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

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
3/11/25	$
	ALLOCATION NUMBER

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see page ii of the general instructions

Licensing Division
Digitally signed by Licensing Division
Date: 2025.03.14 10:02:54 -04'00'

A Accounting Period

ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

July 1-December 31, 2024

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. **032669**

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

Vyve Broadband J, LLC

03266920242

032669 2024/2

Four International Drive, Suite 330
Rye Brook, NY 10573

C System

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.

1 **IDENTIFICATION OF CABLE SYSTEM:**

2 **MAILING ADDRESS OF CABLE SYSTEM:**
3213 Highway 25 Ease Suite 1
(Number, street, rural route, apartment, or suite number)
Tazewell, TN 37879
(City, town, state, zip code)

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 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.

Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.

First Community

CITY OR TOWN	STATE	CITY OR TOWN	STATE
New Tazewell	**TN**	**Speedwell**	**TN**
Arthur	**TN**	**Tazewell**	**TN**
Cumberland Gap	**TN**		
Harrogate	**TN**		
Lone Mountain	**TN**		
Shawnee	**TN**		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC			SYSTEM ID# 032669
D (continued) **Area Served**	CITY OR TOWN	STATE	CITY OR TOWN	STATE

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 032669

E

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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	793	40.00			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	62	40.00			
Converter					
• Residential					
• Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		**Installation: Non-residential**			
• Pay cable	19.95	• Motel, hotel	T&M		
• Pay cable—add'l channel	15.95	• Commercial	T&M		
• Fire protection	N/A	• Pay cable	T&M		
•Burglar protection	N/A	• Pay cable-add'l channel	T&M		
Installation: Residential		• Fire protection	N/A		
• First set	59.99	• Burglar protection	N/A		
• Additional set(s)	19.99	**Other services:**			
• FM radio (if separate rate)	N/A	• Reconnect	29.99		
• Converter		• Disconnect			
		• Outlet relocation	29.99		
		• Move to new address	29.99		

ACCOUNTING PERIOD: 2024/2

FORM SA1-2. PAGE 3.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 032669

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 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 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.

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 identifed.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
WATE 6 (ABC) Knoxville H	6	N	Knoxville, TN
WATE-Get tv 6.2 Knoxville	6.2	I-M	Knoxville, TN
WATE-Rewind TV 6.3 Kno	6.3	I-M	Knoxville, TN
WBIR 10 (NBC) HD Knoxvi	10	N	Knoxville, TN
WBIR 10.2 (MeTV) Knoxvi	10.2	I-M	Knoxville, TN
WBIR 10.3 True Crime Net	10.3	I-M	Knoxville, TN
WBIR Quest Knoxville	10.4	I-M	Knoxville, TN
WBXX - D3 - Heroes & Ico	20.3	I	Knoxville, TN
WBXX 20 (CW) Knoxville °	20.1	I-M	Knoxville, TN
WBXX 20.2 Story Televisio	20.2	I-M	Knoxville, TN
WKNX 7 (IND) Knoxville H	7	I	Knoxville, TN
WKNX 7.2 Daystar Knoxvi	7.2	I-M	Knoxville, TN
WKOP 15 (PBS) Knoxville	2	E	Knoxville, TN
WKOP 15.2 PBS Kids	2.2	E-M	Knoxville, TN
WKOP 15.3 PBS Creat	2.3	E-M	Knoxville, TN
WKOP-World 2.4 Snee	2.4	E-M	Knoxville, TN
WLFG 68 (IND) Harlan	68	I	Harlan, TN
WLMU 14 (LMU) Harro	14	I	Harrogate, TN
WPXK-Court TV 54.2 J	54.2	I	Jellico, TN
WPXK-ION 54 HD Jelli	54.1	I-M	Jellico, TN
WPXK-Laff 54.3 Jellico	54.3	I-M	Jellico, TN
WTNZ 43 (FOX) Knoxv	43.1	I	Knoxville, TN
WTNZ 43.2 Bounce Kn	43.2	I-M	Knoxville, TN

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 032669

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 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 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.

