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 COPYRIGH	Return completed workboo by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright
General instructions are located in the first tab of this workbook	8/29/2018	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING 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			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		063456	
		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	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:	
		GUADALUPE CORRECTIONAL FACILITY	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	CEQUEL COMMUNICATIONS LLC	063456				
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	"community" is the same as a "community unit" as defined in FCC rul porated communities within unincorporated areas and including sing that you list will serve as a form of system identification hereafter kn filings.				
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First	SANTA ROSE	NM				
Community	(GUADALUPE CORR)					
Add Rows as Necessary						

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT			06345					
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standar		s within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	bers. G	live the number	er of subsc	ribers and rate f	or each list	ed category	
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					I in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.				[0	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		51	39.33					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATE	s				
-	In General: Space F calls for rat	-			-	I your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t								
Comisso	service for a single fee. There ar	•			•		• • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		louuny			larged on a vand		gram basis,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other serv	lices in the	form of a	
							T		
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER		RATE		BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res		RAIL	CATEGO	DRT OF SERVICE	RAIE
	Pay cable			el, hotel	acintiai				
	Pay cable—add'l channel	_		nmercial					
	• Fire protection			cable					
				cable-add'l ch	annol				
	•Burglar protection Installation: Residential			protection					
				•					
	First set Additional set(s)	-		glar protection					
	Additional set(s) EM radio (if concrete rate)	- (ervices:					
	• FM radio (if separate rate)			connect		-			
	Converter								
	1		• Out	let relocation		-			
				ve to new addr					

Name	LEGAL NAME OF OWNER OF			SYSTEM 0634
	PRIMARY TRANSMITTERS:			
G primary psmitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination p d with a station according to its over-the-	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educate interiors in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	KOAT-ABC	7	N	ALBUQUERQUE, NM
	KRQE-CBS	13	N	ALBUQUERQUE, NM
ws as Necessary	KWBQ-CW	19	I	ALBUQUERQUE, NM
	KAZQ-ETV	32	I	ALBUQUERQUE, NM
	KCHF-IND	11	I	ALBUQUERQUE, NM
	KASA-FOX	2	<u> </u>	ALBUQUERQUE, NM
	KASY-MNT	50	I	ALBUQUERQUE, NM
	L			
	KOB-NBC	4	Ν	ALBUQUERQUE, NM
		4	N E	ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC			
	KOB-NBC KENW-PBS	3	E	ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS	3 5	E	ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS KTEL-TMO	3 5 47	E	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS KTEL-TMO KTFQ-UNI	3 5 47 41	E	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS KTEL-TMO KTFQ-UNI	3 5 47 41	E	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS KTEL-TMO KTFQ-UNI	3 5 47 41	E	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS KTEL-TMO KTFQ-UNI	3 5 47 41	E	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS KTEL-TMO KTFQ-UNI	3 5 47 41	E	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS KTEL-TMO KTFQ-UNI	3 5 47 41	E	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS KTEL-TMO KTFQ-UNI	3 5 47 41	E	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS KTEL-TMO KTFQ-UNI	3 5 47 41	E	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM
	KOB-NBC KENW-PBS KNME-PBS KTEL-TMO KTFQ-UNI	3 5 47 41	E	ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM ALBUQUERQUE, NM

EGAL NAME OF								SYSTEM I 0634
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the popyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ertain st ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	e/D		CALL SIGN		e/n		
CALL SIGN	AIVI OF FIM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063456
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	3			
	In General: In space I, identi				-	ion, that your ca	able syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or autho	rizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	•	r cable system	carry, on a substitute basi	s, any nonnet	twork televisior	n program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete the	e progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their m	eaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	program") tha	t, during the ac	ccounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of and	other stat	ion
	under certain FCC rules, re Do not use general categor	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further in	formation	1.
	"NBA Basketball: 76ers vs.		vies of baske	tball. List specific program	r lilles, for exa	ample, TLove	Lucy of	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		need by the FC	C or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		tem carried the substitute			n the mon	ith
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."	Example: c	i program oann		o p.m. to 0.2	0.00 p.m. 51104		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulationo		
							T E	[
	s	UBSTITUT	E PROGRAM	1		N SUBSTITU AGE OCCUR		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. TIME FROM —	ES TO	DELETION
		163 01 110	CALL SIGN				10	
						_		
						·		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063456
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 2,000.00
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063456
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 . 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	13 51
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
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, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 owner 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)] 	stem as identified
	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: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 08/18/2018	

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IAME OF OWNER OF CABLE SYSTEM: EL COMMUNICATIONS LLC PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ne Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- wing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." or more information on when to exclude these amounts, see the note on page (vii) of the general instructions cated in the paper SA1-2 form.	SYSTEM II 06345 P Special Statement Concerning Gross Receipts Exclusion
PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS he Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- wing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." or more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross
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uring the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ade by satellite carriers to satellite dish owners?	
NO YES. Enter the total here and list the satellite carrier(s) below	
ime Name Name Nailing Address	
ITEREST ASSESSMENT	
bu 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
ne 1 Enter the amount of late payment or underpayment	Interest Assessme
x	-
- Multiply line 1 by the interest rate* and enter the sum here	
xdays	
ne 3 Multiply line 2 by the number of days late and enter the sum here	-
ne 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 \$ -	
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.	
OTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please t below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
t below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
t below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
t below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
t below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
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