ID
	Elmore County	ID
d Rows as Necessary		
,		

	Γ							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Zito West Holding LLC								490
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including a								
Transmission	last day of the accounting period	• • •			-			sing on the	
Service: Sub-	Number of Subscribers: Bot						able syster	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-			•	•	s charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	l. (Example: "\$	20/mth'	'). Summarize	any standa				
	category, but do not include disc					oondon (tronom)		vice that each la	
	Block 1: In the left-hand block systems most commonly provid	•		-		•			
	that applies to your system. Not								
	categories, that person or entity					•	· ·		
	subscriber who pays extra for ca						nder "Serv	rice to the	
	first set" and would be counted of Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example,	-		-					
	with the number of subscribers					•			
	sufficient.							()	
		DCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		344	22.42					
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra				•	• •			
•	not covered in space E, that is, service for a single fee. There a					•	•		
Services	furnished at cost or (2) services		-		-				
Other Than	amount of the charge and the u	nit in which it is							
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		the eeb	la avetam for a	ach of the	appliaghla agr	iaco lictod		
Rates	Block 2: List any services that			•					
	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.			_		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	17.95	4	otel, hotel					
	• Pay cable—add'l channel		-	mmercial					
	Fire protection		1	y cable					
	•Burglar protection		1	y cable-add'l cl	nannel				
	Installation: Residential	00.00		e protection					
	First set Additional set(s)	30.00	4	rglar protection services:	I				
	Additional set(s) EM radio (if separate rate)			services: connect		30.00	••••••		
	 FM radio (if separate rate) Converter 		4	connect		30.00			
	- Converter			tlet relocation		30.00			
			• • • • •	ve to new add	200	30.00			

	2020/1			FORM SA1-2E. PAGE 3.
me	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito West Holding LL			4907
	PRIMARY TRANSMITTERS:			
nary nitters:	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph.	ot (1) stations carried only on a part-t the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta	ime basis under ams [sections tions carried on a
vision		: With respect to any distant stations of les, regulations, or authorizations:	carried by your cable system on a sul	bstitute program
	 Do not list the station here station was carried only on List the station here, and a 	e in space G—but do list it in space I a substitute basis. also in space I, if the station was carri	ed both on a substitute basis and als	o on some other
		on concerning substitute basis stations n's call sign. <i>Do not</i> report origination		
	multicast stream associated "WETA-2" as the same on t Column 2: Give the channed	d with a station according to its over-th the form. el number the FCC assigned to the te	ne-air designation. For example, repo	ort multistream
	Column 3: Indicate in each educational station, by enter	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),	(for network multicast), "I" (for indep	endent), "I-M"
	For the meaning of these te Column 4: Give the locatio	erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAID	4.1	E	Boise ID
	KAID	4.2	E	Boise ID
lecessary	KAID	4.4	E	Boise ID
cessary	KBOI	2	N	Boise ID
	KIVI	6.1	N	Nampa ID
		9.1	N	
	KNIN			Boise ID Nampa ID
	KTRV	12.1	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Nampa ID
	KTRV KTRV	12.1 12.3	I I I I I I I I I I I I I I	Nampa ID Nampa ID
	KTRV KTRV KTVB	12.1 12.3 7.1	 	Nampa ID Nampa ID Boise ID
	KTRV KTRV KTVB KTVB	12.1 12.3 7.1 7.2	 	Nampa ID Nampa ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB	12.1 12.3 7.1 7.2 7.3	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB KYUU	12.1 12.3 7.1 7.2 7.3 35.1	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB	12.1 12.3 7.1 7.2 7.3	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB KYUU	12.1 12.3 7.1 7.2 7.3 35.1	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB KYUU	12.1 12.3 7.1 7.2 7.3 35.1	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB KYUU	12.1 12.3 7.1 7.2 7.3 35.1	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB KYUU	12.1 12.3 7.1 7.2 7.3 35.1	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB KYUU	12.1 12.3 7.1 7.2 7.3 35.1	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB KYUU	12.1 12.3 7.1 7.2 7.3 35.1	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB KYUU	12.1 12.3 7.1 7.2 7.3 35.1	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB KYUU	12.1 12.3 7.1 7.2 7.3 35.1	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID
	KTRV KTRV KTVB KTVB KTVB KYUU	12.1 12.3 7.1 7.2 7.3 35.1	 	Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID

LEGAL NAME OF								SYSTEM I 49
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
The ceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein t the Co sign of o he static ion's sig g a chec n's locati	I-Band FM Carriage: Under C 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. on (the community to which the the community with which the	at 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
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0			01 1 111	0,0		
						·		
						·		
						·		
						·		
						·		
						·		
						·		

