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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2/13/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (YY) Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	J
201	92 Barcode Data Filing Period (optional -	see instructions)	

		20192 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: 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.
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
		CCI Systems, Inc. (FKA Cable Constructors Inc)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Packerland Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 190 (Number, street, rural route, apartment, or sulle number)
		Iron Mountain, MI 49801 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
	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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	62970
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or mo	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know gs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Bonduel	WI
Community		
Add Rows as Necessary		

								FORM SA1-	ZE. PAGE
Name	LEGAL NAME OF OWNER OF C							515	6297
	CCI Systems, Inc. (FKA	Cable Con	structo	ors Inc)					0251
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Secondary Transmission	last day of the accounting period	· · ·					uiose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	•				,	ble system	, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serve							charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc				· •				
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a					•	,.		
	sufficient.				1			-	
	BLC	OCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:				_				
	Service to first set		154	38.95		ed Choice		137	67.
	Service to additional set(s)				Premie	r Plus		36	87.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra								
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There an furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that							were not	
Nates	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	otion and inclu	de the ra	te for each.					
								BLOCK 2	
		BLO	JK 1					5200.12	
	CATEGORY OF SERVICE	BLO RATE	-	ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:	-	CATEG	ORY OF SER tion: Non-res		RATE	CATEGO	ORY OF SERVICE	RAT
		-	CATEG Installa			RATE		DRY OF SERVICE	
	Continuing Services:	RATE	CATEG Installa • Mote	tion: Non-res		RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable	RATE 18.95	CATEG Installa • Mote • Con	tion: Non-res el, hotel		RATE	Showtin Stars &	me & TMC	14.9
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE 18.95	CATEG Installa • Mote • Con • Pay	tion: Non-res el, hotel ımercial	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 18.95	CATEG Installa • Mote • Con • Pay • Pay	tion: Non-res el, hotel mercial cable	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 18.95	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l cl protection glar protection	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 18.95	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l cl protection glar protection ervices:	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 18.95	CATEG Installa • Moto • Con • Pay • Pay • Fire • Burq Other s • Rec	tion: Non-res and hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 18.95	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	tion: Non-res and hotel mercial cable cable-add'l ch protection glar protection ervices: onnect onnect	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 18.95	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	tion: Non-res and hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	idential Iannel	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9

Name				
	LEGAL NAME OF OWNER OF			SYSTEM ID#
		A Cable Constructors Inc)		62970
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c	<i>t</i> (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat	me basis under ms [sections ions carried on a
	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station	les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-the	the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP	.og)—if the o on some other ons. 'N, etc. Identify each
	Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station the community with which the station	noncommercial endent), "I-M" onal multicast). is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBAY	8	N	Green Bay, WI
	WBAY HD	642	Ν	Green Bay, WI
as Necessary	WFRV	5	Ν	Green Bay, WI
	·····			
	WFRV HD	640	N	Green Bay, WI
	WFRV HD WCWF	640 10	N N	
				Green Bay, WI
	WCWF	10	N	Green Bay, WI Green Bay, WI
	WCWF WCWF HD	10 644	N	Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WCWF WCWF HD WEUX	10 644 11	N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI

EGAL NAME OI			YSTEM: Constructors Inc)				1	SYSTEM 629
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein to the Co sign of of the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2.2				2.0		
						·		

Accounting Perio	od: 2019/2						FORM	VI SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				62970
					-			
	SUBSTITUTE CARRIAG							
	In General: In space I, ident							
0	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in		ine paper o	
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you i	must comple	te the proc	gram
	log in block 2.	,	•	0 ,		•		•
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa							-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.				,,	,	,	
				er "Yes." Otherwise enter				
				asting the substitute prog			- 500	:
	the case of Mexican or Car			the community to which the community with which the			he FCC or,	In
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0		,	
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m.	should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t your syster	n was <i>requ</i>	iired
	to delete under FCC rules a							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regula	tions in	
	effect on October 19, 1976							
					\//HE	N SUBSTIT		
	S	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 62970
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	9,200.45 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 62970
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	4
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Christopher Flanick Telephone	906-771-2208
Information	Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip) Email christopher.flanick@astreaconnect.com Fax (optional) 906-828-328	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow 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 herei 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)] 	system as identified vner of the cable system
	X /s/ Jacob Mulaikal Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Jacob Mulaikal Title: CFO (Title of official position held in corporation or partnership) Date: 01/13/2020	

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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
I Systems, Inc. (FKA Cable Constructors Inc)	6297
 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 located in the paper SA1-2 form. 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? NO YES. Enter the total here and list the satellite carrier(s) below	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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen

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