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
02/27/2018	\$ ALLOCATION NUMBER
	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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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
		Bevcomm, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		BEVCOMM
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		123 W 7th St. (Number, street, rural route, apartment, or suite number)
		Blue Earth, MN 56013 (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		IDENTIFICATION OF CABLE SYSTEM:
Cyclom	1	SEATH IGATION OF SASEE OF SEEM.
		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 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	Bevcomm, Inc.	62551
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you last the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	New Prague	MN
Community	Minnesota Lake	MN
	Wells	MN
Add Rows as Necessary	Easton	MN
	Winnebago	MN
	Bricelyn	MN
	Frost	MN
	Granada	MN
	Huntley	MN
	Warsaw	MN
	Freeborn Delavan	MN MN
	Morristown	MN
	WOITISLOWII	IVIN

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Bevcomm, Inc.

62551

E

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	3,586	81.95								
Service to additional set(s)										
• FM radio (if separate rate)										
Motel, hotel										
Commercial										
Converter										
Residential										
Non-residential										
1					I					

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		Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		• Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	35.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	25.00	
Converter		Disconnect		
		Outlet relocation	45.00	
		Move to new address	45.00	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62551

Bevcomm, Inc.

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
KTCA	2.1	E	MINNEAPOLIS/ST PAUL, MN
KPXM	41	l	MINNEAPOLIS/ST PAUL, MN
wcco	4	N	MINNEAPOLIS/ST PAUL, MN
KSTP	5	N	MINNEAPOLIS/ST PAUL, MN
KAAL	6	N	AUSTIN, MN
KSTC METV	5.3	I-M	MINNEAPOLIS/ST PAUL, MN
KMSP	9	I	MINNEAPOLIS/ST PAUL, MN
WFTC	29	I	MINNEAPOLIS/ST PAUL, MN
KARE	11	N	MINNEAPOLIS/ST PAUL, MN
KEYC (FOX)	12.4	I-M	MANKATO, MN
KSTC METV	45	I	MINNEAPOLIS/ST PAUL, MN
KTCI-LIFE	2.3	E-M	MINNEAPOLIS/ST PAUL, MN
KSTC THISTV	5.2	I-M	MINNEAPOLIS/ST PAUL, MN
KARE WXNOW	11.2	I-M	MINNEAPOLIS/ST PAUL, MN
KEYC (FOX)	12	N	MANKATO, MN
KSTC ANTENNA	5.4	I-M	MINNEAPOLIS/ST PAUL, MN
KSTP-H&I	5.7	N-M	MINNEAPOLIS/ST PAUL, MN
KARE-JUSTICE	11.3	N-M	MINNEAPOLIS/ST PAUL, MN
KTCA-MN	2.2	E-M	MINNEAPOLIS/ST PAUL, MN
KTCA-WX	2.4	E-M	MINNEAPOLIS/ST PAUL, MN

Accounting Period: 2017/2

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Bevcomm, Inc.

62551

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
		 					
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Accounting Perio	d: 2017/2					FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:				SYSTEM ID#
Name	Bevcomm, Inc.						62551
Substitute Carriage: Special Statement and Program Log	Bevcomm, Inc. SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call se Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the times	E: SPECIAlly every nor counting peng that must CONCER od, did your ion? I leave the PROGRA tute prograce, please a of every nor distant statifulations, or es like "mor Bulls." I was broad sign of the sed cast stationad day e "5/7." Is when the	AL STATEMEN Innetwork televis eriod, under specit be included in ENING SUBST r cable system rest of this pag IMS IMS IMS IMS IMS IMS IMS IM	ion program, broadcast by cific present and former FC this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute basice blank. If your answer is the line. Use abbreviations ows to the tables. Sion program ("substitute ar cable system substitute ar cable system substitute are see page (v) of the general community in the substitute program to the community with which the seem carried the substitute gram was carried by your end to the substitute gram was carried by gram by the substitute gram was carried by gram by the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried by your end to the substitute gram was carried to the substitute gram was carried to the substitute gram was carried by your end to the substitute gram was carried to the substitute gram	a distant static C rules, regular general instruction wherever posteral instruction titles, for example, and instruction titles, for example, and instruction is licenstation is licenstation.	ations, or authorizations uctions in the paper SA1 twork television program YES ast complete the program sible, if their meaning is t, during the accounting ramming of another states for further information ample, "I Love Lucy" or ansed by the FCC or, in tiffied). numerals, with the months.	em carried on a For a further -2 form. NO m A B B B B B B B B B B B B B B B B B B
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie		15 p.m. to 6:2	8:30 p.m. should be	
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed prog	
	s	UBSTITUT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
							"
							"
							"
							"

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Bevcomm, Inc.		S	62551
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary trans to compute this	mission servi s amount, see	78,643.30
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 the space W is great than \$263,800 but less the page (vi) of the general instructions located in the paper SA1-2 form for more information and the page of the page SA1-2 form for more information and the page SA1-2 formation and the page	nan \$527,600 n.	\$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	ou must pay for	this six-month	
	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 PERIOD Add lines 1 and 2		· •	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,	100)	_
	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)	
	Enter the amount of gross receipts from space K	378,643.30		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	114,843.30		
	4. Multiply line 3 by .01	\$	1,148.43	
	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 $$		\$	2,467.43
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,467.43	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,487.43
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for	_		ghts!

Accounting Period:	2017/2																								F	ORM S	SA1-2	E. PA	AGE 7
Name	LEGAL NAME OF OWNER OF Bevcomm, Inc.	CABLE SYSTEM:																									SYS		M ID# 2551
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the subscribers, and (2) the subscribers of the subscribers of the subscriber of the subscriber of the subscriber of the subscribers of th	ne cable system's tot f channels on which to broadcast stations f activated channels n carried television b	tal numb the cable	nber ble	e	er of a	activa	ated	d cha	annel	s dur	ring t	the a		unti	ing	perio	od.		ons					20 285				
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			ORM	RMA	MAT	ΓΙΟΝ	IS	NEE	DED	(Ide	ntify	an in	ndivi	idua	al to	who	om											
for Further Information	Name GLORI	A PEDERSON																Τ	eleph	none	507	7-52	:6-1	134					
	(Number, s	7TH ST treet, rural route, apartme EARTH, MN 560		suite n	ite nu	numb	ber)																						
	Email	gpederson@beve	comm.c	ı.con	com	om								F	Fax	(op	tion	al)											
O Certification	(Agent of owner in line 1 of spi	certify that (Check one in corporation or par other than corporation or B and that the owner) I am an officer (if a ace B. Typed or printed r	e, but only rtnership ion or pa yner is no a corpora ereby dec knowledge X Enter an e Enter sign	partinnot a pratio	p) I a artne ot a contact on action clare e, into	one, I am ttners a cor are u i, infor	of the of	own I arrition partr per on,	Du Du Offii	of the of duly artner of a partner of law belief	auth ship rtner / that and	syst orize ; or ship) t all sare	ed ago	ent cent cent cent cent cent cent cent c	enti of the egal tts o good	this mith	in lir wner it in lir it in lir it in lir in	r of t	of spanne cal	ace B; ble sy	sten				em				
		Date.														212	1120	IJδ											

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ccounting Period: 2017/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
evcomm, Inc.	62551
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 Concerning Gross
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.	Receipts Exclusion
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	
Name Name	
Mailing Address 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.	Q
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	- Interest Assessment
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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	-
* 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	
ID number First community served	
Accounting period	

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