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 identifed.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
WTNZ 43.3 GritTV Kno	43.3	I-M	Knoxville, TN
WVLR 48 (IND) Knoxvi	48	I	Knoxville, TN
WVLT 8 (CBS) Knoxvill	8	N	Knoxville, TN
WVLT 8.2 (MyNet) Kno	8.2	I-M	Knoxville, TN
WYMT 57 (CBS) Hazar	57.1	N-M	Sneedville, TN
WYMT-Heroes & Icons	57.2	I-M	Sneedville, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	**032669**	

H

Primary Transmitters: Radio

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.

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.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 032669

I

Substitute Carriage: Special Statement and Program Log

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 explanation of the programming that must be included in this log, see page (v) of the general instructions.

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?

☐ **Yes** ☒ **No**

Note: If your answer is “No”, leave the rest of this page blank. If your answer is “Yes,” you must complete the program log in block 2.

2. LOG OF 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, please attach additional pages.

Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like “movies” or “basketball.” List specific program titles, for example, “I Love Lucy” or “NBA Basketball: 76ers vs. Bulls.”

Column 2: If the program was broadcast live, enter “Yes.” Otherwise enter “No.”

Column 3: Give the call sign of the station broadcasting the substitute program.

Column 4: Give the broadcast 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).

Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give “5/7.”

Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as “6:00–6:30 p.m.”

Column 7: Enter the letter “R” if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter “P” if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED				7. REASON FOR DELETION
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	—	TO	
						—		
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	**032669**	

K Gross Receipts

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) during the accounting period. . . . . **219,225.00** (Amount of gross receipts)

IMPORTANT: You must complete a statement in space P concerning gross 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 $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 for more information.

BLOCK 1: GROSS RECEIPTS OF $137,100 OR LESS

Instructions: As a cable system with gross receipts of $137,100 or less, the royalty fee that you must pay for this six-mont accounting period is $52.00

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	$ 219,225.00		
3. Subtract line 2 from line 1	$ 44,575.00		
4. Enter the amount of gross receipts from space K		$ 219,225.00	
5. Enter the amount from line 3		$ 44,575.00	
6. Subtract line 5 from line 4		$ 174,650.00	
7. Multiply line 6 by .005 (enter figure here)			$ 873.25
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			$ 873.25

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 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			

FILING FEE AND TOTAL REMITTANCE DUE

Filing Fee and Total Remittance Due

1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	$ 873.25
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	**$ 893.25**

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: **Vyve Broadband J, LLC**	**SYSTEM ID# 032669**

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 **29**

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services **161**

N Individual to Be Contacted for Further Information

INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)

Name **Marie Censoplano** Telephone **914-234-8313**

Address **Four International Drive, Suite 330**
(Number, street, rural route, apartment, or suite number)

Rye Brook, NY 10573
(City, town, state, zip)

Email (optional) Fax (optional)

O Certifcation

CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce 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 identifed as owner of the cable system in line 1 of space B.

• 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)]

Handwritten signature: /s/ *Daniel J White*

Typed or printed name: **Daniel J. White**

Title: **SVP - Financial Planning**
(Title of official position held in corporation or partnership)

Date: 2/1/2025

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	032669	

P

Special Statement Concerning Gross Receipts Exclusion

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS

The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:

> "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."

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 transmissions made by satellite carriers to satellite dish owners?

[X] NO

[ ] YES. Enter the total here and list the satellite carrier(s) below. $

Name		Name	
Mailing Address		Mailing Address	

Q

Interest Assessment

INTEREST ASSESSMENTS

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.

Line 1 Enter the amount of late payment or underpayment . . . .

x

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** enter here and on line 3, block 4, space L, (page 7) . . . . $ -

(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@loc.gov.

** 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.

Owner

Address

ID number

First community served

Accounting period