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	ΕΝΤ	OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to
-		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syste General instru in the first tab	ictions	are located	2/28/2023	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		20222	Barcode Data Filing Period (optional	- see instructions)	
<b>B</b> Owner		Instructions: Give the full legal name of the owner of th subsidiary, not that of the parent corporat List any other name or names under which	ion.	ary of another corporation, give the full corpora	ite title of the
		If there were different owners during the a statement of account and royalty fee payr		e last day of the accounting period should subm od.	nit a single
		Check here if this is the system's first filing	g. If not, enter the system's ID number as	ssigned by the Licensing Division.	063354
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite n	umber)		
		TYLER, TX 75701	,		
	INST	(City, town, state, zip)	ess or trade names used to ident	tify the business and operation of the s	ustem unless these
C		, <b>O</b>		e system, if different from the address g	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		SOUTHEASTERN CORRECT			
	2	(Number, street, rural route, apartment, or suite n			

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 filing, a determination that would be made by a court of law.

(City, town, state, zip code)

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	CEQUEL COMMUNICATIONS LLC	063354					
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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 known 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 identified city.						
	CITY OR TOWN	STATE					
First	LANCASTER	OH					
Community	(SOUTHEASTERN CORR)						
Add Rows as Necessary							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							A1-2E. PAGE	
Name	CEQUEL COMMUNICATIONS LLC									
E	SECONDARY TRANSMISSION In General: The information in s					rtransmission se	ervice of th	e cable		
	system, that is, the retransmission	on of television a	and rad	lio broadcasts b	y your sys	stem to subscrib	ers. Give i	nformation		
Secondary	about other services (including p						ose existir	ng on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						o ovotom	brokon		
scribers and	down by categories of secondary									
Rates	each category by counting the n									
	separately for the particular serv							-		
	Rate: Give the standard rate c	-	-	•			-			
	unit in which it is generally billed. category, but do not include disc	· · ·	,		y standaro	d rate variations	within a pa	articular rate		
	Block 1: In the left-hand block				es of seco	ondarv transmiss	ion service	e that cable		
	systems most commonly provide	•		•		-				
	that applies to your system. Note	e: Where an ind	lividual	or organization	is receivir	ng service that fa	alls under o	different		
	categories, that person or entity				••		•			
	subscriber who pays extra for ca first set" and would be counted o					in the count und	er "Service	e to the		
	Block 2: If your cable system I					service that are	different fro	om those		
	printed in block 1 (for example, t	•		•						
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tw	o- or three	e-word descriptio	n of the se	ervice is		
	sufficient.				-		DI OOI	( )		
	BLU	OCK 1 NO. OF	- 1				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RATE	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		0	-						
	<ul> <li>Service to additional set(s)</li> </ul>									
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel									
	Commercial		54	42.41						
	Converter									
	• Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES						
F	In General: Space F calls for rat		'		•					
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•	-		5					
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		g,		
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.									
				BLOCK 2						
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVIC	E RATE	
	Continuing Services:			ation: Non-resi						
	• Pay cable	-	• Mot	tel, hotel						
	• Pay cable—add'l channel	-		nmercial						
	Fire protection		• Pay	/ cable						
	•Burglar protection			/ cable-add'l ch	annel					
	Installation: Residential	[]	• Fire	e protection						
	First set	-	• Bur	glar protection						
	<ul> <li>Additional set(s)</li> </ul>	- (		services:						
	• FM radio (if separate rate)		• Rec	connect		-				
	• Converter		• Dise	connect						
			• Out	let relocation		-				
			• IVIO)	ve to new addre	ess	-				

				FORM SA1-2E. PAGE
me	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
-	CEQUEL COMMUNIC	ATIONS LLC		06335
	PRIMARY TRANSMITTERS:	TELEVISION		
S nary nitters: rision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, WC <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried 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. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	(1) stations carried only on a part- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- icitions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream or the air in its community a noncommercial bendent), "I-M" tional multicast).
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	ne community with which the statio	n is identified. 4. LOCATION OF STATION
	WBNS-4	10	N	COLUMBUS, OH
	WCMH-1	4	N	COLUMBUS, OH
Rows as Necessary				
vecessary v	WOSU-1	34	E	COLUMBUS, OH
lecessary	WSYX-1	6	N	COLUMBUS, OH
Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
ecessary	WSYX-1	6		COLUMBUS, OH
lecessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
s Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
s Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
is Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
s Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
s Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
is Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
s Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
is Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
; Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
Is Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH
; Necessary	WSYX-1 WTTE-1	6 28		COLUMBUS, OH COLUMBUS, OH

