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
	\$
8/27/2024	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

r						
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
	20241 Barcode Data Filing Period (optional - see instructions)					
Accounting						
Period						
	Instructions:					
В	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.					
	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					
	TDS Broadband Service LLC					
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
	Baja Broadband					
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
	525 Junction Rd.					
	(Number, street, rural route, apartment, or suite number)					
	Madison, WI 53717-2152					
	(City, town, state, zip)					
С	<b>INSTRUCTIONS:</b> 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:					
	MALENTO ABUNESS OF ORDER OF OTHER.					
	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 sufficiency of the fling, a determination that would be made by a court of law.

ccounting Period: 2	024/1	FORM SA1-2E. PAGE 1I
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	TDS Broadband Service LLC	2945
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	separate and distinct community or municipal entity (including unincorporated communincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	inities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "fir
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	ome parks should be reported in parentheses below the identific
Served	City.	
	CITY OR TOWN	STATE
First	FORT CARSON	CO
Community	COLORADO SPRINGS	СО
Add Rows as Necessary		

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

29451

## 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:					
<ul> <li>Service to first set</li> </ul>	56	30.00			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel		17.97/mo.			
Commercial					
Converter					
Residential	128	\$6/Mo.			
Non-residential					
				<b>†</b>	

# 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	8.00-15.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$0 - \$50		
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$0 - \$49.95	Burglar protection			
<ul><li>Additional set(s)</li></ul>	\$0 - \$49.95	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	0-25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29451

TDS Broadband Service LLC

G

Primary Transmitters: Television 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
KRDO	13.1	N	Colorado Springs, CO
KRDO-DT3	13.3	N-M	Colorado Springs, CO
KRDO-DT4	13.4	N-M	Colorado Springs, CO
KKTV	11.1	N	Colorado Springs, CO
KKTV-DT2	11.2	N-M	Colorado Springs, CO
KXRM	21.1	N	Colorado Springs, CO
KXTU-LD	57.1	N	Colorado Springs, CO
KXTU-DT2	57.2	N-M	Colorado Springs, CO
KXTU-DT3	57.3	N-M	Colorado Springs, CO
KOAA	5.1	N	Pueblo, CO
KOAA-DT2	5.2	N-M	Pueblo, CO
KOAA-DT3	5.3	N-M	Pueblo, CO
KOAA-DT4	5.4	N-M	Pueblo, CO
KOAA-DT5	5.5	N-M	Pueblo, CO
KTSC	8.1	Е	Pueblo, CO
KTSC-DT2	8.2	E-M	Pueblo, CO
KTSC-DT3	8.3	E-M	Pueblo, CO
KTLO-LP	46.1	l	Colorado Springs, CO
KWHS-LD	51.1	l	Colorado Springs, CO

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 29451 **TDS Broadband Service LLC** PRIMARY TRANSMITTERS: In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television 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. 1. CALL SIGN 4. LOCATION OF STATION 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION

