## 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.

STATEMENT OF ACCOUNT

## SA1-2 Short Form

Return to: Library of Congress

Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, 08/30/2024 see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2024 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В 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 corpo-Owner rate 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. 007702 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 Eagle Communications Inc. 007702 2024/1 **PO Box 817** Hays KS 67601 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE KS Hays First Community KS Russell WaKeeney ĸs KS Victoria KS Munjor Ellis KS 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 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 suffciency of the fling, a determination that would be made by a court of law.

FOR COPYRIGHT OFFICE USE ONLY

Form SA1-2c Rev 04/2011

## ACCOUNTING PERIOD: 2024/1

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Eagle Communications Inc.								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
-									
D									
continued)									
Area									
Served									

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:									TEM IC	
Name	Eagle Communications	Inc.									00770	
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES							
E	In General: The information in s			-		•						
	system, that is, the retransmission					•						
Secondary Transmission	about other services (including p last day of the accounting period						the	ose existii	ng on the			
Service: Sub-	Number of Subscribers: Both						ble	e system.	broken			
scribers 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). <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the											
	<b>Rate:</b> 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											
	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			•								
	systems most commonly provide									У		
	that applies to your system. <b>Note</b> categories, that person or entity									al		
	subscriber who pays extra for ca							•		ai		
	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.	nd rates, in the	e ngnt-n	Iand Diock. A ly	vo- or thre	ee-word descrip	10	n or the s	ervice is			
		BLOCK 1						BLOCK	(2			
		NO. OF	:					2200.	NO.	OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	TEGORY OF SE	R	VICE	SUBSCR	RIBERS	RAT	
	Residential:											
	Service to first set		824	38.50								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		359	38.50								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATES	 S							
F	In General: Space F calls for rat	e (not subscrib	er) info	rmation with re	spect to a	• •				ere		
F	In General: Space F calls for rat not covered in space E, that is, t	e (not subscrib nose services f	er) info that are	rmation with re not offered in o	spect to a combinati	on with any sec	on	dary trans	smission	ere		
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Name	LEGAL NAME OF OWNER	R OF CABLE SYSTE	M:	S	YSTEM ID
	Eagle Communicat	tions Inc.			00770
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	<ul> <li>carried by your cable syste</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61(d)</li> <li>substitute program basis, a</li> <li>Substitute Basis Static</li> <li>basis under specifc FCC rule</li> <li>Do not list the station here, station was carried only</li> <li>List the station here, and basis. For further inform</li> <li>Column 1: List each static</li> <li>Column 2: Give the nur</li> <li>This may be different from associated with a station as the same on the form.</li> <li>Column 3: Indicate in e</li> <li>educational station, by enter (for independent multicast)</li> <li>For the meaning of these to Column 4: Give the location</li> </ul>	m during the accou in effect on June 2- e)(2) and (4), or 76 is explained in the <b>ons:</b> With respect t iles, regulations, or a in space G—but ( on a substitute bas also in space I, if th ation concerning s ation's call sign. Do nber of the channel the channel on whi ccording to its over ach case whether t ering the letter "N" ( , "E" (for noncomm erms, see page (iv) ation of each statio	Inting period, exce 4, 1981, permitting .63 (referring to 76 next paragraph. o any distant static authorizations: do list it in space 1 sis. he station was carr ubstitute basis stat not report originat 1 on which the stati ch your cab; e syst -thje-air designatio the station is a nett (for network), "N-M ercial educational) of the general insi n. For U.S. station	g translator stations and low power television stations) pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a uns carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). rructions. s, list the community to which the station is licensed by the the community with which the station is identifed.	3
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	KAAS MyNetwork.2	24.2	I-M	WICHITA, KS	
	KAAS - FOX	24.1	I-M	WICHITA, KS	
	KAAS - FOX HD	24.1	I-M	WICHITA, KS	
	KAAS MNT .2 HD	24.2	I-M	WICHITA, KS	
	KAKE ABC	10	N	WICHITA, KS	
	KAKE HD ABC	10.1	N-M	WICHITA, KS	
	Kake MeTV	10.2	N-M	WICHITA, KS	
	KBSH CBS	7	N	HAYS, KS	
	KBSH HD CBS	7.1	N-M	HAYS, KS	
	KMTW Charge TV	36.3	I-M	HUTCHINSON, KS	
	KMTW DABL	36.1	I-M	HUTCHINSON, KS	
	KMTW DABL HD	36.1	I-M	HUTCHINSON, KS	
	KMTW Nest .2	36.2	I-M	HUTCHINSON, KS	
	KOOD Create PBS	16.3	E-M	HAYS, KS	
	KOOD HD PBS	16.1	E-M	HAYS, KS	
	KOOD Kids PBS	16.2	E-M	HAYS, KS	
	KOOD PBS	16	E-M	HAYS, KS	
	KSCW-The 365 33.3	33.3	I-M	WICHITA, KS	
	KSCW CW	33.1	I-M	WICHITA, KS	
	KSCW-Catchy Come		I-M	WICHITA, KS	
	KSCW HD CW	33.1	I-M	WICHITA, KS	
	KSCW Start TV	33.4	I-M	WICHITA, KS	

