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				
08/10/2018	\$ 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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20181 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
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		HAEFELE TV INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 312
		(Number, street, rural route, apartment, or suite number)
		SPENCER, NY 14883-0312 City, town, state, zip)
		English Andrews
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
	1	ENFIELD
		MAILING ADDRESS OF CABLE SYSTEM:
		SAME AS ABOVE
	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 fling, a determination that would be made by a court of law.

Accounting Period:	2018/1	FORM CALL OF DAGE 4h
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name		
	HAEFELE TV INC	1687
D	Instructions: List each separate community served by the cable system. A "commu" a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	identified city.	nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	ENFIELD TOWN	NY
Community	HECTOR TOWN	NY
	CATHARINE TOWN	NY
Add Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

HAEFELE TV INC

SYSTEM ID#

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			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	455	24.95				
 Service to additional set(s) 	308	1.00				
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

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.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	9.00 / 14.95	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	30.00	Burglar protection			
Additional set(s)	10.00	Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	10.00		
		Move to new address	30.00		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM 1687 HAEFELE TV INC 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 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 Transmitters: Television 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 pasis 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 nulticast 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WSTM DT 3-1 SYRACUSE, NY WSTQ DT 3-2 24 N-M SYRACUSE, NY WSTM DT 3-3 N-M SYRACUSE, NY Add Rows as Necessary 24 WSKG DT 46-1 42 BINGHAMTON, NY WSKG DT 46-2 42 E-M BINGHAMTON, NY WSKG DT 46-3 42 E-M BINGHAMTON, NY SYRACUSE, NY WCNY DT 24-1 25 WCNY DT 24-2 25 E-M SYRACUSE, NY WCNY DT 24-3 25 E-M SYRACUSE, NY **WCNY DT 24-4** 25 SYRACUSE, NY E-M 17 WSYR DT 9-1 Ν SYRACUSE, NY WSYR DT 9-2 17 N-M SYRACUSE, NY N-M WSYR DT 9-3 17 SYRACUSE, NY SYRACUSE, NY WSYR DT 9-4 17 N-M WTVH DT 5-1 47 Ν SYRACUSE, NY WTVH DT 5-2 47 SYRACUSE, NY **WENY DT 36-1** 36 N ELMIRA, NY **WENY DT 36-2** 36 Ν ELMIRA, NY **WENY DT 36-3** 36 N-M ELMIRA, NY WENY DT 36-4 36 N-M ELMIRA, NY N SYRACUSE, NY WSYT DT 68-1 19 WSYT DT 68-2 N-M SYRACUSE, NY 19 WNYS DT 43-1 44 SYRACUSE, NY WNYS DT 43-2 44 I-M SYRACUSE, NY WSPX DT 56-1 15 SYRACUSE, NY WSPX DT 56-2 15 I-M SYRACUSE, NY WSPX DT 56-3 15 I-M SYRACUSE, NY

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

HAEFELE TV INC 1687

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).

	1	1 -	[T 2	1		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
	l						
							
	l						
							
							
	 						
							
							
	l						
					 		
							
					 		
					 		
					 		
	l				l		

	/u. 2010/ 1							SA1-2E. PAGE 5
counting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID:
Name	HAEFELE TV INC							1687
Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork televi eriod, under 🗆	ision program, broadcast by cific ☑ sent and former FC	a <i>distant</i> stat CC rules, regu	ılations, or aı	uthorizations	. For a further
Carriage:	1. SPECIAL STATEMEN				e general ins	a doublib iii ti	ic paper orti	I Z IOIIII.
Special				n carry, on a substitute bas	sis anv nonn	etwork telev	ision nroara	ım
atement and rogram Log	broadcast by a distant sta	•	ar oable byeter	in dairy, on a dabolitate bat	olo, arry rioriii	ottronk tolov	YES	 NO
	Note: If your answer is "No	o", leave the	e rest of this pa	nge blank. If your answer is	s "Yes," you n	nust comple	_	
	log in block 2.							
	period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tint to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant state gulations, ries like "mo. Bulls." m was broat sign of the adcast statinatian statinth and day ive "5/7." hes when th . Example:	am on a separ add additional onnetwork tele tion and that yor authorization ovies" or "bask adcast live, ent station broadion's location (ons, if any, they when your sy e substitute pra program car	rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the general casting the substitute program of the substitute program was the community to which the stem carried the substitute program was carried by your ried by a system from 6:01	e program") the d for the properal instruction titles, for each of the program. Use the program. Use the program of the progra	nat, during the organization of the properties o	ne accountir of another st er informatio ove Lucy" of e FCC or, ir with the more mes accurat should be	ng ation on. or n onth
	to delete under FCC rules	and regulat mming that	ions in effect d	luring the accounting perio	d; enter the le	etter "P" if th	e listed prog	
	to delete under FCC rules was substituted for progral effect on October 19, 1976	and regulat mming that 5.	ions in effect d your system w	luring the accounting perio as permitted to delete und	d; enter the le er FCC rules WHE CARR	etter "P" if th and regulat EN SUBSTI IAGE OCCL	e listed progions in TUTE JRRED	7. REASON FOR
	to delete under FCC rules was substituted for progral effect on October 19, 1976	and regulat mming that 5.	ions in effect d your system w	luring the accounting perio as permitted to delete und	d; enter the le er FCC rules WHE	etter "P" if th and regulat EN SUBSTITIAGE OCCU	e listed progions in TUTE JRRED MES	7. REASON
	to delete und was substitut effect on Octo	ler FCC rules ted for progral ober 19, 1976	ler FCC rules and regulated for programming that ober 19, 1976. SUBSTITUT F PROGRAM 2. LIVE?	ler FCC rules and regulations in effect of the for programming that your system who ober 19, 1976. SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S	ler FCC rules and regulations in effect during the accounting perioted for programming that your system was permitted to delete und ober 19, 1976. SUBSTITUTE PROGRAM F PROGRAM 2. LIVE? 3. STATION'S	ler FCC rules and regulations in effect during the accounting period; enter the let ded for programming that your system was permitted to delete under FCC rules ober 19, 1976. SUBSTITUTE PROGRAM CARRIED CARRIE	ler FCC rules and regulations in effect during the accounting period; enter the letter "P" if the ded for programming that your system was permitted to delete under FCC rules and regulat ober 19, 1976. WHEN SUBSTITUTE PROGRAM CARRIAGE OCCU	SUBSTITUTE PROGRAM SUBSTITUTE PROGRAM CARRIAGE OCCURRED 5. MONTH 6. TIMES

Accounting Period:	2018/1		A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC	S	YSTEM ID# 1687
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service imount, see	9,961.50 pss receipts)
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 \$2 • 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.	63,800	
	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 taccounting period is \$52.00	his six-mon	
	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 \$137,1	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		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		
	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	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 information		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC	SYSTEM ID# 1687
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	27
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	81
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address 24 E TIOGA ST PO BOX 312 (Number, street, rural route, apartment, or suite number)	607-589-6235
	SPENCER, NY 14883 (City, town, state, zip) Email htv@htva.net Fax (optional) 607-589-721:	ı
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 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 I in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ LEE D HAEFELE Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: LEE D HAEFELE	system as identified ner of the cable system
	Title: PRESIDENT (Title of official position held in corporation or partnership) Date: 08/08/2018	

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 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 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.

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
AEFELE TV INC	1687
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	P Special Statement Concerning Gross Receipts Exclusion
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.	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 here	_
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	
Audicoo	
ID number First community served Accounting period	11111

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.