Accounting Period: 2024/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

29451

#### 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
N/A							

Accounting Period	: 2024/1						FORM SA1-2E. PAGE 5
Nama	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM	:				SYSTEM ID#
Name	TDS Broadband Service	LLC					29451
Substitute	SUBSTITUTE CARRIAGE: In General: In space I, identify basis during the accounting performance that must be incl	<i>every nonne</i> eriod, under s	twork television pecific present a	orogram, broadcast by a <i>dis</i> nd former FCC rules, regula	tions, or authoriz	zations. For a further exp	
Carriage: Special	1. SPECIAL STATEMENT	CONCERNII	NG SUBSTITU	TE CARRIAGE			
Statement and Program Log	<ul> <li>During the accounting perio</li> </ul>	d, did your ca	able system carı	ry, on a substitute basis, ar	y nonnetwork te	elevision pro <u>gram</u>	
i rogram Log	broadcast by a distant statio	n?				YES	X NO
	Note: If your answer is "No",	leave the res	t of this page bl	ank. If your answer is "Yes,	" you must com	plete the program	
	log in block 2.  2. LOG OF SUBSTITUTE I In General: List each substituclear. If you need more space Column 1: Give the title of period, was broadcast by a dunder certain FCC rules, regudent of the column of the case of Mexican or Calumn of the case of Mexican or Canace Column of the Canace Column of the Canace Canac	PROGRAMS  Interprogram of the program of the state of the	on a separate lir ladditional rows stwork television and that your cauthorizations. Ses" or "basketball st live, enter "Ye ion broadcasting location (the conjen your system of bstitute program ogram carried bed program was in effect during	ne. Use abbreviations where to the tables. program ("substitute prograble system substituted for the page (v) of the general is." List specific program titles." Otherwise enter "No." of the substitute program. In munity to which the station carried the substitute program is was carried by your cable by a system from 6:01:15 p.  substituted for programmithe accounting period; enter the substitute programmithe accounting period; enter the substituted for programmithe accounting	ever possible, if ram") that, durin the programmir nstructions for fies, for example, on is licensed by on is identified). am. Use numeral system. List them, to 6:28:30 p.ing that your system the letter "P"	f their meaning is g the accounting ng of another station urther information. "I Love Lucy" or  y the FCC or, in als, with the month the times accurately m. should be tem was required if the listed program	
	oneot on Cotobol 10, 1070.				WHEN SI	JBSTITUTE CARRIAG	<u> </u>
		SUBSTITUT	E PROGRAM			OCCURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	DELETION

Accounting Period: 20	024/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Name	TDS Broadband Service LLC		29451
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (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.	rice e	2,840.60 ss receipts)
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-mor accounting period is \$52.00	nth	
	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)		_
	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	0)	
	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		
	TILING TEE THE TOTAL NEWH TANGE DOE		
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in		

U.S. Copyright Office Form (Rev. 05-17)

Accounting Period: 20	J24/1				FORM SA1-2E. PAGE 7.
Name	TDS Broadband Serv				SYSTEM ID# 29451
M Channels	to its subscribers, and  1. Enter the total numb system carried telev  2. Enter the total numb on which the cable seems	ber of activated channels system carried television broadcast	n which the cable system carried television be of activated channels during the accounting particles and the control of the control of the control of the carried television because of activated channels during the accounting particles.	period.	19
N Individual to Be Contacted		CONTACTED IF FURTHER INFORM this statement of account.)	IATION IS NEEDED (Identify an individual to	whom	
for Further Information	Name <b>Zar</b>	neta Lewis		Telephone (	608) 664-8517
	(Num <b>Ma</b>	5 Junction Rd  ther, street, rural route, apartment, or suite nadison, WI 53717  town, state, zip)	umber)		
	Email	finance@tdstelecom.com		Fax (optional)	
O Certification	I, the undersigned, hereby (Owner other)  (Agent of own in lir)  X (Officer or p in lir)  I have examined the state (Control of the	the properties of the corporation or partnership) I where other than corporation or partnership) I where other than corporation or partnership 1 of space B and that the owner is partner) I am an officer (if a corporation 1 of space B.  Attended to the best of my knowledge, it correct to the best of my knowledge,	am the owner of the cable system as identified ership) I am the duly authorized agent of the co	I in line 1 of space B; or where of the cable system as iden tity identified as owner of the cable toontained herein	
		Enter si  Typed or printed name:  Title: Assis	/s/ Sharon V. Tisdale  n electronic signature on the line above to cer gnature using an "/s/ signature" (e.g., /s/ Joh  Sharon V. Tisdale  tant Treasurer cial position held in corporation or partnership)	,	
		Date:		August 23, 2024	

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L NAME OF OWNER OF CABLE SYSTEM:		FORM SA1-2E. PAGE 8
		SYSTEM ID# <b>29451</b>
Broadband Service LLC		29451
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright of lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuits."	system for the basic em shall not include sub-	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general located in the paper SA1-2 form.	al instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for second by satellite carriers to satellite dish owners?	condary transmissions	
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late payr For an explanation of interest assessment, see page (viii) of the general instructions located in the	· ·	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	x days	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x days	
	<u> </u>	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274  \$ - (interest charge)	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274  \$ - (interest charge)	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274  \$ - (interest charge)  urther assistance please  Copyright Office, please	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274  \$ - (interest charge)  urther assistance please  Copyright Office, please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274  \$ - (interest charge)  urther assistance please  Copyright Office, please	

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