BMI-07 **SCHEDULE 2**

Call Letters: _____

Account No: _____

BMI

Please MAIL or FAX the completed forms to:

Broadcast Music, Inc.
Attn: Radio Per Program Operations
10 Music Square East
Nashville, TN 37203-4399

Fax: (615)401-5420

Date Range of Week Covered by Report

From: _____ To: _____

1	2	3	4	5	6
PERFORMANCE DATA (Specify AM or PM for TIME)		**TITLE OF COMPOSITION (Please Do Not Abbreviate)**	**WRITER(S)/COMPOSER(S) (Please list full name(s) of all writers)**	**PUBLISHER(S) and/or RECORDING ARTIST**	Public Domain (✓)
DATE	**TIME**				

PLEASE TYPE OR LEGIBLY PRINT ALL COMPOSITIONS IN WHOLE OR IN PART WITHOUT EXCEPTION **Page No.** ☐ **of** ☐