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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER 08/28/2018

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	32992
		Τ	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Georgia, LLC (Cuthbert, GA) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(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 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Georgia, LLC (Cuthbert, GA)	32992
D	Instructions: List each separate community served by the cable system "a separate and distinct community or municipal entity (including unir discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first commu	A "community" is the same as a "community unit" as defined in FCC rules: accorporated communities within unincorporated areas and including single, nity that you list will serve as a form of system identification hereafter known
Area		ture filings. ns, or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Cuthbert	GA
Community	Randolph	GA
	Shellman	GA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
Name	MCC Georgia, LLC (Cut	hbert, GA)							3299
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	service of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						blo ovotom	brokon	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adv	ance payment.	Ty Stanua		s within a p		
	Block 1: In the left-hand block	in space E, the	e form I	lists the categor					
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of	once again und	er "Ser	vice to additiona	al set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		= nynt-i	Ianu Diock. A th		e-word descripti			
	BL	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		639	29.95-49.49					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		1	29.95-49.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	6				
F	In General: Space F calls for rat								
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		ha aabi	a avatam far aa	oh of tho i	appliaghla garviv	non lintod		
Fransmissions: Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip	otion and inclue	le the r	ate for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential		Family	Cable	76.4
	Pay cable     Add'l abannal	PP PP		otel, hotel mmercial			ганну	Capie	70.4
	Pay cable—add'l channel     Fire protection	PP		y cable					
	•Burglar protection			ly cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	99.99		rglar protection					
		15.00-29.00		services:					
	• Additional setts)								
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Re	connect		29.00			
	FM radio (if separate rate)     Converter	10.50		connect sconnect		29.00			
	• FM radio (if separate rate)	10.50	• Dis			29.00 15.00-29.00			

counting Period: 2	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM II
	MCC Georgia, LLC (Cu	•		3299
<b>G</b> Primary	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	bt (1) stations carried only on a part-t the carriage of certain network progra	time basis under ams [sections
	Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter 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 d with a station according to its over-th	the Special Statement and Program ed both on a substitute basis and also s, see page (v) of the general instruct program services such as HBO, ESF he-air designation. For example, repo- levision station for broadcasting over s station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati ructions in the paper SA1-2 form. st the community to which the station	Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial eendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WABW/WABW(HD) PBS	6	E	PELHAM, GA
	WABW-DT2 Create	6.2	E	PELHAM, GA
	WABW-DT3 PBS Knowledge	6.3	E	PELHAM, GA
	WABW-DT2 PBS KIDS	6.4	E	PELHAM, GA
	WALB/WALB(HD) NBC	10	N	Albany, GA
	WALB-DT3 BounceTV	10.3	N	Albany, GA
· · · · · · · · · ,	WALE-DTS BounceTV WLTZ/WLTZ(HD) NBC	35	N	Columbus, GA
	WLTZ-DT2/WLTZ_DT2(HD) C		N 	Columbus, GA
	WLTZ-DT2 WLTZ_DT2(HD) C	35.2		Columbus, GA
	WEIZ-DI3 Antenna IV WRBL/WRBL(HD) CBS	35.3	N	Columbus, GA Columbus, GA
	WRBL/WRBL(HD) CBS	15	N	
				Columbus, GA
		51	I	CORDELE, GA
		11	N	Columbus, GA
	WTVM-DT2 Bounce	11.2	N	Columbus, GA
	WTVM-DT3 Grit	11.3		Columbus, GA
	WXTX/WXTX(HD) FOX	49	-	Columbus, GA
	WXTX-DT2 ThisTV	49	I	Columbus, GA
	,	4		
	1	•		

ccounting Period:	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	MCC Georgia, LLC (C	uthbert, GA)		3299
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	n during the accounting period, except	translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program	ne basis under
Primary	76.59(d)(2) and (4), 76.61(e	)(2) and (4), or 76.63 (referring to 76.	61(e)(2) and (4))]; and (2) certain static	•
Transmitters:		explained in the next paragraph.		
Television		les, regulations, or authorizations:	arried by your cable system on a subs	ititute program
		in space G—but do list it in space I (	the Special Statement and Program Lo	og)—if the
	-		ed both on a substitute basis and also	on some other
			, see page (v) of the general instruction	
		· · ·	program services such as HBO, ESPN e-air designation. For example, report	
	"WETA-2" as the same on t		e-all designation. For example, report	linuistiean
			evision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C.		
			station, an independent station, or a r	
			(for network multicast), "I" (for indeper or "E-M" (for noncommercial education	
		rms, see page (iv) of the general instr	,	
			t the community to which the station is	licensed by the
	FCC. For Mexican or Canac	lian stations, if any, give the name of	the community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TTPE OF STATION	4. LUCATION OF STATION
				L

