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

STATEM	FNT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
		ansmissions by	DATE RECEIVED	AMOUNT					
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			8/4/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(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 th title of the subsidiary, not that of the pare		sidiary of another corporation, give the full	corporate				
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/MAILIN	G ADDRESS OF CABLE SYSTE	И					
		WIKSTROM SYSTEMS LLC							
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	T)					
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
		PO BOX 217 (Number, street, rural route, apartment, or suite n	umber)						
		KARLSTAD, MN 56732	, 						
	INST	(City, town, state, zip)	ass or trade names used to ide	entify the business and operation of t	he system unless these				
С				he system, if different from the addre					
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM	:						
	2	(Number, street, rural route, apartment, or suite n	umber)						
		(City, town, state, zip code)							
Privacy Act Notic	e: Section	n 111 of title 17 of the United States Code au	horizes the Convright Office to collect th	ne personally identifying information (PII) reque	ested on this				

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 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						
	WIKSTROM SYSTEMS LLC	96						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno 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 parks should be reported in parentheses below the							
Area Served	identified city.							
	CITY OR TOWN	STATE						
First								
Community	ARGYLE							
d Rows as Necessary								
a nons as necessary								

								FORM SA1	TEM ID	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WIKSTROM SYSTEMS LLC									
	WIKSTROM SYSTEMST	LC							96	
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in s			-		•				
Secondary		ystem, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	last day of the accounting period						nose exis	ung on the		
Service: Sub-	Number of Subscribers: Both						ble system	n, broken		
scribers and	down by categories of secondary			0 , ,		•				
Rates	each category by counting the ne			•••			·	s charged		
	separately for the particular serv Rate: Give the standard rate c					•	,	de and the		
	unit in which it is generally billed									
	category, but do not include disc	ounts allowed	for adva	ance payment.						
	Block 1: In the left-hand block	•		0						
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity									
	subscriber who pays extra for ca	ble service to	addition	al sets would b	pe include	d in the count ur	der "Servi	ice to the		
	first set" and would be counted of	0			· · ·					
	Block 2: If your cable system I	-		•						
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.		og							
	BLC	DCK 1					BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI	
	Residential:									
	 Service to first set 		132	90.99	ECONO	OMY BASIC		4	35.9	
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC							•		
-	In General: Space F calls for rat				-	all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t									
. .	service for a single fee. There ar	•			•		0 (,		
Services Other Than	furnished at cost or (2) services amount of the charge and the un									
Secondary	enter only the letters "PP" in the		usualiy	Dilleu. Il ally la	ales ale ci	larged on a van	able pei-p	lografii basis,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
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.									
								51 6 6 1 / 6		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res			OATEO			
	• Pay cable	\$12		tel, hotel						
	• Pay cable—add'l channel			mmercial		20.00				
	Fire protection			/ cable						
	•Burglar protection		-	/ cable-add'l ch	nannel				h	
	Installation: Residential		-	protection					h	
	• First set	20.00		glar protection						
	Additional set(s)	15.00		services:						
	• FM radio (if separate rate)			connect		10.00			h	
	Converter			connect						
				tlet relocation		15.00				
									.	
			• Mo	ve to new addr	ess	10.00				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II						
lame				96						
	PRIMARY TRANSMITTERS: TELEVISION									
G	In General: In space G, ide carried by your cable syster FCC rules and regulations i	n 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, <i>except</i> (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								
imary smitters: evision	substitute program basis, as Substitute Basis Stations basis under specific FCC ru	 e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations calles, regulations, or authorizations: 	arried by your cable system on a si	ubstitute program						
	station was carried <i>only</i> on • List the station here, and a	e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations,	d both on a substitute basis and al	so on some other						
	Column 1: List each station multicast stream associated "WETA-2" as the same on t	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form.	program services such as HBO, ES e-air designation. For example, rep	SPN, etc. Identify each port multistream						
	of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. a case whether the station is a network s rring the letter "N" (for network), "N-M" (station, an independent station, or	a noncommercial						
	(for independent multicast), For the meaning of these te Column 4: Give the location	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial 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						
	KGFE	2	E	GRAND FORKS, ND						
	КХЈВ	4	Ν	VALLEY CITY, ND						
D		8	NI							
ecessary	WDAZ	0	N	GRAND FORKS, ND						
ecessary	WDAZ WTBS	9	N I	GRAND FORKS, ND ATLANTA, GA						
ecessary										
cessary	WTBS	9		ATLANTA, GA						
cessary	WTBS KBRR	9 10	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND						
lecessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
Necessary	WTBS KBRR KVLY	9 10 11	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND						
s Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
s Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
s Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
5 Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
s Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
IS Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
IS Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
s as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
s as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						

