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

STATEM	ΕΝΤ	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ictions	are located	02/01/2019	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
		2018/2	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 th of the subsidiary, not that of the parent co	-	liary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	the owner conducts the business of th	e cable system.	
		If there were different owners during the a single statement of account and royalty fer		ne last day of the accounting period should s ng period.	submit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	334
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Manning Municipal Communication	& Television System Utility		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF 321 Center Street	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu	umber)		
		Manning, Iowa 51455 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busing s already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:	-		
		MAILING ADDRESS OF CABLE SYSTEM	:		

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 filing, a determination that would be made by a court of law.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Numo	Manning Municipal Communication & Television System	
D	"a separate and distinct community or municipal entity (including unincol	y that you list will serve as a form of system identification hereafter known re filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Manning	lowa
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	•				FORM SA1-	TEM I	
Name	Manning Municipal Cor	nmunicatio	n & Television Sy	vstem Ut	ility			3	
_	SECONDARY TRANSMISSION		IBSCRIBERS AND R	ATES					
E	In General: The information in s				y transmission s	service of	the cable		
	system, that is, the retransmissi								
Secondary Transmission	about other services (including p	, , ,	,	,		hose exist	ting on the		
Service: Sub-	last day of the accounting period Number of Subscribers: Bot	·			,	ble svstem	ı, broken		
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	•			•				
	separately for the particular service								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				rd rate variation	s within a	particular rate		
	Block 1: In the left-hand block				ondary transmis	sion servi	ce that cable		
	systems most commonly provide	•	Ũ		•				
	that applies to your system. Not		-		-				
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of				d in the count ur	ider "Servi	ce to the		
	Block 2: If your cable system				service that are	different f	rom those		
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	0.01/ 4					()		
	BLU	OCK 1 NO. OF				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA	
	Residential:								
	 Service to first set 		358 \$64.95						
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	s					
-	In General: Space F calls for ra				ll your cable sys	tem's serv	vices that were		
F	not covered in space E, that is, t				,	,			
	service for a single fee. There a		,	0		0.	,		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually blicu. If ally i		larged on a van	abic pei-p	rogram basis,		
ransmissions:	Block 1: Give the standard ra		the cable system for e	ach of the	applicable servi	ces listed.			
_	Block 2: List any services that			-					
Rates	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
Rates		brief (two- or three-word) description and include the rate for each.							
Rates		ption and inclue	de the rate for each.			1			
Rates	brief (two- or three-word) descri	BLO	CK 1				BLOCK 2		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE		CK 1 CATEGORY OF SEF		RATE	CATEG	BLOCK 2 DRY OF SERVICE	RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEGORY OF SEF Installation: Non-res		RATE	CATEGO		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel		RATE	CATEGO		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial		RATE	CATEGO		RAI	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable	sidential	RATE	CATEGO		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	BLO	CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c	sidential	RATE	CATEGO		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection	sidential hannel	RATE	CATEGO		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO	CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior	sidential hannel	RATE	CATEGO		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services:	sidential hannel	RATE	CATEGO		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO	CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services: • Reconnect	sidential hannel	RATE	CATEGO		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection • Burglar protection Other services: • Reconnect • Disconnect	sidential hannel	RATE	CATEGO		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO	CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services: • Reconnect	sidential hannel	RATE	CATEGO		RA	

ounting Period:	-			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#						
		ommunication & Television Sy	stem Utility	334						
G		entify every television station (including	•	,						
G		m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting tl								
rimary	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6		•						
smitters: evision	Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations can be regulations or authorizations.	arried by your cable system on a sub	ostitute program						
	 basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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									
		el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community						
	• •	/RC is channel 4 in Washington, D.C. a case whether the station is a network	station, an independent station, or a	noncommercial						
		ering the letter "N" (for network), "N-M"								
	,	, "E" (for noncommercial educational), o erms, see page (iv) of the general instru		onal multicast).						
	Column 4: Give the location	n of each station. For U.S. stations, list	t the community to which the station	2						
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station	is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KDSM	2	Ν	DES MOINES, IA						
	κωτν	3	Ν	OMAHA, NE						
Necessary	ксш	4	N	DES MOINES, IA						
	woi	5	Ν	DES MOINES, IA						
	KETV	7	Ν	OMAHA, NE						
	кссі	8	Ν	DES MOINES, IA						
	КРТМ	12	I	OMAHA, NE						
	who	13	Ν	DES MOINES, IA						

EGAL NAME OF			cation & Television Sys	stem Utility				SYSTEM I
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be receint t the Co sign of the he static ion's sign g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t 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 le station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	od: 2018/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Manning Municipal Co	ommunica	ation & Tele	vision System Utility				334
					<u>^</u>			
	SUBSTITUTE CARRIAG	-	-					
•	In General: In space I, ident							
	substitute basis during the a explanation of the programm							
Substitute					ne general in		i ille paper o	A 1-2 101111.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	sis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Neter If your analyzer in "Ne	" leave the	reat of this no	an blank If your anower i	"Vee" veu	-		
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer is	s res, you	must comp	liete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa							•
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					enanipie,		
			dcast live, ent	er "Yes." Otherwise enter	'No."			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi		1			1.40		
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	. Example.	a program car	ned by a system norm 0.0	. 15 p.m. to c	5.26.30 p.n	i. should be	
		ter "R" if the	listed program	n was substituted for prog	ramming tha	t vour syste	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program							5
	effect on October 19, 1976					-		
					T			-
						N SUBST		
	S	UBSTITUT	E PROGRAM		CARRIAGE OCCURRED			7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
								·
							_	
		+						
							_	
							_	
							_	
							-	
							_	
							_	
							_	

Accounting Period:	2018/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Manning Municipal Communication & Television System Utility		334
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	nission service amount, se	9,590.70
_	COPYRIGHT ROYALTY FEE		
L 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 \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,80(
	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 th accounting period is \$52.00	iis 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 more than \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K \$ 159,590.70		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	59,590.70	
	5. Enter the amount from line 3	04,209.30	
	6. Subtract line 5 from line 4	55,381.40	
	7. Multiply line 6 by .005 (enter figure here)	\$	276.91
	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	\$	276.91
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	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)	276.91	
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	\$	296.91
	EFT Trace # or TRANSACTION ID # 75670383705		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Manning Municipal Communication & Television System Utility	SYSTEM ID# 334
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 which the cable system carried television broadcast stations and nonbroadcast services	120 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	Name ELIZABETH SWEARINGEN Telephone 712	2-655-2660
	Address 321 CENTER STREET (Number, street, rural route, apartment, or suite number) MANNING, IA 51455 (City, town, state, zip) Email beth@mmctsu.com Fax (optional)	
O Certification	 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; or (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 of 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)] 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: Elizabeth Swearingen Title: Administrative Asst. 	em as identified
	(Title of official position held in corporation or partnership) Date: 2/1/19	

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	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
anning Municipal Communication & Television System Utility	334
 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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 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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	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. * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on statement of account already submitted to the Copyright Office, please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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	Interest Assessment

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