Accounting Perio	-					FO	RM SA1-2E. PAGE 5.
Neme	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Zito West Holding LLC	;					4907
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G		
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every no</i> ccounting p	<i>nnetwork televi</i> eriod, under sp	<i>sion program,</i> broadcast b ecific present and former F	y a <i>distant</i> sta CC rules, regi	ulations, or authorization	ons. For a further
Carriage:	1. SPECIAL STATEMEN				5		
Special	During the accounting per				asis, anv nonr	network television pro	gram
Statement and	broadcast by a distant sta			n cany, on a cabourate be			NO
Program Log	-					YES	
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust complete the pro	ogram
	log in block 2.						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant sta egulations, of ries like "mo Bulls." m was broa sign of the adcast stati hadian stati hadi hadian stati hadian stati hadian	am on a separ add additional onnetwork telev tion and that ye or authorization ovies" or "bask adcast live, enter station broadc on's location (f ons, if any, the y when your system a program carri- e listed program ions in effect d	rows to the tables. vision program ("substitut our cable system substitut ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you ried by a system from 6:0 n was substituted for prog uring the accounting period	e program") the ted for the pro- meral instruct am titles, for e "No." ram. he station is lide e station is ide e program. Us in cable system 1:15 p.m. to 6 pramming that pd; enter the l	hat, during the accou ogramming of anothe ions for further inform example, "I Love Lucy censed by the FCC o entified). se numerals, with the m. List the times accu s:28:30 p.m. should be t your system was <i>rec</i> etter "P" if the listed p	nting r station nation. y" or r, in r, in month urately e quired
	effect on October 19, 1976		E PROGRAM	1		N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
					·- 		
						_	
						_	
						—	
						—	

Accounting Period:	2020/1 FORM SA1-2E. PAGE (
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM IDZito West Holding LLC4907
K Gross Receipts	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 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.
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 \$263,800 but less than \$527,600 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-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period \$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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
	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

0.00	
	-
\$ 52.00 \$ 15.00	-
\$	67.00
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito West Hold	ling LLC	4907
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		number of channels on which the cable television broadcast stations	13
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	176
N Individual to		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
Be Contacted for Further Information	Name	Teri McMullen Telephone 814	4-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersigned (Owned) (Agentic in I X (Offic in I I) I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	m as identified

	X /s/James Rigas
	nter an electronic signature on the line above to certify this statement. nter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	ame: James Rigas
	President al position held in corporation or partnership)
Date:	08/27/2020

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ounting Period: 2020/1				FORM SA1-2E. P
AL NAME OF OWNER OF CABLE	SYSTEM:			SYSTE
o West Holding LLC				
The Satellite Home Viewer Actions Sentence: "In determining the total service of providing set scribers and amounts" For more information on where located in the paper SA1-2 for During the accounting period, made by satellite carriers to set X NO	did the cable system exclude any am	11(d)(1)(A), of the Copyr s amounts paid to the ca adcast transmitters, the s econdary transmissions ote on page (vii) of the g ounts of gross receipts fo	ight Act by adding the fol- able system for the basic system shall not include si pursuant to section 119." eneral instructions	Sub- Special Statem Concerning Gr Receipts Exclu
Name Mailing Address		Name Mailing Address		
	hood for thood regardy paymonto oubin		e payment of underbayme	
Line 1 Enter the amount of la	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here .	neral instructions located	e payment or underpayment I in the paper SA1-2 form. x <u>1%</u>	
Line 1 Enter the amount of la Line 2 Multiply line 1 by the i	assessment, see page (viii) of the ger	neral instructions located	t in the paper SA1-2 form.	
Line 1 Enter the amount of la Line 2 Multiply line 1 by the i Line 3 Multiply line 2 by the i Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or bloc chart click on <i>www.copyright.gov/licer</i>	heral instructions located	x 1% x 0.00274 (interest charge)	Interest Assess
Line 1 Enter the amount of la Line 2 Multiply line 1 by the i Line 3 Multiply line 2 by the i Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate contact the Licensing Di	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or bloc chart click on <i>www.copyright.gov/licer</i> vision at (202) 707-8150 or licensing@	heral instructions located	x 1% x 1% x 0.00274 (interest charge) for further assistance plea	Interest Assess
Line 1 Enter the amount of la Line 2 Multiply line 1 by the i Line 3 Multiply line 2 by the i Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate contact the Licensing Di ** This is the decimal equi NOTE: If you are filing this wo	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or bloc chart click on <i>www.copyright.gov/licer</i>	heral instructions located here k 3 line 6 k 3 line 6 ssessment for one day l unt already submitted to	x 1% x 1% x 0.00274 (interest charge) for further assistance plea ate. the Copyright Office, plea	Interest Assess
Line 1 Enter the amount of la Line 2 Multiply line 1 by the i Line 3 Multiply line 2 by the i Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate contact the Licensing Di ** This is the decimal equi NOTE: If you are filing this wo	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or bloc chart click on <i>www.copyright.gov/licer</i> vision at (202) 707-8150 or licensing@ valent of 1/365, which is the interest a rksheet covering a statement of account	heral instructions located here k 3 line 6 k 3 line 6 ssessment for one day l unt already submitted to	x 1% x 1% x 0.00274 (interest charge) for further assistance plea ate. the Copyright Office, plea	Interest Assess
Line 1 Enter the amount of la Line 2 Multiply line 1 by the i Line 3 Multiply line 2 by the i Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate contact the Licensing Di ** This is the decimal equi NOTE: If you are filing this wo list below the owner, address,	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or bloc chart click on <i>www.copyright.gov/licer</i> vision at (202) 707-8150 or licensing@ valent of 1/365, which is the interest a rksheet covering a statement of accou first community served, ID number, a	heral instructions located here k 3 line 6 k 3 line 6 ssessment for one day l unt already submitted to	x 1% x 1% x 0.00274 (interest charge) for further assistance plea ate. the Copyright Office, plea	Interest Assess

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