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
2-29-24	\$ 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

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:				
Accounting Period	July 1 - December 31, 2	023				
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	DRESS OF CABLE SYSTEM				
	Northland Cable Television,	, Inc (ALICEVILLE)				
				002030 2023/2		
	101 Stewart St, Suite 700 Seattle, WA 98101					
	·	siness or trade names used to ident	tify the business and operation of the system u	nless these		
С			system, if different from the address given in s			
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	NORTHLAND CABLE TELE	VISION				
	MAILING ADDRESS OF CABLE SYSTEM: 307 1ST STREET SOUTH [Number, street, rural route, apartment, or suite number)					
	(City, town, state, zip code)					
D	in FCC rules: "a separate and distinct co	ommunity or municipal entitiy (includ	A "community" is the same as a "community ur ding unincorporated commuinites within uninco .5(dd). The first community that list will serve a	rporated		
Area Served	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. CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First	ALICEVILLE	AL	PICKENS COUNTY	AL		
Community	CARROLTON	AL	PICKENS COUNTY (NORTH)	AL		
	GORDO	AL	PICKENSVILLE	AL		
	KENNEDY	AL	REFORM	AL		
	LAMAR COUNTY	AL				
	MILLPORT	AL				

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (ALICEVILLE)						
	CITY OR TOWN	STATE	CITY OR TOWN	002030 STATE			
	OH FOR TOWN	SIAIL	OH FOR TOWN	OTATE			
D							
(continued)							
Area							
Served							

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 002030 Northland Cable Television, Inc (ALICEVILLE) 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: 527 · Service to first set 30.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 37 70.70 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 25.00 Pay cable · Motel, hotel 29.99 • 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 75.00 Converter Disconnect

Outlet relocation

Move to new address

45.00 45.00

WTVA-NBC

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002030 Northland Cable Television, Inc (ALICEVILLE) 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 **Primary** 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progra 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 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 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 3. TYPE 6. LOCATION OF STATION CHANNEL OF NUMBER **STATION** N-M Birmingham AL WBMA - ABC 58.1 WBMA - ABC HD 58.1 N-M Birmingham AL WTTO CW 21.1 Birmingham AL WCBI-CBS 4.1 N-M Columbus MS 4.2 I-M Columbus MS WCBI-MyNetwork TV .2 Birmingham AL WBRC-FOX 6.1 I-M Tuscaloosa AL WVUA-IND Birmingham AL WIAT-CBS 42.1 N-M WIIQ-PBS 41.1 E-M Meridian MS WSES-Heroes & Icons 33.1 Tuscaloosa AL 13.1 N-M Birmingham AL WVTM-NBC WDBB-CW HD 17.1 I-M Tuscaloosa AL 17.1 N-M Tuscaloosa AL WCBI-CBS HD I-M Birmingham AL WRRC-FOX HD 6.1 42.1 N-M Birmingham AL WIAT-CBS HD WIIO-PBS HD 41.1 E-M Meridian MS WVTM-NBC HD N-M Birmingham AL 13.1 WVTM-MeTV .2 N-M Birmingham AL 13.2 WBRC-Bounce .2 I-M Birmingham AL 6.2 WIIQ-PBS Create .3 41.3 E-M Meridian MS WIIQ-PBS World .4 41.4 E-M Meridian MS WIIQ-PBS Kids .2 E-M Meridian MS 41.2 WBRC-Jewlry TV .5 Birmingham AL 6.5 I-M WIAT-DT2 Ion Mystery 42.2 I-M Birmingham AL **WIAT-DT3 Grit** I-M Birmingham AL 42.3 WBRC-Circle .3 6.3 I-M Birmingham AL **WBRC-FOX VOD** Birmingham AL 6.4 I-M

9.1

N-M

Tupelo AL

Name	LEG	AL NAME OF OWNER	OF CABLE SYSTEM	:	SYSTEM ID#		
Name	No	rthland Cable Te	elevision, Inc (Al	LICEVILLE)	002030		
	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						
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF STATION	6. LOCATION OF STATION			
	NUMBER STATION WTVA-NBC HD 9 N-M Tupelo AL						