EGAL NAME OI								SYSTEM II 329
	NewITTERS							
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info paper SA1-2 fo <b>Column 1:</b> In	it is carried by monitoring, to prmation abou rm. dentify the call	y the sys be recei it the Cc	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante	eadend, and (2 enna, during c	2) it can ertain st	be expected, tated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stat this by placing Give the station	ion's sig g a checl n's locati	nal was electronically process < mark in the "S/D" column. on (the community to which th	ne station is licen:	sed by the FC			
lexican or Car	adian stations	s, if any,	the community with which the	e station is identifi	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	M:					SYSTEM ID#
Name	MCC Georgia, LLC (Cu	thbert, GA	)					32992
	SUBSTITUTE CARRIAGE	: SPECIAI			G			
I	In General: In space I, identi		-		-	on that your o	able evetor	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	•••		•				
Carriage:	1. SPECIAL STATEMEN		IING SUBST	ITUTE CARRIAGE				
Special	<ul> <li>During the accounting period</li> </ul>				s. anv nonnet	work televisio	n program	1
Statement and	broadcast by a distant stat	-	, <b>,</b>	<b>,</b> ,	-,- <b>,</b> -		YES	X NO
Program Log	-						-	
	Note: If your answer is "No'	, leave the re	est of this pag	e blank. If your answer is '	'Yes," you mu	ist complete tl	he progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa			sion program ("substitute	orogram") tha	t during the a	accounting	
	period, was broadcast by a							ion
	under certain FCC rules, reg							l.
	Do not use general categori		es" or "basket	tball." List specific progran	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		act live onter	"Voc " Othonwiso optor "N	lo "			
				"Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can							
			hen your syst	em carried the substitute	program. Use	numerals, wit	th the mon	th
	first. Example: for May 7 giv		ubstitute prov	gram was carried by your	cable system	List the times	accurate	V
	to the nearest five minutes.							у
	stated as "6:00-6:30 p.m."		3					
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ining that you	ar system was	s permitted to delete unde	i i co fuies a	nu regulations	5 11 1	
						N SUBSTITU		
	S	UBSTITUTE				AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	IES TO	DELETION
						-		
						_	_	
						_		
						_		
						_		
						_		
						_		
						_		
						_		

0	2018/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE
Name	MCC Georgia, LLC (Cuthbert, GA)				3299
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you all amounts (gross receipts) paid to your cable system by subscribers for (as identified in space E) during the accounting period. For a further exp page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service during the generation	or the system planation of h e(s)	n's secondary tra how to compute t	nsmission servic his amount, see	e
	during the accounting period			\$ 139 (Amount of gro	<b>9,775.62</b> oss receipts)
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 \$137,100 or le • Use block 2 if the amount of gross receipts in space K is more than \$13 • Use block 3 if the amount of gross receipts in space K is more than \$26 See page (vi) of the general instructions located in the paper SA1-2 form for	87,100 but le: 63,800 but le:	ss than \$527,600		
	BLOCK 1: GROSS RECEIPTS OF	\$137,100 0	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the accounting period is \$52.00	royalty fee th	nat you must pay f	or 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 a	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 O				
	1. Base amount under statutory formula	<b>\$</b>	263,800.0	0	
	2. Enter amount of gross receipts from space K	<b>\$</b>	139,775.6	2	
	3. Subtract line 2 from line 1	\$	124,024.3	8	
	4. Enter the amount of gross receipts from space K		\$	139,775.62	
	5. Enter the amount from line 3		\$	124,024.38	
	6. Subtract line 5 from line 4		\$	15,751.24	
	7. Multiply line 6 by .005 (enter figure here)			\$	78.76
	8. Interest charge. Enter the amount from line 4, space Q, page 8			···	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add in	ines 7 and 8		\$	78.76
	BLOCK 3: GROSS RECEIPTS OF MORE THAN	\$263,800 (	but less than \$5	27,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula			0	
	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 formu			1,319.00	
	<ol> <li>Interest charge. Enter the amount from line 4, space Q, page 8</li> </ol>				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add				
	FILING FEE AND TOTAL REMITTANC	EDUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\	¢	78.76	
otal Remittance Due					
	2. Filing Fee (See the instructions for more information on filing fee calculat	ions)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and	3		\$	98.76
	Important: Your remittance must be in the form of an electronic				h4a1

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE MCC Georgia, LLC	ER OF CABLE SYSTEM: (Cuthbert, GA)			SYSTEM ID 32992
M Channels	to its subscribers, and 1. Enter the total num	d (2) the cable system's	s total number c ich the cable	which the cable system carried television broadcast so of activated channels during the accounting period.	ations
	on which the cable	nber of activated chann system carried televisio services	on broadcast sta	ations	69
N Individual to Be Contacted		CONTACTED IF FURT t this statement of acco		ATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Ke	enneth J. Kohrs		Tel	ephone 845-443-2762
	(Nu Me	ne Mediacom Way mber, street, rural route, apa ediacom Park, NY y, town, state, zip)	artment, or suite nu	mber)	
	Email		mediacomcc.c	om Fax (optional)	
O Certification	I, the undersigned, he     (Owner oth         (Agent of o	ereby certify that (Check er than corporation or womer other than corpo of space B and that the partner) I am an officer of space B. statement of account and d correct to the best of m	one, <i>but only on</i> partnership) I a ration or partne e owner is not a c (if a corporation d hereby declare ny knowledge, in	d and signed in accordance with Copyright Office regul e, of the boxes.) am the owner of the cable system as identified in line 1 of ership) I am the duly authorized agent of the owner of the corporation or partnership; or ) or a partner (if a partnership) of the legal entity identified e under penalty of law that all statements of fact contained formation, and belief, and are made in good faith.	space B; or cable system as identified as owner of the cable system
			Enter an elec	tronic signature on the line above to certify this statement. re using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or print Title: (Title c	Vice Pres	enneth J. Kohrs sident, Financial Reporting eld in corporation or partnership)	
		Date:	8/22/2018	3	

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ccounting Period: 2018/1		FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
C Georgia, LLC (Cuthbert, GA)		3299
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Colowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers a	Copyright Act by adding the fol- he cable system for the basic , the system shall not include sub- sions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross rece made by satellite carriers to satellite dish owners?	ipts for secondary transmissions	
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 For an explanation of interest assessment, see page (viii) of the general instructions lo		Q
	cated in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions lo	cated in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions loc Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions loc Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions loc         Line 1       Enter the amount of late payment or underpayment	xdays x 0.00274 \$(interest charge)	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions loc</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	x	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions loc</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	x adays adays adays adays	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions loc</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	x adays adays	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions loc Line 1 Enter the amount of late payment or underpayment</li></ul>	x adays adays	Q Interest Assessme

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