Name	LEGAL NAME OF OWNER	R OF CABLE SYSTE	M:	S	YSTEM ID
Name	Eagle Communica	tions Inc.			00770
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	<ul> <li>carried by your cable syste</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61(</li> <li>substitute program basis, a</li> <li>Substitute Basis Static</li> <li>basis under specifc FCC ru</li> <li>Do not list the station herr</li> <li>station was carried only</li> <li>List the station here, and</li> <li>basis. For further inform</li> <li>Column 1: List each static</li> <li>Column 2: Give the nur</li> <li>This may be different from</li> <li>associated with a station as</li> <li>the same on the form.</li> <li>Column 3: Indicate in e</li> <li>educational station, by enter</li> <li>(for independent multicast)</li> <li>For the meaning of these to</li> <li>Column 4: Give the loc</li> </ul>	m during the accou in effect on June 24 e)(2) and (4), or 76. s explained in the r ons: With respect to les, regulations, or e in space G—but co on a substitute bas also in space I, if th ation concerning su tion's call sign. Do nber of the channel the channel on whic coording to its over- ach case whether the ering the letter "N" ( "E" (for noncomme erms, see page (iv) ation of each station	nting period, excep 4, 1981, permitting 63 (referring to 76. next paragraph. 5 any distant statio authorizations: do list it in space I ( sis. le station was carri ubstitute basis stati not report originati I on which the stati- ch your cab;e syste (thje-air designation he station is a netw for network), "N-M" ercial educational), of the general inst n. For U.S. stations	g translator stations and low power television stations) of (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ns carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ed both on a substitute basis and also on some other ions, see page (v) of the general instructions. on program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as vork station, an independent station, or a noncommercial ' (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). ructions. s, list the community to which the station is licensed by the the community with which the station is identifed.	·
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	KSNC NBC	2	N	HAYS, KS	
	KSNC Telemundo	2.2	I-M	HAYS, KS	
	KSNC True Crime	2.4	I-M	HAYS, KS	
	KWCH Hero's & Icon	12.3	I-M	HUTCHINSON, KS	
	KWCH Wx	12.2	I-M	HUTCHINSON, KS	
	KAKE Bounce DT2	10.3	I-M	WICHITA, KS	
	KAKE Defy DT3	10.4	I-M	WICHITA, KS	

## ACCOUNTING PERIOD: 2024/1

FORM SA1-2. F LEGAL NAME OF		CABLE SY	/STEM:					SYSTEM ID#	Name
Eagle Comm								007702	Naille
	t every radio s	tation ca	rried on a separate and discr nerally receivable" by your ca						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 the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.								Primary Transmitters: Radio	
Column 3: If ignal, indicate	the radio stat this by placing	ion's sigr g a check	nal was electronically process mark in the "S/D" column.						
			on (the community to which the he community with which the				C or, in tl	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				$\left  \right $					

							FORM	M SA1-2. PAGE 5.		
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#		
Name	Eagle Communications	s Inc.						007702		
Substitute	<ul> <li>SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG</li> <li>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 explanation of the programming that must be included in this log, see page (v) of the general instructions.</li> <li>SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> </ul>									
	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE						
Special Statement and Program Log	<ul> <li>During the accounting peri broadcast by a distant stat</li> <li>Note: If your answer is "No"</li> </ul>	ion?	·	·			Yes	⊠No		
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each substi- clear. If you need more space Column 1: Give the title of period, was broadcast by a of under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call se Column 4: Give the broad the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the timeston to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a	PROGRA tute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." a was broad sign of the s dcast statio th and day ' e "5/7." s when the Example: a er "R" if the nd regulatic	MS m on a separa attach additiona nnetwork televi on and that you r authorizations vies" or "baske lcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro- program carrie listed program ons in effect du	te line. Use abbreviation al pages. sion program (substitute ur cable system substitu s. See page (v) of the ge tball." List specific progra "Yes." Otherwise enter sting the substitute prog the community to which the community with which the community with which the community with which the community with which the gram was carried by you do by a system from 6:00 was substituted for prog ring the accounting period	tions wherever possible, if their meaning is itute program) that, during the accounting stituted for the programming of another station e general instructions for further information. rogram titles, for example, "I Love Lucy" or hter "No." program. ch the station is licensed by the FCC or, in					
	S	UBSTITUT	E PROGRAM	1		HEN SUBSTIT RIAGE OCCL		7. REASON		
		2. LIVE?	3. STATION'S		5. MONTH		IMES	FOR DELETION		
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			- то			
							- - - - -			
							- - -			
							-			
							-			

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID# 007702	Name
	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle 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.         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.	ission service	K Gross Receipts
Instructions	T ROYALTY FEE :: 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 of the general instructions for more information.	263,800	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 th 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	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula         \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K         \$ 286,530.00		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	227.30	
	5. Royalty due on the first \$263,800 of gross recepits (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	\$ 1,546.30	
	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)	\$ 1,546.30	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,566.30	
	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	or more information.	

FORM SA1-2. PAGE 6.

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Eagle Communications Inc.	007702
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	32
	system carried television broadcast stations	52
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	214
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
In the data of the	we can write or call about this statement of account.)	
Individual to		
Be Contacted	N. Maria Canaanlana Talashara O	44 005 0040
for Further Information	Name Marie Censoplano Telephone 9	14-235-8313
internation		
	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	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B</li> </ul>	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	er of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)]	herein
	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 suffciency of the fling, a determination that would be made by a court of law.

FORM SA1-2. PAGE 8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	007702	Name
<ul> <li>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 incoscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section     </li> <li>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 transmised by satellite carriers to satellite dish owners?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	basic Iude sub- n 119."	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions.	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	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistand contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	0,	
** 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 Offce list below the owner, address, first community served, ID number, and accounting period as given in the origina		
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 info	ormation (PII) requeste	d 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.