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		FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Trans Cable Systems (Sho		DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are in the first tab of this wo		08/28/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	NTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))	
201	7/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting	20171	Barcode Data Filing Period (optional	- see instructions)	

~	ACCU	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period to be 20 Period to be 21	
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20171 Barcode Data Filing Period (optional - see instructions)	
		20171 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	063268
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		ELY STATE PRISON	
		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 Offce'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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063268
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo known as the "first community." Please use it as the first community on all future	communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ELY	NV
Community	(ELY STATE PRISON)	
Add Rows as Necessary		
, idu nono us necessary		
		างการการการการการการการการการการการการการก

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06326
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of t	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, n	ot here. All the	e facts you	state must be t			
Transmission	last day of the accounting period						1	hard to a	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed				ny standa	rd rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tw	vo- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel		20	44.00					
	Commercial		28	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	S				
F	In General: Space F calls for rat		,		•	• •			
I I	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro pot	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	-	• Mot	el, hotel					
	Pay cable—add'l channel	-	• Con	nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l ch	annel				
	Installation: Residential		 Fire 	protection					
	First set	-	• Bur	glar protection					
		_	Other s	ervices:					
	 Additional set(s) 	-					1		
	Additional set(s)FM radio (if separate rate)	_	• Rec	onnect		-			
				connect connect		-			
	• FM radio (if separate rate)		• Disc			-			

				FORM SA1-2E. PAGE 3	
me	LEGAL NAME OF OWNER OF			SYSTEM ID#	
	CEQUEL COMMUNIC			063268	
hary hitters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann- of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	of (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
Rows as Necessary	кисм			OGDEN, UT	
				SALT LAKE CITY, UT	
	KSL-TV	5	Ν	SALT LAKE CITY, UT	
	KSL-TV KBYU-TV	5 44	N E	SALT LAKE CITY, UT PROVO, UT	
lecessary					
cessary	ΚΒΥՍ-ΤΥ	44		PROVO, UT	
cessary	KBYU-TV KSTU	44 13	E	PROVO, UT SALT LAKE CITY, UT	
lecessary	KBYU-TV KSTU KUTV	44 13 2	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
ecessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
lecessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
Necessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
ecessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
Necessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
Vecessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
Necessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
Vecessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
Necessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
Necessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
Necessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
Necessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
Necessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
s Necessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	
s Necessary	KBYU-TV KSTU KUTV KTVX	44 13 2 4	E I N	PROVO, UT SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT	

LEGAL NAME O								SYSTEM 063
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the call state whether the radio stat this by placing	y the sy be rece it the C I sign of the stati tion's sig g a chec	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which	at the system's e system's FM a n this point, see ssed by the cabl	headend, and ntenna, during page (v) of the e system as a	(2) it ca genera genera	in be expected, stated intervals. Il instructions in the.	Primary Transmitters Radio
			, the community with which the			-CC 01,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			
					+			
					+			
					7	r	1	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063268
					^			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT				- 3			
Special	During the accounting peri				is any nonne	twork televis	sion program	1
Statement and	broadcast by a distant stat	-		ourly, on a substitute bac	io, any nonne			
Program Log	-						YES	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more space				wherever pos	sible, if their	r meaning is	
	Column 1: Give the title				program") the	at during the	e accounting	
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instructio	ns for furthe	er informatior	
	Do not use general categori		vies" or "basket	tball." List specific program	n titles, for ex	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vaa " Othanuiga antar "I	do "			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa					nsed by the	FCC or, in	
	the case of Mexican or Can	adian statio	ns, if any, the c	community with which the	station is ider	ntified).		
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	e numerals, v	with the mor	nth
	first. Example: for May 7 giv							h
	Column 6: State the time to the nearest five minutes.							iy
	stated as "6:00–6:30 p.m."		i program came		15 p.m. to 0.2	0.00 p.m. 3		
	Column 7: Enter the lette							
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	ind regulation	ons in	
	effect on October 19, 1976.							
					WHE	EN SUBSTI	ITUTE	
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
								"
					-			
					-			
			+		-			
			+				<u> </u>	
							<u> </u>	
							_	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063268
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 7,092.00
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 • 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-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)	
	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		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	7,600)	
	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		hts!

Accounting Period:	2017/1						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: MUNICATIONS LLC					SYSTEM ID# 063268
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	ou must give (1) the number s, and (2) the cable system's I number of channels on whic I television broadcast stations I number of activated channe able system carried televisior cast services	total numb ch the cable s els n broadcas	per of activated char e st stations	nnels during the	accounting period.	. 7 . 11
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou		RMATION IS NEED	DED (Identify an	individual to whom	
for Further Information	Name	SARAH BOGUE				Telephon	e <mark>(903) 579-3121</mark>
	Address	3015 S SE LOOP 323 (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		ite number)			
	Email	SARAH.BOGU	JE@ALTIC	CEUSA.COM		Fax (optional)	
O Certification	I, the undersigned (Owned) (Agen in X (Offic in I have examined	(This statement of account med, hereby certify that (Check of the other than corporation or pert of owner other than corporation or pert of owner other than corporation or pert of space B and that the other or partner) I am an officer (line 1 of space B. d the statement of account and te, and correct to the best of my on 1001(1986)]	one, <i>but onl</i> partnership ration or pa owner is no (if a corpora I hereby dec	<i>ly one</i> , of the boxes.) p) I am the owner of the owner owner owner (if a clare under penalty owner) duly authorized a rtnership; or a partnership) of i of law that all state	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ov ements of fact contained herei	B; or system as identified mer of the cable system
			Enter an e	/s/ Sabrina Wa electronic signature o nature using an "/s/ si	on the line above t	o certify this statement. / John Smith)	-
		Typed or printed	d name:	SABRINA WA	ARR		
		Title: (Title of		PRESIDENT OF on held in corporation of		NG	
		Date:				08/18/2017	

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unting Period: 2017/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06326
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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 Interest Assessme
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	
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 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** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - k 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
Line 3 Multiply line 2 by the number of days late and enter the sum here x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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 th 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.