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				
3/1/22	\$ 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								
Accounting	Barcode Data Filing Period (optional - see instructions)								
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								
	Great Plains Cable Television								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	P. O. Box 50 (Number, street, rural route, apartment, or suite number)								
	Blair, NE 68008 (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.

Accounting Period:	2021/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Great Plains Cable Television	FORM SA1-2E. PAGE 1b.  SYSTEM ID#  36786
<b>D</b> Area	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Bancroft	Nebraska
Community		
Add Rows as Necessary		
Add nows as Necessary		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Great Plains Cable Television

36786

## 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	52	24.95	Broadcaster Fee	52	22.00	
Service to additional set(s)						
• FM radio (if separate rate)			HD Equipment Lease			
Motel, hotel						
Commercial			Add'l Converter Lease			
Converter						
Residential						
Non-residential						
1	I	T		T	l	

# 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	17.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>	15.00	Commercial				
Fire protection		• Pay cable				
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection				
• First set	65.00	Burglar protection				
Additional set(s)	65.00	Other services:				
• FM radio (if separate rate)		Reconnect	65.00	1000		
Converter		Disconnect				
		Outlet relocation	65.00	1000		
		Move to new address	65.00			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

# Great Plains Cable Television PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 36786

G

#### Primary 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

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 substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis 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 of license. For example, WRC is channel 4 in Washington, D.C.

**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" (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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMTV	3.1	N	Omaha, NE
KTIV	4.1	N	Sioux City, Iowa
WOWT	6.1	N	Omaha, NE
	6.2	I-M	
	6.3	I-M	
KETV	7.1	N	Omaha, NE
	7.2	I-M	
KPTM	42.1	N	Omaha, NE
	42.2	I-M	
	42.3	I-M	
KXNE	19.1	E	Norfolk, NE
	19.2	E-M	
	19.3	E-M	
KXVO	15.1	N	Omaha, NE
KMJF	16	l	Coumbus, NE

Accounting Period	2021/2			FORM SA1-2E. PAGE 3.							
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#							
Name	<b>Great Plains Cable Te</b>	36786									
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary 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 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 substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis 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 of license. For example, WRC is channel 4 in Washington, D.C.  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"										
	For the meaning of these te	rms, see page (iv) of the general instr	or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is								
	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										

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Great Plains Cable Television**

36786

#### 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
	l	<del> </del>				l	
		<del> </del>					
		<del> </del>					
		<del></del>				 	
		<del></del>				 	
		<del></del>				 	
		<del></del>				 	
		<del> </del>					
		<del> </del>				 	
		<b></b>				 	
		<b></b>				 	
		<b></b>				 	
		<b></b>				 	
		ļ					
	ļ	ļ					
	ļ	ļ				 	
	ļ	ļ				 	
		ļ				 	
		ļ				 	
		ļ				 	
		1					

Accounting Perio	nd: 2021/2						EODI	M SA1-2E. PAGE 5.		
accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORI	SYSTEM ID#		
Name	Great Plains Cable Te	levision						36786		
	SUBSTITUTE CARRIAG				_	tion, that y	our cable sys	tem carried on a		
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	iage: icial ent and  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Special Statement and										
Program Log										
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp. Column 1: Give the title period, was broadcast by a under certain FCC rules, red not use general catego "NBA Basketball: 76ers vs. Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca. Column 5: Give the mofirst. Example: for May 7 g. Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant state gulations, or ries like "mo. Bulls." m was broasign of the adcast statinh and day ive "5/7." les when th . Example: ter "R" if the and regulatemming that	am on a separ add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask adcast live, ent station broadd on's location ( ons, if any, the or when your sy e substitute pr a program car e listed prograr ions in effect of	I rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the general cer "Yes." Otherwise enter deasting the substitute programe community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01 m was substituted for programing the accounting period	e program") the ded for the program titles, for each of the program.  "No."  ram.  e station is lide program. Use program. Use program. Use program. To be program. Use program.	hat, during ogramming ions for ful example, "I censed by entified). se numera m. List the 1:28:30 p.m.	the account of another strength of another strength of another strength of the FCC or, als, with the number of times accurant should be sem was required the listed professional strength of the strength of t	ing station tion. or in nonth ately		
	S	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO					
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION		
	1. THEE OF TROOTON	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
		<u> </u>								
							_			
							_			
		<b>†</b>								
		<del> </del>						†		
		<del> </del>					<u> </u>			
		<del> </del>					_			
		<b>_</b>								
		ļ								
		<u> </u>								
							_			
		<del> </del>								
		<del> </del>								
		<del> </del>								
		<b>_</b>						ļ		
		ļ					_			
							_			
		T					_			
		<b>†</b>						<b>†</b>		
		<del> </del>						<del> </del>		
		<b></b>						<b>↓</b>		

Accounting Period:	<b>2021/2</b> FORM S.	A1-2E. PAGE 6.
Name		YSTEM ID#
	Great Plains Cable Television	36786
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 of 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, see 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.	4,887.67
	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-mont accounting period is \$52.00	i
	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	
	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)	
		0.00
	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)	
	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	
	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 # 21CTX104913162769101	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyright See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7.					
Name		WNER OF CABLE SYSTEM: able Television	SYSTEM ID# 36786					
M Channels		ou must give (1) the number of channels on which the cable system carried television be, and (2) the cable system's total number of activated channels during the accounting						
	1. Enter the total number of channels on which the cable system carried television broadcast stations							
	on which the ca	number of activated channels able system carried television broadcast stations ast services	110					
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to bout this statement of account.)	whom					
for Further Information	Name	LeaAnn Quist	Telephone 402-456-6434					
	Address	P. O. Box 500 (Number, street, rural route, apartment, or suite number)						
		Blair, NE 68808 (City, town, state, zip)						
	Email	Iquist@gpcom.com	onal)					
0	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright (	Office regulations)					
Certification	• I, the undersigned	d, hereby certify that (Check one, but only one, of the boxes.)						
	(Owne	r other than corporation or partnership) I am the owner of the cable system as identified	in line 1 of space B; or					
		of owner other than corporation or partnership) I am the duly authorized agent of the ovine 1 of space B and that the owner is not a corporation or partnership; or	wner of the cable system as identified					
		er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal enti ine 1 of space B.	ty identified as owner of the cable system					
		the statement of account and hereby declare under penalty of law that all statements of face, and correct to the best of my knowledge, information, and belief, and are made in good fain 1001(1986)]						
		X /s/Janelle Allison						
		Enter an electronic signature on the line above to certify this s Enter signature using an "/s/ signature" (e.g., /s/ John Smith)						
		Typed or printed name: Janelle Allison						
		Title: CFO & COO  (Title of official position held in corporation or partnership)						
		Date: March	1, 2022					

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 telephon 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 i 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: 2021/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 36786 **Great Plains Cable Television** 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-"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-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? X NO 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. Interest Assessment x = 0.00274Line 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.