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
7/20/2021
\$
ALLOCATION NUMBER

Return completed workbook by email to:

## coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		WEST CENTRAL TELEPHONE ASSOC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 304 (Number, street, rural route, apartment, or suite number)
		SEBEKA MN 56477 (City, town, state, zip)
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	e: Sectior	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 it 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		CTOTEM
	WEST CENTRAL TELEPHONE ASSOC.	
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 as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including singl you list will serve as a form of system identification hereafter kno
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	MENAHGA	MN
Community	NIMROD	MN
	SEBEKA	MN
d Rows as Necessary	VERNDALE	MN
iu Rows as inecessary		
	WOLF LAKE	MN
	WADENA	MN

	1						FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS	TEM ID
	WEST CENTRAL TELE	PHONE ASS	SOC.					
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBERS AND R	ATES				
E	In General: The information in s							
0	system, that is, the retransmission							
Secondary Transmission	about other services (including particular to a service of the accounting period	· · ·				nose exis	ting on the	
Service: Sub-	Number of Subscribers: Bot					ble system	n, broken	
scribers and	down by categories of secondar	y transmission	service. In general, yo	ou can con	pute the numbe	er of subso	cribers in	
Rates	each category by counting the n						s charged	
	separately for the particular serv Rate: Give the standard rate of						ac and the	
	unit in which it is generally billed							
	category, but do not include disc					5 within a		
	Block 1: In the left-hand block				ondary transmis	sion servi	ce that cable	
	systems most commonly provide							
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca							
	first set" and would be counted of					idel Selv		
	Block 2: If your cable system				service that are	different	from those	
	printed in block 1 (for example, t	tiers of services	s that include one or m	nore secon	dary transmissio	ons), list th	nem, together	
	with the number of subscribers a	and rates, in th	e right-hand block. A t	wo- or thre	e-word descript	ion of the	service is	
	sufficient.					BLOC	< 2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:		4 070 00 07					
	Service to first set		1,676 30.25					
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	• Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISSIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscril	ber) information with re	espect to a	ll your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t				,	,		
Comisso	service for a single fee. There are	•		•		• •	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		actually billou. If arry f		larged on a van		rogram baolo,	
ransmissions:	Block 1: Give the standard rate							
Rates	Block 2: List any services that	• •		-				
	listed in block 1 and for which a brief (two- or three-word) description		,	lished. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	ption and inclue	de the rate for each.			r		
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installation: Non-res	sidential				
			<ul> <li>Motel, hotel</li> </ul>		T&M			
	• Pay cable				T&M			
	• Pay cable—add'l channel	15.95	Commercial					
	Pay cable—add'l channel     Fire protection	15.95	• Pay cable					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	15.95	• Pay cable • Pay cable-add'l cl	hannel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	15.95	<ul> <li>Pay cable</li> <li>Pay cable-add'l cl</li> <li>Fire protection</li> </ul>					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	15.95	• Pay cable • Pay cable-add'l cl					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	15.95	<ul> <li>Pay cable</li> <li>Pay cable-add'l cl</li> <li>Fire protection</li> </ul>					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	15.95	<ul> <li>Pay cable</li> <li>Pay cable-add'l cl</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		27.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	15.95	<ul> <li>Pay cable</li> <li>Pay cable-add'l cl</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Other services:</li> </ul>		27.00 27.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	15.95	<ul> <li>Pay cable</li> <li>Pay cable-add'l cl</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Other services:</li> <li>Reconnect</li> </ul>					

ounting Period: 2	2021/1			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
	WEST CENTRAL TEL			
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann- of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	TELEVISION entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. 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 the form. lel number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" ( or "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als , see page (v) of the general instruc program 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 educat uctions in the paper SA1-2 form. t the community to which the statior	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).
	FCC. For Mexican or Cana	Adian stations, if any, give the name of t	he community with which the station 3. TYPE OF STATION	n is identified. 4. LOCATION OF STATION
	КРХМ	41	N	MINNEAPOLIS MN
	KARE	11	N	
dd Rows as Necessary	WCCO	4	N	
	KMSP	9	N	MINNEAPOLIS MN
	WFTC	29	E	MINNEAPOLIS MN
	wucw	23	N	MINNEAPOLIS MN
	KSTP	5	Ν	MINNEAPOLIS MN
	KSTC	45	N	MINNEAPOLIS MN
	KVLY	11	Ν	FARGO ND
	KVRR	15	N	
		10	N	FARGO ND
	КХЈВ	4	N	FARGO ND FARGO ND
	КХЈВ	4	N	FARGO ND
	КХЈВ	4	N	FARGO ND
	КХЈВ	4	N	FARGO ND
	КХЈВ	4	N	FARGO ND
	КХЈВ	4	N	FARGO ND
	КХЈВ	4	N	FARGO ND
	КХЈВ	4	N	FARGO ND
	КХЈВ	4	N	FARGO ND

