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	IT OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	08/29/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
			-

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20191 Barcode Data Filing Period (optional - see instructions)	
Tenou			
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.	
		44 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	0117
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Atlantic Broadband (SC) LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	
		Quincy, MA 02169 (City, town, state, zip)	
	INCTO	PLICTIONS in time 4, give any business or trade names used to identify the business and energian of the system well	and there
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	Atlantic Broadband	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	520 Pine Log Road (Number, street, rural route, apartment, or suite number)	
		Aiken, SC 29803 (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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hamo	Atlantic Broadband (SC) LLC	40117
D	"a separate and distinct community or municipal entity (including ur discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first comm as the "first community." Please use it as the first community on all	
Area Served	Note: Entities and properties such as hotels, apartments, condomini identified city.	ums, or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	City of Bamberg	SC
Community	Bamberg County (un-incorp)	SC
	Denmark	SC
Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							-2E. PAGE
Name	Atlantic Broadband (SC								4011
		,							
Е	SECONDARY TRANSMISSION			-	-			a achla	
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecembe	r 31, as the ca	se may be).		-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
Rales	separately for the particular servi							chargeu	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.	•	,		ny standar	d rate variation	s within a p	oarticular rate	
	category, but do not include disc				: f			a that as bla	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.							<u> </u>	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Service to first set		464	21.00	Expand	lod Basic		393	74.7
			404	31.99	Digital	led Basic		169	80.4
	Service to additional set(s) EM radio (if concrete rate)				Digital			92	102.4
	• FM radio (if separate rate)		•	4 27	Digital	FIUS		9 2	102.4
	Motel, hotel Commercial		0 20	4.37 38.34					
			20	30.34					
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,			, ,			
•	not covered in space E, that is, the service for a single fee. There are					,	,		
Services	furnished at cost or (2) services	•	,		0		0()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the			a seta a fan a a		undissels som i	listad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and includ	le the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:	40.00		tion: Non-res	idential				40.0
	Pay cable	19.99		el, hotel			HBO		19.9
	Pay cable—add'l channel			nmercial			Showti		19.9
	Fire protection		-	cable			Cinema		19.9
	•Burglar protection		-	cable-add'l ch	annei		MovieP 2 Prem		9.0 38.9
	Installation: Residential	50.00		protection			3 Prem		
	First set Additional set(s)	50.00		glar protection			NFL Re		55.9 49.9
	Additional set(s) EM radio (if concrete rate)	50.00		services:		40.00	NFL Re		49.9
	FM radio (if separate rate)	0.00		connect		40.00			
	Converter	9.99		connect					
				lot rolocation					
				let relocation		40.00 40.00			

nting Period:	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O			SYSTEM ID
	Atlantic Broadband (40117
G Primary nsmitters: elevision	In General: In space G, idd carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, except in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (for a substitute basis. also in space I, if the station was carried on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-ti- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub- the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ims [sections tions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGT	30,4	N	Augusta, GA
	WAGT-CW	30.3	Ν	Augusta, GA
as Necessary	WCES	6.1	E	Wrens, GA
	WEBA	33.1	Е	Allendale, SC
	WEBA-SCC	33.2	E	Allendale, SC
	WEBA WORLD	33.3	E	Allendale, SC
	WFXG	54.1	N	Augusta, GA
	WFXG GRIT	54.3	Ν	Augusta, GA
	WFXG/Bounce	54.2	Ν	Augusta, GA
	WJBF	42.1	Ν	Augusta, GA
	WJBF/MeTV	42.2	Ν	Augusta, GA
	WRDW Antenna	12.3	Ν	Augusta, GA
	WRDW-MYTV	12.2	Ν	Augusta, GA
	WRDW	12.1	N	Augusta, GA

Atlantic Bro	OWNER OF C							SYSTEM II 401
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

	d: 2019/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Atlantic Broadband (S	C) LLC						40117
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	G			
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or autho	orizations.	For a further
Substitute	explanation of the programm				e general instru	uctions in the p	aper SA1-	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	•	r cable system	carry, on a substitute basi	s, any nonnet	work television	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	st complete th	e prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their m	eaning is	
	clear. If you need more spa			sion program ("substitute p	program") tha	t during the a	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further in	formatior	1.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
			dcast live, enter	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute p			h the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. snot	ud be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	is require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulations	in	
								1
	s	UBSTITUT	E PROGRAM	I		N SUBSTITU AGE OCCUR		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN					
		103 01 10	ON LE DION	4 STATION'S LOCATION	5. MONTH	6. TIMI FROM —		DELETION
				4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMI FROM —	ES TO	DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
	 			4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				
				4. STATION'S LOCATION				
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				4. STATION'S LOCATION				
				4. STATION'S LOCATION				DELETION

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (SC) LLC	S	*STEM ID# 40117
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 service s amount, see	e 6,909.00
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 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:	2019/1		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: adband (SC) LLC	SYSTEM ID# 40117
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. botal number of channels on which the cable ied television broadcast stations cotal number of activated channels e cable system carried television broadcast stations adcast services	8 336
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Patrick Bratton Telephone 617-	-786-8800
	Address	2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	
		Quincy, MA 02169 (City, town, state, zip)	
	Email	pbratton@atlanticbb.com Fax (optional)	
O Certification	I, the undersite (Ow (Ag X (Of V (Ag X (Of	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations) igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. exection 1001(1986)] X /s/ Patrick Bratton 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: Patrick Bratton Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
		Date: August 28, 2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ntic Broadband (SC) LLC	401
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 th lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclus scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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.	asic Ide sub- Special Statemen
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmi made by satellite carriers to satellite dish owners?	issions
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpar For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	
	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-21 Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form.
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for an explanation of late payment or underpayment	form. Q Interest Assessme days 74 arge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessme days 74 arge)
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for an explanation of interest assessment or underpayment	form. Q Interest Assessme days days r4 arge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessme days r4 arge) please

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