## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2 Short Form

(202) 707-8150

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
	\$				
08/30/2024	ALLOCATION NUMBER				

Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT:						
Accounting Period	January 1-June 30, 2024							
<b>B</b> Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  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.  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 ADD							
	Northland Cable Television	INC						
				004145 2024/1				
	101 Stewart St, Ste 700 Seattle, WA 98101							
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:	5 2, g.v. o 1.10a.m.ig add. 555 51 1.10	oyoton, ii amorona nom mo adanoco giron iii c	5,000 21				
	NORTHLAND CABLE TELEVISION							
	MAILING ADDRESS OF CABLE SYSTEM: 515 WEST TYLER 2 (Number, street, rural route, apartment, or suite number)  MEXIA, TX 76667 (City, town, state, zip pode)							
		unity served by the cable system. A	A "community" is the same as a "community ur	nit" as defined				
D	·		ling unincorporated communities within uninco	•				
Area	5 5 .	•	5(dd). The first community that list will serve a se it as the first community on all future filings.					
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.							
First	CITY OR TOWN  MEXIA	STATE TX	CITY OR TOWN	STATE				
Community	LAKE MEXIA (UNINC)	TX						
	Fairfield	TX						
	Fairfield Outside City	TX						
		<u> </u>	1					

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 effects 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.

Form SA1-2c Rev 04/2011

FORM SA3. PAGE 1b.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Name	Northland Cable Television INC			004145	
	CITY OR TOWN	STATE	CITY OR TOWN	STATE	
	CITY OR TOWN	STATE	CITY OR TOWN	STATE	
D					
(continued)					
Area					
Served					

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004145 **Northland Cable Television INC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about 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 (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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 348 · Service to first set 38.50 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 162 38.50 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than 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. Secondary Transmissions: 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 25.50 · Motel, hotel • Pay cable—add'l channel 16.00 Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set 50.00 · Burglar protection · Additional set(s) 20.00 Other services: • FM radio (if separate rate) Reconnect 70.00 Converter Disconnect

Outlet relocation

Move to new address

45.00 45.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004145 **Northland Cable Television INC** PRIMARY TRANSMITTERS: TELEVISION 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 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 Primary 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 prog Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme 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. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF STATION NUMBER KCEN- NBC HD 6.1 N-M **Temple TX** I-M Temple TX KCEN-DT2 Cozi 6.2 6.3 I-M Temple TX **KCEN-DT3 Quest** KCEN-NBC 6 Ν Temple TX Temple TX KCEN-True Crime Network .4 6.4 I-M Dallas TX KERA-Create .3 13.3 E-M **KERA-PBS** 13 Ε **Dallas TX** E-M **Dallas TX** KERA-PBS HD 13.1 13.2 E-M **Dallas TX** KERA-PBS Kids .2 **Belton TX** KNCT - D1 - CW 46 Т I-M **Belton TX** KNCT - D1 - CW HD 46.1 KNCT - D2 - Circle 46.2 I-M **Belton TX Belton TX** KNCT - D3 - Start 46.3 I-M **Belton TX** KNCT - D4 - Dabl 46.4 I-M 46.5 I-M **Belton TX** KNCT - D5 - Heroes & Icons KWKT (Fox) 44 Т Waco TX KWKT (Fox) HD 44.1 I-M Waco TX KWKT .2 (MNT) 44.2 I-M Waco TX Waco TX KWKT .3 (Antenna TV) 44.3 I-M Waco TX 44.4 I-M KWKT .4 (Bounce) Waco TX 10.2 I-M KWTX Telemundo (26411) analog Waco TX 10 Ν **KWTX-CBS** Waco TX 10.1 N-M KWTX-CBS HD