.EGAL NAME O			YSTEM:						SYSTEM I
		220							3
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of) it is carried by monitoring, to ormation abou	y the sys be rece	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on	at s	the system's he ystem's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If signal, indicate	State whether t the radio stat this by placing	he statio ion's sig g a chec	each station carried. on is AM or FM. nal was electronically proces: k mark in the "S/D" column.			-	-		
			on (the community to which t the community with which the				C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	-
KNOX	FM			t					1
KQHT	FM		GRAND FORKS, ND GRAND FORKS, ND				 		-
(YCK	FM		GRAND FORKS, ND	1			 		1
KXL	FM		GRAND FORKS, ND	1			<u> </u>		
(XPO	FM		GRAFTON, ND	1			†		
<j108< td=""><td>FM</td><td></td><td>GRAND FORKS, ND</td><td></td><td></td><td></td><td></td><td></td><td></td></j108<>	FM		GRAND FORKS, ND						
SNR	FM		THIEF RIVER FALLS, MI	N					
(Q92	FM		WARROAD, MN						
(FJM	FM		UND CAMPUS, GF, ND						
KFNW	FM		FARGO, ND						
KQWB	FM		FARGO, ND						
KSRQ	FM		THIEF RIVER FALLS, MI	N					
KOOL	FM		FARGO, ND				 		-
							 		
		 					 		
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Accounting Perio	od: 2021/1						FO	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#		
	WIKSTROM SYSTEMS	S LLC						969		
_	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LC	G					
	In General: In space I, ident									
Substitute		ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Carriage:										
Special					isis, any noni	network te	elevision pro	gram		
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progra broadcast by a distant station?									
0 0	broadcast by a distant station? YES XINO Note: If your answer is "Yes," you must complete the program									
	log in block 2.			o				0		
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	a distant sta egulations, o ries like "mo Bulls." m was broa sign of the adcast stati nadian stati nth and day ve "5/7." ees when th . Example: ter "R" if the and regulat	tion and that y or authorizatio ovies" or "bask dcast live, ent station broadd on's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect of	ns. See page (v) of the ge ketball." List specific progra are "Yes." Otherwise enter casting the substitute prog the community to which the community with which the vstem carried the substitute rogram was carried by you ried by a system from 6:0 m was substituted for prog during the accounting perio	ted for the pro- neral instruct am titles, for e "No." ram. e station is live station is live e station is id e program. U r cable syste 1:15 p.m. to e ramming that od; enter the l	ogrammir tions for fu example, censed by lentified). se numer m. List the 5:28:30 p. t your sys letter "P" i	g of anothe urther inform "I Love Lucy y the FCC o als, with the e times accu m. should b tem was <i>rec</i> if the listed p	r station hation. " or r, in month urately e guired		
	effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED						7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6.	TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
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Accounting Period:	2021/1 FORM SA1-2	2E. PAGE 6.
Name		TEM ID#
Name	WIKSTROM SYSTEMS LLC	969
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 c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	27.84 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	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)	
	BLOCK 3. GROSS RECEIPTS OF MORE THAN \$203,000 (but less than \$327,000)	
	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	
	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)	
Due	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	67.00
	EFT Trace # or TRANSACTION ID # 26SPN94L	
	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 WIKSTROM SYSTER					SYSTEM ID# 969
M Channels	 to its subscribers, and 1. Enter the total numb system carried televis 2. Enter the total numb on which the cable sy 	(2) the cable system's er of channels on whic sion broadcast stations	total number th the cable the cable the cable the cable the cable the cable the cable the cable the cable		counting period.	8 69
N Individual to Be Contacted	INDIVIDUAL TO BE C we can contact about t			IATION IS NEEDED (Identify an inc	lividual to whom	
for Further Information	Name CA	RRIE KERN-TAG	GART		Telephone (218)	436-2121
		BOX 217 ber, street, rural route, apar RLSTAD, MN 56 town, state, zip)		umber)		
	Email	CAK@WIKTE	L.COM		Fax (optional) 218-436-3100	
Certification	I, the undersigned, her (Owner othe (Agent of ow in line 1 o X (Officer or p in line 1 o	reby certify that (Check r than corporation or wher other than corpor of space B and that the bartner) I am an officer of space B. tatement of account and correct to the best of m 1(1986)] Typed or printer Title: (Title of a	one, but only of partnership) ration or part owner is not a (if a corporation d hereby declar by knowledge, X / Enter an ele Enter signat ed name: CONTRE	I am the owner of the cable system a nership) I am the duly authorized ag a corporation or partnership; or on) or a partner (if a partnership) of th are under penalty of law that all state information, and belief, and are mad corporation, and belief, and are mad s/ CARRIE KERN-TAGGAR	as identified in line 1 of space B; or ent of the owner of the cable system he legal entity identified as owner of t ments of fact contained herein e in good faith. RT certify this statement. ohn Smith)	
		Date:			07/22/2021	

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 fing, 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#
(STROM SYSTEMS LLC	969
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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	<u> </u>
x day Line 3 Multiply line 2 by the number of days late and enter the sum here	rs
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)	<u>-</u>
* 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	

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