EGAL NAME OF								SYSTEM
	every radio s	station ca	rried on a separate and discre					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recei it the Co sign of e the statio ion's sign g a check	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. n is AM or FM. nal was electronically process c mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st jeneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-	the community with which the		-	C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	0a: 2021/1							FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	WEST CENTRAL TELE	EPHONE	ASSOC.						0
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G				
	In General: In space I, ident	-	-			tion that y	our cable	o eveta	am carried on a
•	substitute basis during the a								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMEN				5				
Special		-				otwork to	lovision	progr	
Statement and	<ul> <li>During the accounting per</li> </ul>		ur cable syster	n carry, on a substitute ba	asis, any noni	ielwork le	levision	progra	am
Program Log	broadcast by a distant sta	ation?					YE	s	NO
	Note: If your answer is "No	o". leave the	e rest of this pa	ige blank. If vour answer i	s "Yes." vou r	nust com	olete the	proar	am
	log in block 2.	,		5 ,	, <b>,</b>			1 3	
	2. LOG OF SUBSTITUTI								
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if	their me	anina	is
	clear. If you need more spa					0001010, 11		anng	
				vision program ("substitute	e program") tl	hat, during	g the acc	countir	ng
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, '	I Love L	ucy" c	or
	"NBA Basketball: 76ers vs.			۵/ ۳ OII	" <b>N</b> I"				
				er "Yes." Otherwise enter " asting the substitute prog					
				the community to which th		rensed by	the FCC	C or i	n
	the case of Mexican or Car							0 01, 11	1
				stem carried the substitute			als, with	the m	onth
	first. Example: for May 7 gi		, ,						
				ogram was carried by you					tely
	to the nearest five minutes.		a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should	d be	
	stated as "6:00-6:30 p.m."		P. 4. 1						
						VOUR SVS	em was	requii	rod
	Column 7: Enter the lett								
	to delete under FCC rules	and regulat	ions in effect d	uring the accounting perio	od; enter the l	etter "P" i	f the liste	ed pro	
	to delete under FCC rules a was substituted for program	and regulat	ions in effect d	uring the accounting perio	od; enter the l	etter "P" i	f the liste	ed pro	
	to delete under FCC rules	and regulat	ions in effect d	uring the accounting perio	od; enter the l	etter "P" i	f the liste	ed pro	
	to delete under FCC rules a was substituted for program	and regulat	ions in effect d	uring the accounting perio	od; enter the l der FCC rules	etter "P" i and regu	f the liste lations ir	ed pro	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat mming that <u>;</u> ;	ions in effect d your system w	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE	etter "P" i and regu	f the liste lations ir	ed pro	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulat mming that ; ; UBSTITUT	ions in effect d your system w E PROGRAM	luring the accounting period as permitted to delete und	od; enter the l der FCC rules WHE CARRI	etter "P" i and regu N SUBST AGE OCC	f the liste lations ir	ed pro	gram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat mming that <u>;</u> ;	ions in effect d your system w	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE	etter "P" i and regu N SUBST AGE OCC	f the liste lations ir TITUTE CURREI TIMES	ed pro	gram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	und regulat mming that ;  UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" i and regu N SUBST AGE OCC	f the liste lations in TITUTE CURREI TIMES	ed pro n D	gram 7. REASON FOR
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Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WEST CENTRAL TELEPHONE ASSOC.	S	YSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	9,435.83 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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-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		
	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)	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 Free and			
Filing Fee and Total Remittance Due	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		hts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: AL TELEPHONE ASSOC.				SYSTEM ID# 0
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number of s, and (2) the cable system's to I number of channels on which I television broadcast stations . I number of activated channels able system carried television cast services	otal number of activated the cable	d channels during the ac	counting period.	12 187
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun		NEEDED (Identify an in		
for Further Information	Name	JENNIFER GREWE			Telephone 2	18-837-6023
	Address	PO BOX 304 308 FR (Number, street, rural route, apartm SEBEKA MN 56477 (City, town, state, zip)				
	Email	JENNIFERG@\	WCTA.NET		Fax (optional) 218-837-5004	
O Certification	I, the undersign     (Owned)     (Agen     in     X     (Offic     in     I have examined	It of owner other than corpora line 1 of space B and that the o cer or partner) I am an officer (i line 1 of space B. d the statement of account and te, and correct to the best of my	ne, <i>but only one</i> , of the <b>artnership)</b> I am the ow <b>tion or partnership)</b> I a wner is not a corporatio f a corporation) or a par hereby declare under p	boxes.) vner of the cable system a am the duly authorized ag n or partnership; or tner (if a partnership) of f enalty of law that all state	as identified in line 1 of space B; gent of the owner of the cable sy the legal entity identified as own ements of fact contained herein	rstem as identified
				er Grewe ature on the line above to n "/s/ signature" (e.g., /s/		
		Typed or printed Title: (Title of of	name: JENNIFE	ER GREWE		
		Date:			07/20/2021	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ST CENTRAL TELEPHONE ASSOC.	
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	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 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@loc.gov.       For further assistance	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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