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					
8/6/21	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	39552 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						
	Lakeland Communications Group, LLC						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	Lakeland Communications						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	PO Box 40 (Number, street, rural route, apartment, or suite number)						
	Milltown, WI 54858-0040 (City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						

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

		FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Lakeland Communications Group, LLC	3955
	Instructions: List each separate community served by the cable system. A "community" i	
_	"a separate and distinct community or municipal entity (including unincorporated comm	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Luck Village	WI
Community	Balsam Lake Village	WI
	Cushing	WI
d Rows as Necessary	Frederic Village	WI
a nous as necessary	Milltown Village	WI
	Apple River Township	Wi
	Balsam Lake Township	WI
	Beaver Township	WI
	Bone Lake Township	WI
	Eureka Township	WI
		WI
	Georgetown Township	
	Johnstown Township Laketown Township	WI
	Luck Township	WI
	McKinley Township	WI
	Milltown Township	WI
	St. Croix Falls Township	
	Sterling Township	WI
	Trade Lake Township	WI
	West Sweden Township	WI
	City of St. Croix Falls	WI

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 39552

Lakeland Communications Group, LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,034	49.99				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel	213	8.00				
Commercial						
Converter						
Residential						
Non-residential						
					1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		 Motel, hotel 	50.00		
 Pay cable—add'l channel 		 Commercial 			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set	50.00	 Burglar protection 			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		 Reconnect 	50.00		
Converter		Disconnect			
		 Outlet relocation 	50.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3. SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM 39552 Lakeland Communications Group, LLC RIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections G Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program asis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" reductational statuor, by entering up the learner (for increment), from the modern multicast), "E" (for independent multicast), "E" (for incommercial educational, or "E-M" (for noncommercial educational multicast).

For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KTCA 2.1 St. Paul, MN E-M Mtat 2.2 St. Paul. MN tptLife 2.3 F-M St. Paul. MN tptWX 2.4 E-M St. Paul. MN wcco N Minneapolis, MN 4.1 Decades 4.2 I-M Minneapolis, MN DABL 4.3 N-M Minneapolis, MN KSTP 5.1 N St. Paul, MN KSTC 5.2 St. Paul, MN Me TV 5.3 I-M St. Paul. MN St. Paul, MN I-M Antenna TV 5.4 This TV 5.6 I-M St. Paul, MN 5.7 I-M St. Paul, MN Heroes & Icons wqow Eau Claire, WI 6.1 WFTC Minneapolis, MN WEUX 8.1 Chippewa Falls, WI KMSP 9.1 Minneapolis, MN Movies! I-M Minneapolis, MN 9.3 Buzzr Minneapolis, MN 9.4 I-M WHWC Ε Menomonie, WI 10.1 WPT2 WI Menomonie, WI 10.2 E-M WPT3 Create 10.3 E-M Menomonie, WI KARE Minneapolis, MN KARE Court TV 11.2 I-M Minneapolis, MN I-M Justice 11.3 Minneapolis, MN 11.4 I-M Minneapolis, MN Quest Circle 11.5 N-M Minneapolis, MN WEAU Eau Claire, WI 13.1 KPXM St. Cloud, MN

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Lakeland Communications Group, LLC

39552

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						[
							
	 						
	ļ						
	T						
	 						
	 						
						L	
	T						
	 						
						 	
						ļ	
						L	
	 					 -	

	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					. 5.11	SYSTEM ID
Name	Lakeland Communica	tions Gro	up, LLC						3955
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	ENT AND PROGRAM LO	nG.				
1	In General: In space I, iden	_	-			ion that v	our c	ahle svs	tem carried on a
•	substitute basis during the								
Substitute	explanation of the programr								
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE					
Special	• During the accounting pe	riod, did yo	ur cable syste	m carry, on a substitute ba	sis, any nonr	etwork te	elevisi	on prog	ram
atement and rogram Log	broadcast by a distant sta	ation?						YES	X NO
ogram Log	-			bll. (f	- "\/ "	4	-		
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. II your answer is	s res, your	nust com	piete	the brog	gram
	log in block 2.	F DDOOD	1 M C						
	2. LOG OF SUBSTITUT In General: List each subs			rate line. I lse abbreviations	s wherever no	nssihle if	their	meanin	n ie
	clear. If you need more sp				o wherever po	oodbio, ii	tiioii	mounni	y 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute					
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego "NBA Basketball: 76ers vs		ovies of basi	ketball. List specific progra	ani uues, ioi e	хапріе,	I LOV	e Lucy	OI
			dcast live, ent	er "Yes." Otherwise enter '	'No."				
				casting the substitute progr					
				the community to which th			/ the F	FCC or,	in
	the case of Mexican or Ca			e community with which the estem carried the substitute			ole w	ith the r	nonth
	first. Example: for May 7 g		wileli your sy	sterii carried the substitute	program. Os	e numer	ais, w	iui uie i	HOHUI
			e substitute pr	ogram was carried by you	r cable syster	n. List the	e time	s accur	ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	l:15 p.m. to 6	:28:30 p.	m. sh	ould be	•
	stated as "6:00-6:30 p.m."								
				m was substituted for prog					
	to delete under FCC rules was substituted for program								ogram
	effect on October 19, 1976	•	your system w	ras permitted to delete und	iei i CC iules	and regu	ilatioi	15 111	
									1
		LIDOTITLIT		4	WHEN SUBSTITUTE CAPPIAGE OCCUPPED 7 REAS				
	5			JBSTITUTE PROGRAM			CARRIAGE OCCURRED 5 MONTH 6. TIMES		7 DEACON EO
								9	7. REASON FO
	TITLE OF PROGRAM	Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY			S TO	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		7. REASON FO DELETION
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIME		

ccounting Period:	2021/1 FORM SA:	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lakeland Communications Group, LLC	STEM ID
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 call 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, se 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	,829.93 ss 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	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	,589.30
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	,609.30
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.		
Name	LEGAL NAME OF OWNER (Lakeland Communica					SYSTEM ID# 39552		
M Channels	to its subscribers, and (2)	r of channels on which on broadcast stations.	tal numbe		counting period.	29 67		
N Individual to Be Contacted		NTACTED IF FURTHE	ER INFOR	RMATION IS NEEDED (Identify an ind	lividual to whom			
for Further Information	Name Crys	tal Morley			Telephone	715-825-5105		
	(Numbe	Innovation Avenu er, street, rural route, apartmo		a number)				
	(City, to	wn, state, zip) crystalm@lakela	and.ws		Fax (optional)			
	CERTIFICATION (This sta	atement of account mus	st be certi	ified and signed in accordance with C	opyright Office regulations)			
O Certification		CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or						
				artnership) I am the duly authorized ago t a corporation or partnership; or	ent of the owner of the cable	system as identified		
	X (Officer or pa in line 1 of	,	f a corpora	ation) or a partner (if a partnership) of th	ne legal entity identified as ow	ner of the cable system		
		orrect to the best of my l		clare under penalty of law that all stater e, information, and belief, and are made		1		
			X	/s/ John K. Klatt				
				electronic signature on the line above to c aature using an "/s/ signature" (e.g., /s/ Jr	•			
		Typed or printed	name:	John K. Klatt				
				ent/CEO n held in corporation or partnership)				
		Date:		10000000000000000000000000000000000000	08/19/20			

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 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.

Accounting Period: 2021/1 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

eland Communications Group, LLC	39552
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
Address ID number First community served Accounting period	

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)