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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT \$
\$
03/01/2018 ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A		20172 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
		Atlantic Broadband (Delmar) LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)
		Quincy, MA 02169 (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 is 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:
		Atlantic Broadband
		MAILING ADDRESS OF CABLE SYSTEM:
	2	330 Drummer Drive (Number, street, rural route, apartment, or suite number)
		Grasonville, MD 21638 (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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/2		FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Name			
	Atlantic Broadband (Delmar) LLC		15246
			" is the same as a "community unit" as defined in FCC rules:
D			munities within unincorporated areas and including single,
			will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first con	nmunity on all future filings.	
Area	Note: Entities and properties such as hotels, apartme	nts, condominiums, or mobile ho	me parks should be reported in parentheses below the
Served	identified city.		
ocivea	,		
	CITY OR TOWN		STATE
Finat	Perryville		MD
First Community	Casil Carreta		
Community	Cecil County		MD
	Port Deposit		MD
Add Rows as Necessary			

Accounting Period: 2017/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 15246

Atlantic Broadband (Delmar) LLC

Ε

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.

BL	OCK 1	BLOCK	(2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	1,210	27.16	Expanded Basic	1,028	45.33
 Service to additional set(s) 			Bulk EBU Basic	157	27.16
• FM radio (if separate rate)			Bulk EBU Expanded Basic	123	45.33
Motel, hotel					
Commercial					
Converter					
Residential	8	1.00			
Non-residential					
		T			

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	19.99	Motel, hotel		Value Tier	72.49
 Pay cable—add'l channel 		Commercial		Digital Value	76.99
 Fire protection 		• Pay cable		Digital Plus	98.48
Burglar protection		Pay cable-add'l channel		НВО	19.99
Installation: Residential		Fire protection		Showtime	19.99
• First set	40.00	Burglar protection		Cinemax	19.99
 Additional set(s) 	40.00	Other services:		MoviePlex	9.00
• FM radio (if separate rate)		Reconnect	40.00	2 Premium	34.95
Converter		Disconnect		3 Premium	49.95
		Outlet relocation	29.47/hr	NFL Red Zone	49.99
		Move to new address	40.00		

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 15246

Atlantic Broadband (Delmar) LLC

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 specific 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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

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 in the paper SA1-2 form.

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 identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBAL	11	N	Baltimore, MD
WBFF	1	N	Baltimore, MD
WDCA	3	<u> </u>	Washington, DC
WJZ	13	N	Baltimore, MD
WMAR	2	N	Baltimore, MD
WMPT	42	E	Annapolis, MD
WNUV	8	<u> </u>	Baltimore, MD
WPHL	9	I-M	Philadelphia, PA
WUTB	24	I-M	Baltimore, MD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Atlantic Broadband (Delmar) LLC

15246

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.

Н

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 in the. paper SA1-2 form.

Primary Transmitters: Radio

- 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 CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF	CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2017/2						FOR	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#
Name	Atlantic Broadband (D	elmar) LL	.C					15246
1	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	thorizations.	For a further
Substitute Carriage:					ie general insti	uctions in the	е рарег ЗАТ	-2 101111.
Special	1. SPECIAL STATEMENTDuring the accounting per				nia any nanna	twork tolovic	sion program	•
Statement and		•	r cable system	carry, orr a substitute bas	sis, arry norme	twork televis		
Program Log	broadcast by a distant sta	uon?					YES	X NO
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call: Column 4: Give the broa the case of Mexican or Can the case of Mexican or Can Golumn 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast static adian statio th and day we "5/7." es when the Example: a er "R" if the und regulatio ming that y	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broadea on's location (the one, if any, the owhen your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "sting the substitute program to community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting perio	e program") that ed for the program titles, for ex No." am. e station is lice to station is idented to program. Use to cable system to 6:2 tramming that y d; enter the left	ent, during the gramming of ns for furthe ample, "I Lo ensed by the ntified). List the time 28:30 p.m. silvour system tter "P" if the	e accounting another star r information ve Lucy" or FCC or, in with the mores accurate hould be was require listed progr	tion n. nth ly
	Check on October 15, 1576.							1
		LIDOTITLIT		•		EN SUBSTI		7. REASON FOR
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCI	IMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM -	— то	
							<u> </u>	
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							_	
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							<u> </u>	