FORM SA1-2. PAGE 4.									
LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (ALICEVILLE) SYSTEM ID# 002030						Name			
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an						н			
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 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).						Primary Transmitters: Radio			
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	3/10	LOCATION OF STATION		CALL SIGN	AIVI OI I IVI	3/10	LOCATION OF STATION	
				-					
				-					
				=					
				-					
				-					
				-					
				=					
				-					
				-					
		 +							
		 		-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				_					
		 		-					
		 		-					
		 		-					
				=					
				-					
				-					
				-					
				-					

	LEGAL NAME OF OWNER OF (CABLE SYST	EM:					SYSTEM ID:
Name							002030	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG)			
Cook aditusta	In General: In space I, identify <i>every nonnetwork television program</i> 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.							
Substitute Carriage:	1. SPECIAL STATEMENT				generalinsti	dolloris.		
Special	During the accounting peri				s, any nonne	twork telev	ision program	
Statement and Program Log	broadcast by a distant stat	ion?					Yes	X 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	PROGRA	MS					
	period, was broadcast by a	ce, please a of every no distant stati	attach additiona nnetwork televi on and that yo	al pages. sion program (substitute p ur cable system substituted	rogram) that d for the prog	, during the gramming c	e accounting of another station	
	under certain FCC rules, reç Do not use general categori "NBA Basketball: 76ers vs. l	es like "mo						•
	Column 3: Give the call s	sign of the s	station broadca	"Yes." Otherwise enter "N sting the substitute progra	m.			
	the case of Mexican or Cana	adian statio	ns, if any, the		station is ider	ntified).		
	Column 5: Give the mon first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	numerals	, with the mont	h
		s when the		gram was carried by your o				,
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our systen	n was required	
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the le	tter "P" if th	ne listed pro	
	gram was substituted for proeffect on October 19, 1976.	ogramming	that your syste	m was permitted to delete	under FCC	ules and r	egulations in	
	,				WH	EN SUBS	TITUTE	
	S	UBSTITUT	E PROGRAM		CAR		CURRED	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	FROM	. TIMES — TO	FOR DELETION
		100 01 110	07122 01011	c.m.iicito zociment	7.1.1.3 3711			
			l					
			l					
			l			-		
			l			-		
			l			-		
			l			-		
			l			-		
			l					
			l			-		
			l			-		
						-		
							_	
							_	
							_	

FORM SA1-2.	PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (ALICEVILLE)	SYSTEM ID# 002030	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	service ;, see	K Gross Receipts
	during the accounting period. SIMPORTANT: You must complete a statement in space P concerning gross receipts.	116,529.00 nount of 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 \$263,80 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		L Copyright Royalty Fee
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-accounting period is \$52.00	month	
	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 \$137,100)	02.00	
	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)		
	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 recepits (under statutory formula)	19.00	
	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	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	
	EFT Trace # or TRANSACTION ID # No	t 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:	SYSTEM ID#
	Northland Cable Television, Inc (ALICEVILLE)	002030
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state	ions
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	A Fished a total analysis of the control and t	
	System carried television broadcast stations	29
	System curricu totovision broadcast stations	
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	134
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
Individual to	we can write of can about this statement of account.)	
Be Contacted		
for Further	Name Marie Censoplano Telephone 91	4-235-8313
Information		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ns.
0	as explained in the general instructions.)	-,
Certifcation	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 identified 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 in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owne in line 1 of space B.	r of the cable system
	In this is space 2.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained lare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	nerein
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Transmitten signature.	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Data.	
	Date: 2/26/24	

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	Nama
Northland Cable Television, Inc (ALICEVILLE) 002	2030 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 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."	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 transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	Concerning Gross Receipts Exclusion
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	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 herexday	<u>-</u> /s
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	

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.