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.

8/27/2021

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 \$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2021/1 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
	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
	(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:
	Zito Media - Liverpool
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)
Privacy Act Notic	ce: 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito West Holding LLC	63838
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Buffalo Twp, PA	PA
Community	Liverpool Borough, PA	PA
	Liverpool Township, PA	PA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E QVQTEM					FORM SA1	
Name	Zito West Holding LLC	ADLE STOTEM					010	6383
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	<i>,</i> , ,	,	,				
Service: Sub-	Number of Subscribers: Both	•						
scribers and Rates	down by categories of secondar each category by counting the n				•			
Rates	separately for the particular serv				•		scharged	
	Rate: Give the standard rate of	-					-	
	unit in which it is generally billed				rd rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ondary transmi	ssion servi	ice 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				d in the count ur	ider "Serv	ice to the	
	Block 2: If your cable system	0		()	service that are	different	from those	
	printed in block 1 (for example, t	iers of service	s that include one or	more secon	dary transmissi	ons), list th	nem, together	
	with the number of subscribers a	and rates, in th	e right-hand block. A	two- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1				BLOC	< 2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	• Service to first set		34 106.67					
	Service to additional set(s)		34 106.67					
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for ra							
•	not covered in space E, that is, t service for a single fee. There a				,	,		
Services	furnished at cost or (2) services	•		•		υ.	,	
Other Than	amount of the charge and the ur		usually billed. If any	rates are ch	narged on a vari	able per-p	orogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable system for	ach of the	applicable convi	oog ligtod		
Rates								
	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.							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE	RVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: Non-re	sidential				
	• Pay cable	17.95	• Motel, hotel					
	• Pay cable—add'l channel		Commercial					
	Fire protection		• Pay cable	- h /				
	•Burglar protection		Pay cable-add'l	cnannel				
	Installation: Residential	20.00	Fire protection Burglar protection	n				
	First set	30.00	Burglar protectio	11				
	• Additional set(s)		• Reconnect		30.00			
			- Deconnect		30.00			
	FM radio (if separate rate) Converter							
	Converter		Disconnect					
	, , ,				30.00 30.00			

counting Period: 2	2021/1	-		FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Zito West Holding LLC	<u> </u>		63838
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WGAL	8.1	N	Harrisburg, PA
	WGAL	8.2	NM	Harrisburg, PA
Add Rows as Necessary	WHP	21.1	N	Harrisburg, PA
.uu nows as necessary	WHP	21.3	NM	Harrisburg, PA
	WHP	21.2	NM	Harrisburg, PA
	WHTM	27.1	N	Harrisburg, PA
	WHTM	27.3	NM	Harrisburg, PA
	WHTM	27.3	NM	Harrisburg, PA
	WHVL	29.1		Harrisburg, PA
	WITF			
		33.1	E .	Harrisburg, PA
	WLYH	49.1		Harrisburg, PA
	WPMT	43.1	N	Harrisburg, PA
	WPMT	43.2	NM	Harrisburg, PA
	WPSU	3.1	E	Clearfield, PA

EGAL NAME OF							1	SYSTEM 638
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C stem whenever it is received at ved at the headend, with the s opyright Office regulations on t 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	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 enna, during co ge (v) of the g system 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	
							·	

Accounting Perio	od: 2021/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Zito West Holding LLC							63838
					<u>.</u>			
1		-	-			4 41		4
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	· · ·	•	, 0	, ,		
Carriage:	1. SPECIAL STATEMEN				0		• •	
Special	 During the accounting per 	-			isis. anv noni	network tel	evision proa	ram
Statement and Program Log	broadcast by a distant sta		,	<i>,</i>	, ,	Γ	YES	× NO
Program Log	-					L	-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it t	neir meaning	g is
				vision program ("substitute	e program") t	hat. durina	the account	ina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	of another	station
	under certain FCC rules, re							
	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.		idcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cahle syste	m List the	times accur	ately
	to the nearest five minutes.							atery
	stated as "6:00-6:30 p.m."				·			
				n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regul	ations in	
		•						-
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
			[
							<u> </u>	
							_	
								·
							_	
							_	
							_	
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							-	
1							—	
		1		1				

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63838
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	2,004.51 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 \$2 Use block 3 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	this six-mon	
	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		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		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Zito West Ho	OWNER OF CABLE SYSTEM: ding LLC	SYSTEM ID# 63838
M Channels	 to its subscribe Enter the tot system carrie Enter the tot on which the 	You must give (1) the number of channels on which the cable system carried television broadcast st rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	tations 14 101
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Tele	ephone 814-260-0434
	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 undersig (Owr (Age ir X (Off ir I have examinare true, completion	I (This statement of account must be certified and signed in accordance with Copyright Office regulated, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of a for owner other than corporation or partnership) I am the duly authorized agent of the owner of the line 1 of space B and that the owner is not a corporation or partnership; or I cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B. End the statement of account and hereby declare under penalty of law that all statements of fact contained te, and correct to the best of my knowledge, information, and belief, and are made in good faith. Store 1001(1986)] X /s/James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	of space B; or ne cable system as identified ed as owner of the cable system ed herein
		Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership) Date: 08/29/2021	

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.

the West Holding LLC 638 PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Concerning Gross receives and the gross amounts paid to the coble system of 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.° Image: Concerning Gross receiving secondary transmissions pursuant to section 119.° Image: Concerning Gross receiving secondary transmissions pursuant to section 119.° Image: Concerning Gross receipts for secondary transmissions receipts for secondary transmissions made by satellite carriers to satellite dish owners? Image: Concerning Gross receipts for secondary transmissions for function of the satellite carrier(s) below. Image: Concerning Gross receipts for secondary transmissions receipts for secondary transmissions for function of the satellite carrier(s) below. Image: Concerning Gross receipts for secondary transmissions for function of function of the satellite carrier(s) below. Image: Concerning Gross receipts for secondary transmissions for function of function of function of the satellite carrier(s) below. Image: Concerning Gross receipts for secondary transmissions for function of functi	ounting Period: 2021/1	FORM SA1-2E. PAGE
	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
The Stabilite 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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." P 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. P 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? N No VES. Enter the total here and list the satellite carrier(s) below. S Name Maring Address Maring Address Nume Name x 1% Line 1 Enter the total here and list the satellite carrier(s) below. x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 2 Multiply line 2 by the number of days late and enter the sum here x 0 1% Line 4 Multiply line 2 by the number of days late and enter the sum here x 0 (interest charge) 1% * To view the interest rate* and enter the sum here x 0 (interest charge) 1% 1% <td< td=""><td>o West Holding LLC</td><td>6383</td></td<>	o West Holding LLC	6383
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	 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 made by satellite carriers to satellite dish owners? X NO 	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for the payment or underpayment or underpayment. Image: Complete this worksheet for the payment or underpayment and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payment and result of a late payment or underpayment. Image: Complete this worksheet for the payment or underpayment and result of a late payment or underpayment and result payment		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for the payment or underpayment or underpayment. Image: Complete this worksheet for the payment or underpayment and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payment and result of a late payment or underpayment. Image: Complete this worksheet for the payment or underpayment and result of a late payment or underpayment and result payment		
Line 1 Enter the amount of late payment or underpayment	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
Line 2 Multiply line 1 by the interest rate* and enter the sum here		Interest Assessmen
Line 3 Multiply line 2 by the number of days late and enter the sum here		-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		-
contact the Licensing Division at (202) 707-8150 or licensing@loc.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	x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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.	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 x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
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	x	-
Address ID number First community served	x	-
Address ID number First community served	x	-
First community served	x	-
First community served	x	-
	x	-
	x	

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.