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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/18/20	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

## oplicsoa@loc.gov

or additional information, ontact the U.S. Copyright ffice Licensing Division at: el: (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
A		20201 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Fidelity Cablevision, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		CoBridge Broadband, LLC dba Fidelity Communications
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		64 N Clark (Number, street, rural route, apartment, or suite number)
		Sullivan, MO 63080 (City, town, state, zip)
	INSTR	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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	: Sectior	n 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Fidelity Cablevision, LLC	5892
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community is 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 filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile nome parks should be reported in parentneses below the
		07475
First	CITY OR TOWN El Dorado Springs	MO
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1-	-2E. PAGE	
Name	Fidelity Cablevision, LL							515	589	
		.0								
Е	SECONDARY TRANSMISSION									
	In General: The information in s system, that is, the retransmission	•		-		•				
Secondary	about other services (including p									
Transmission	last day of the accounting period							5		
Service: Sub-	Number of Subscribers: Both	•					-			
scribers and Rates	down by categories of secondar each category by counting the n	•				•				
Rutes	separately for the particular serv		-	0,0		•		onargea		
	Rate: Give the standard rate of	-	-	•			-	-		
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	is within a	particular rate		
	Block 1: In the left-hand block				ries of sec	ondary transmis	ssion servi	ce that cable		
	systems most commonly provide	e to their subso	ribers.	Give the numb	er of subso	cribers and rate	for each lis	sted category		
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca						•			
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.		e nym-i	Iditu Diock. A li		e-word descript		Service is		
	BL	DCK 1					BLOCK		I	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		267	38.99						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel		1	16.00						
	Commercial		5	15.50						
	Converter									
	Residential     Non-residential									
	• Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S					
F	In General: Space F calls for ra	te (not subscril	per) info	ormation with re	spect to a	ll your cable sys	stem's serv	vices that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There and furnished at cost or (2) services		,		0		0.0			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			-		••		were not		
Ruico	listed in block 1 and for which a	• •			-	-	•			
	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1					BLOCK 2	BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services:	RATE	Installa	ation: Non-res				DRY OF SERVICE		
	Continuing Services: • Pay cable	RATE	Installa • Mo	ation: Non-res tel, hotel		\$80/hr	Tier	DRY OF SERVICE	56.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installa • Mo • Co	<b>ation: Non-res</b> tel, hotel mmercial			Tier Tier		56.( 13.(	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installa • Mo • Col • Pay	<b>ation: Non-res</b> tel, hotel mmercial y cable	idential	\$80/hr	Tier Tier Digital	Basic	56.0 13.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installa • Mo • Col • Pay • Pay	<b>ation: Non-res</b> tel, hotel mmercial y cable y cable-add'l ch	idential	\$80/hr	Tier Tier	Basic	56.( 13.(	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE PP	Installa • Mo • Col • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	idential	\$80/hr	Tier Tier Digital	Basic	56.0 13.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	Installa • Mo • Col • Pay • Pay • Fire • Bui	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential	\$80/hr	Tier Tier Digital	Basic	56.0 13.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE PP	Installa • Mo • Col • Pay • Pay • Fire • Bui Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	idential	\$80/hr \$80/hr	Tier Tier Digital	Basic	56.0 13.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE PP	Installa • Mo • Col • Pay • Fare • Bui Other = • Re	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential	\$80/hr	Tier Tier Digital	Basic	56.0 13.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE PP	Installa • Mo • Coi • Pay • Fire • Bui Other • Rea • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential	\$80/hr \$80/hr	Tier Tier Digital	Basic	56. 13. 12.	

ccounting Period:	2020/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II			
Humo	Fidelity Cablevision,	LLC		589			
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> 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 basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channo of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried 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 the form. el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. in case whether the station is a network ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-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 educate uctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the			
	1. CALL SIGN	dian stations, if any, give the name of t	a community with which the station				
	KOAM	7.1	Ν	PTTSBURG, KS			
	KOLR	10.1	Ν	SPRINGFIELD, MO			
Add Rows as Necessary	KOZK	21.1	E	SPRINGFIELD, MO			
	KOZL	27.1	<b>I</b>	SPRINGFIELD, MO			
	KOZL-DT2	27.2	I-M	SPRINGFIELD, MO			
	KOZL-DT3	27.3	I-M	SPRINGFIELD, MO			
	KRBK	49.1	Ν	OSAGE BEACH, MO			
	KRBK-DT2	49.2	I-M	OSAGE BEACH, MO			
	KRBK-DT3	49.3	I-M	OSAGE BEACH, MO			
	KSPR	33.1	Ν	SPRINGFIELD, MO			
	KSPR-DT2	33.2	I-M	SPRINGFIELD, MO			
	KSPR-DT3	33.3	I-M	SPRINGFIELD, MO			
	ΚΥΤν	3.1	Ν	SPRINGFIELD, MO			
	KYCW-DT3	25.3	I-M	SPRINGFIELD, MO			

EGAL NAME OF			ISTEM:					SYSTEM 58
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at 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 his point, see pa ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii 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	
						·		
				L				

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Fidelity Cablevision, L	LC.						5892
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	-	-			tion that vo	our cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							-
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa			l rows to the tables. vision program ("substitute	e program") t	hat during	the account	tina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for fur	ther informa	ition.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			e community with which the substitute			ls with the r	month
	first. Example: for May 7 gi						-,	
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to t	5:28:30 p.m	i. snould be	
		er "R" if the	listed program	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	lired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regula	ations in	
		-						1
						N SUBSTI		7. REASON FOR
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	-	— то	
							_	
								"
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Fidelity Cablevision, LLC		5892
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	<b>1,604.00</b> ss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	163,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,1	00)	
	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 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 informati		nts!

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: vision, LLC				SYSTEM ID# 5892
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's tot I number of channels on which t television broadcast stations I number of activated channels able system carried television br		ring the accounting period.		21 317
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account.	R INFORMATION IS NEEDED (Id. )	entify an individual to whom	ſ	
for Further Information	Name	Melinda Lahmann			Telephone 573-46	8-1216
	Address 	64 N Clark (Number, street, rural route, apartme Sullivan, MO 63080 (City, town, state, zip) melinda.lahmann	ent, or suite number) n@fidelitycommunications.com	Fax (optional)		
O Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     I have examined	ed, hereby certify that (Check on er other than corporation or par t of owner other than corporati line 1 of space B and that the ow eer or partner) I am an officer (if line 1 of space B. d the statement of account and he te, and correct to the best of my k on 1001(1986)] Typed or printed r	rtnership) I am the owner of the call ion or partnership) I am the duly au mer is not a corporation or partnersh a corporation) or a partner (if a partner ereby declare under penalty of law t knowledge, information, and belief, a X /s/ Raymond Storck Enter an electronic signature on the lin Enter signature using an "/s/ signature	ole system as identified in lin athorized agent of the owner ip; or hership) of the legal entity ide hat all statements of fact cor nd are made in good faith.	ne 1 of space B; or r of the cable system as entified as owner of the ntained herein	
		Date:	cial position held in corporation or partners	8/18/20		

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
elity Cablevision, LLC	589
<ul> <li>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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>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.</li> <li>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?     </li> <li>X NO</li> <li>Y ES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x       days         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       \$	-
x	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         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       -         (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	-
x	-
x      days         Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	
x	

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