Nama	LEG	GAL NAME OF OWNE	R OF CABLE SYSTEM	A: SYSTEM II	D#		
Name	Northland Cable Television INC						
	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 probasis 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						
			r (trie Special Stateri r on a substitute basi				
	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, Column 2: Give the number of the channel on which the station's broadcasts are carried in its own comm. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.						
	educational station, by entering the letter "I (for independent multicast), "E" (for noncor For the meaning of these terms, see page	N" (for network), "N-N nmercial educationa (iv) of the general in <b>lumn 4:</b> Give the loo	M" (for network multion I), or "E-M" (for noncestructions. Eation of each station	ommercial educational multicast).  1. For U.S. stations, list the community to which the station is license.			
	1. CALL SIGN	6. LOCATION OF STATION					
		NUMBER	STATION				
	KWTX-MeTV .3	10.3 25.3	I-M	Waco TX Waco TX			
	KXXV - D3 - Court TV  KXXV-ABC	25.3 25	I-M N	Waco TX			
	KXXV-ABC HD	25.1	N-M	Waco TX	—		
	KXXV-Grit .2	25.2	I-M	Waco TX			
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID					Name				
							004145		
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		
		_	-Band FM Carriage: Under C			-	-	-	Primary
			em whenever it is received at						Transmitters: Radio
			ved at the headend, with the s Copyright Office regulations o						Naulo
			each station carried.	•	е реши, еее р	.ugo (1) oo	gonora		
			n is AM or FM.						
		-	nal was electronically processon mark in the "S/D" column.	ed	by the cable sy	stem as a sep	parate ai	nd discrete	
			on (the community to which th	ne s	station is license	ed by the FCC	or. in th	ne case of	
			he community with which the				,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AIVI OI I IVI	3/0	LOCATION OF STATION		CALL SIGN	AWIOITW	3/10	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF O	ADIE OVOT	EM.					CVCTEM ID#		
Name							8YSTEM ID# 004145			
	CUDCTITUTE CARRIAGE	. eprov	I OTATEME	IT AND PROCESS AND LOS						
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a									
-	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Special	During the accounting period did your cable system carry on a substitute basis, any nonnetwork television program.									
Program Log broadcast by a distant station?						Yes	⊠No			
	<b>Note:</b> 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 SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is									
	clear. If you need more space	ce, please a	attach additiona	al pages.						
	<b>Column 1:</b> Give the title operiod, was broadcast by a							nn		
	under certain FCC rules, req Do not use general categori	gulations, o	r authorizations	s. See page (v) of the gen	eral instructio	ns for furthe	er information.			
	"NBA Basketball: 76ers vs.   <b>Column 2:</b> If the program		tast live enter	· "Ves " Otherwise enter "N	No."					
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	am.					
	Column 4: Give the broathe case of Mexican or Cana						FCC or, in			
	Column 5: Give the mon	th and day					with the month	1		
	first. Example: for May 7 giv  Column 6: State the time	es when the								
	to the nearest five minutes. stated as "6:00–6:30 p.m."	•			·	·				
	Column 7: Enter the lette to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	d; enter the let	ter "P" if the	listed pro			
	gram was substituted for proeffect on October 19, 1976.	ogramming	that your syste	m was permitted to delete	e under FCC r	ules and re	gulations in			
	enection October 19, 1970.				<del>                                     </del>			Ι		
	s	SUBSTITUTE PROGRAM					TTUTE CURRED	7. REASON		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>			
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F	ORM SA1-2. PAGE 6.	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television INC  004145	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle 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 identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  \$122,843.00	K Gross Receipts
L	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts)	
In •	OPYRIGHT ROYALTY FEE structions: 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  Lee page (vi) of the general instructions for more information.	L Copyright Royalty Fee
	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	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
H	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	
	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 recepits (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	
	TIERRO LE TRIO TO TRETERINI TATOLE DUE	
il	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
n g F	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	]
	EFT Trace # or TRANSACTION ID # Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television INC  004145
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  28  2. Enter the total number of activated channels
	on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
for Further Information	Name Marie Censoplano Telephone 914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)  Rye Brook, NY 10573 (City, town, state, zip)
	Email (optional) marie.censoplano@vyvebb.com Fax (optional] 914-234-8363
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  [ (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>
	Handwritten signature: /s/ Daniel J White
	Typed or printed name: <b>Daniel J White</b>
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)
	Date: 7/31/24

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 effects 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television INC	004145	Name
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic clude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?  X NO		Concerning Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address  Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	<sup>-</sup> payment.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.00	)274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	-	
(interest	charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistar contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ice please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offc list below the owner, address, first community served, ID number, and accounting period as given in the origin	•	
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 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 effects 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.