ccounting Period:	2017/2				SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Delmar) LLC				SYSTEM ID 1524
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscril (as identified in space E) during the accounting period. For a furth page (vii) of the general instructions located in the paper SA1-2 fc Gross receipts from subscribers for secondary transmissions during the accounting period. IMPORTANT: You must complete a statement in space P concer	bers for the syste ner explanation of orm. service(s)	m's secondary tra how to compute t	nsmission serv his amount, se	/ice
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 \$137,10! Use block 2 if the amount of gross receipts in space K is more the Use block 3 if the amount of gross receipts in space K is more the See page (vi) of the general instructions located in the paper SA1-2 for	an \$137,100 but le an \$263,800 but le	ess than \$527,600		
	BLOCK 1: GROSS RECEIPT	TS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or les accounting period is \$52.00	ss, the royalty fee t	that you must pay f	or this six-mont	:h
	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 PER	RIOD Add lines 1 a	and 2	· • • • <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,8	300 OR LESS (b	ut more than \$13	7,100)	
	Base amount under statutory formula	\$	263,800.00	<u>)</u>	
	2. Enter amount of gross receipts from space K	<u>\$</u>	233,614.81	<u>1_</u>	
	3. Subtract line 2 from line 1	<u>\$</u>	30,185.19	<u>9</u>	
	4. Enter the amount of gross receipts from space K			233,614.81	_
	5. Enter the amount from line 3			30,185.19	_
	6. Subtract line 5 from line 4			203,429.61	_
	7. Multiply line 6 by .005 (enter figure here)				1,017.15
	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	3	\$	1,017.15
	BLOCK 3: GROSS RECEIPTS OF MORE	THAN \$263,800	(but less than \$5	27,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	\$	263,800.00	<u> </u>	
	3. Subtract line 2 from line 1			_	
	4. Multiply line 3 by .01		· · · · · <u> </u>		_
	5. Royalty due on the first \$263,800 of gross receipts (under statutory	y formula)	<u></u> \$	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, an	nd 6	· · <u> </u>	
	FILING FEE AND TOTAL REMIT	TANCE DUE			
Filing Fee and					
Filling Fee and Fotal Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, a)	above)	<u>\$</u>	1,017.15	=
Due	2. Filing Fee (See the instructions for more information on filing fee ca	alculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	2 and 3		\$	1,037.15
	Important: Your remittance must be in the form of an elec				rights!
	See page i of the general instructions in the	paper SA1-2 for	m tor more inform	ation.	

Accounting Period:	2017/2																				F	ORM SA	1-2E.	PAG	E 7
Name	LEGAL NAME OF OWNE Atlantic Broadband																					,	SYST	EM 152	
M Channels	to its subscribers, and 1. Enter the total numl system carried televi 2. Enter the total numl on which the cable s	ust give (1) the number of (2) the cable system's to ber of channels on which ision broadcast stations. ber of activated channels system carried television bervices	otal numb	nber ble 	ber of	of activations	ated	chann	els du	ring th	ne acc	cour	nting	perio	od.		ns				9 274]
N Individual to Be Contacted		CONTACTED IF FURTHI this statement of accoun		ORI	RMA	ATION	I IS N	EEDE	D (Ide	ntify a	an ind	divid	ual t	o who	om										
for Further Information	Name Par	trick Bratton													Те	elepho	ne 6	17-7	786-	8800)				
	(Nun	Batterymarch Park, nber, street, rural route, apartn incy, MA 02169																							
	(City	, town, state, zip)																							
	Email	pbratton@atlant	ticbb.cor	om	m							Fa	ax (o	ption	al)										! =
O Certification	• I, the undersigned, here (Owner other (Agent of over in line 1)	statement of account murely certify that (Check on er than corporation or pawner other than corporat of space B and that the overlapartner) I am an officer (if	ne, but onl artnership tion or pa wner is no	nip) partinot a	ly one p) I ar artner ot a co	e, of the arm the ership) corpora	owne	xes.) or of the	e cable ily auth nership	e syste norized o; or	em as d ager	ider	ntified	d in lir	ne 1 o	f spac	e B; o	em as			tem				
	I have examined the s	of space B. statement of account and h correct to the best of my k 01(1986)]						-							ntaine	d here	ein								
			Enter an Enter sig	an ele	elect		signat	ure on	the lin						emen	t.	_								
		Typed or printed	I name:	111	Pa	atricl	k Br	attoı	1																
		Title: (Title of of	Chief official positi							hip)															
		Date:											Marc	ch 1,	2018										

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 the 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 telephon 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 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

ounting Period: 2017/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
antic Broadband (Delmar) LLC	15246
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	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 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 filing this worksheet covering a statement of account already submitted to the Copyright Office, 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	

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