EGAL NAME OF									SYSTEM 063
	every radio s	station ca	rried on a separate and discrenter and discrenter and discrenter and discrenter and the second second second se					ied on an	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 ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. In is AM or FM. hal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis ec	he system's hea stem's FM anter point, see page I by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC	) it can b ertain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,6			3.122 01011		0,0		
				-					
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Accounting Perio	d: 2022/2						FORM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C				063354
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG			
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC0	C rules, regula	tions, or authorizatio	ons. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Special	<ul> <li>During the accounting peri</li> </ul>	-		-	s. anv nonnet	work television pro	gram
Statement and	broadcast by a distant stat		· · · · · · · · · · · · · · · · · · ·	,,,	_, <b>,</b>		
Program Log	2					YE	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	st complete the pro	ogram
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			e line. Lise abbreviations v	wherever nos	sible if their meani	na is
	clear. If you need more space				wherever pos		ng is
				sion program ("substitute p			
	period, was broadcast by a						
	under certain FCC rules, reg						
	Do not use general categori "NBA Basketball: 76ers vs.		vies or daske	toall. List specific program	1 titles, for exa	ample, I Love Lucy	/ or
			lcast live, enter	"Yes." Otherwise enter "N	lo."		
				sting the substitute program			
				e community to which the			r, in
	the case of Mexican or Can						
			when your syst	em carried the substitute p	orogram. Use	numerals, with the	month
	first. Example: for May 7 giv		aubatituta prov	rom was corriad by your o		List the times ass	irotoli
	to the nearest five minutes.			gram was carried by your o od by a system from 6:01:1			
	stated as "6:00–6:30 p.m."	Example: a	program carrie		io p.iii. to 0.20		
				was substituted for progra			
	to delete under FCC rules a						orogram
	was substituted for program	iming that y	our system was	s permitted to delete under	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCURRED	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — T	DELETION
						_	
						_	
						_	
						_	
						_	······
						_	······
						-	

Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063354
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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.	nission service Imount, see	3,823.22 bss 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 \$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 t accounting period is \$52.00.	his six-month	
	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 \$ 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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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		
	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)	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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:			SYSTEM ID# 063354
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	bers, and (2) the cable system otal number of channels on wh ried television broadcast station otal number of activated channe ne cable system carried televis	ions	ng the accounting period.	6 24
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	RTHER INFORMATION IS NEEDED (Identi count.)	ify an individual	
for Further Information	Name	RODNEY HASKINS	<b>;</b>	Telephone (903)	579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)			
	Email	RODNEY.HA	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account i	must be certified and signed in accordance	e with Copyright Office regulations)	
O Certification			c one, <i>but only one</i> , of the boxes.) <b>r partnership)</b> I am the owner of the cable sy	ystem as identified in line 1 of space B; or	
		in line 1 of space B and that icer or partner) I am an officer	the owner is not a corporation or partnership	ized agent of the owner of the cable system as ; or iip) of the legal entity identified as owner of the	
	are true, com		nd hereby declare under penalty of law that al f my knowledge, information, and belief, and a		
	1		X /s/ Alan Dannenbaum		
			Enter an electronic signature on the line ab Enter signature using an "/s/ signature" (e.		
		Typed or printe	ed name: ALAN DANNENBAUM	I	
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partne	rship)	
		Date:		2/28/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	063354
<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:         <ul> <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> </ul> </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> <li>X NO</li> </ul>	<b>P</b> Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
<ul> <li>In space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	
<ul> <li>(interest charge)</li> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please</li> </ul>	
<ul> <li>(interest charge)</li> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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(interest charge)         * 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	
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