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

Т

Return completed workbook

63594

STATEME	ENT OF ACCOUNT	FOR COPYRIGHT	T OFFICE USE ONLY	by email to:	
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
General instru	ems (Short Form) actions are located of this workbook	7/3/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyrigh Office Licensing Division a Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY)	YY/(Period))		
	2019/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	20191	Barcode Data Filing Period (optional -	see instructions)		
Accounting Period					
	Instructions:				
B	of the subsidiary, not that of the parent co		rry of another corporation, give the full corp	orate title	
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 a single statement of account and royalty fee		last day of the accounting period should su g period.	bmit a	

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
		ALPINE CABLE TELEVISION LC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1008 (Number, street, rural route, apartment, or sulte number)
		ELKADER, IA 52043 (City, town, state, zip)
	INCOTO	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	1	
		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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	ALPINE CABLE TELEVISION LC	63594
D	Instructions: List each separate community served by the cable system. "a separate and distinct community or municipal entity (including uninco	A "community" is the same as a "community unit" as defined in FCC rules:
	as the "first community." Please use it as the first community on all futur Note: Entities and properties such as hotels, apartments, condominiums,	re filings.
Area Served	identified city.	or mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	ELGIN	IA
Community		
Add Power of Nocoscony		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								313	6359
		SION LC							0333
-	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIE	BERS AND RA	TES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	, ,					hose existir	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system.	broken	
scribers and	down by categories of secondary	rtransmission	service.	In general, you	ı can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the n							charged	
	separately for the particular serv							and the	
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				iy standal		o within a po		
	Block 1: In the left-hand block				es of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nu rates, in the	e ngni-na	and Diock. A tw		e-word descript		ervice is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	000001110	2.110		0,111			000001100	
	Service to first set		7	42.45	ESSEN	TIALS PACH	AGE	28	60.0
	 Service to additional set(s) 				PREMI	ER PACKAG	E	18	70.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential		l						
			I						
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		•				
-	service for a single fee. There ar								
Services	furnished at cost or (2) services of	or facilities furr	nished to	nonsubscriber	s. Rate in	formation shoul	d include be	oth the	
Other Than	amount of the charge and the un		usually I	billed. If any ra	tes are ch	arged on a vari	able per-pro	gram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ch of the a	applicable servi	ces listed		
Rates								vere not	
	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) descrip			1					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi	dential		CINEMA	NY	16.0
	Pay cable Add'l shannel			el, hotel			HBO	1	18.0
	Pay cable—add'l channel Eiro protoction			nmercial			SHOWT	IME	17.0
	Fire protection			cable	annal		STARZ		17.0
	•Burglar protection Installation: Residential			cable-add'l ch protection	ailliel		JIARZ		15.0
	• First set	124.95		glar protection					
		124.95		ervices:					
	Additional set(s) EM radio (if separate rate)			onnect		20.00			
	 FM radio (if separate rate) Converter 			connect		29.00			
				let relocation					
				ve to new addre	200				

ounting Period: 2	-			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF ALPINE CABLE TELE			SYSTEM ID# 63594
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	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 ru • Do <i>not</i> list the station her station was carried <i>only</i> 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 t 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-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a substi- he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a fi- (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 is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG	9	N	CEDAR RAPIDS, IA
	KFXA	27	l	CEDAR RAPIDS, IA
Necessary	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	Е	WATERLOO, IA
	КШКВ	25	I	IOWA CITY, IA
	KWWF	22	l	WATERLOO, IA
	KWWL	7	N	WATERLOO, IA

ALPINE CAE	OWNER OF C							SYSTEM ID 6359
	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 if For detailed info paper SA1-2 for Column 1: Ic Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify 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 the whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM anto this point, see pa sed 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	2) it can ertain st general in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		0/0				0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CTN	FM		Garnavillo, IA					

	od: 2019/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name		ISION LC						63594
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	G			
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute basi	s, any nonnet	work television	on progran	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No	' loovo tho	rest of this nac	e blank. If vour answer is "	Yee " vou mi	ist complete t	-	
	-	, leave life	rest of this pag	je Dialik. Il your aliswer is	res, you mu	ist complete t	ne progran	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their r	meaning is	3
	clear. If you need more spa				interer pee			
				ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	ies like "mo	vies" or "baske	tball " List specific program	titles for example	ample "I I ove	e Lucv" or	n.
	"NBA Basketball: 76ers vs.						5 2009 01	
				r "Yes." Otherwise enter "N				
				sting the substitute program		nand by the F	CC or in	
	the case of Mexican or Can			ne community to which the				
				tem carried the substitute p			ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. shc	buid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as require	ed
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period;	; enter the let	ter "P" if the li	sted progr	
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulation	s in	
	effect on October 19, 1976.							
				1				7 REASON FOR
			TE PROGRAM	1	CARRI	N SUBSTIT	RRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	TE PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCU	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED //ES	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC	S	48756 NID# 63594
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 trans (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 7,462.06
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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: BLE TELEVISION LC				SYSTEM ID# 63594
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	ers, and (2) the cable system's totant tal number of channels on which t ed television broadcast stations tal number of activated channels e cable system carried television br	tal number of the cable roadcast sta	which the cable system carried television broadcast factivated channels during the accounting period.	• stations	8 342
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FURTHE ct about this statement of account. MARGARET CORLET)	TION IS NEEDED (Identify an individual to whom	alanhana	(562) 245 4494
for Further Information	Name	MARGARETCORLET			elephone	(563) 245-4481
	Address	PO BOX 1008 (Number, street, rural route, apartme	ent, or suite nur	nber)		
		ELKADER, IA 52043				
		(City, town, state, zip)				
	Email	MCORLETT@AL	PINE-CON	IMUNICATIONS.COM Fax (optional)		
_	CERTIFICATIO	DN (This statement of account mus	t be certified	and signed in accordance with Copyright Office reg	gulations)	
O Certification	• I, the undersig	gned, hereby certify that (Check one	e, but only one	e, of the boxes.)		
	(Ov	mer other than corporation or part	tnership) a	m the owner of the cable system as identified in line 1	of space B:	. or
			, ,,	,		
		ent of owner other than corporation in line 1 of space B and that the own		rship) I am the duly authorized agent of the owner of the opporation or partnership; or	ne cable sy	stem as identified
	X (Of	ficer or partner) I am an officer (if a in line 1 of space B.	a corporation)	or a partner (if a partnership) of the legal entity identifi	ed as owne	er of the cable system
	are true, comp	ned the statement of account and he		under penalty of law that all statements of fact contain ormation, and belief, and are made in good faith.	ed herein	
			X /s	:/ Chris Hopp		
				ronic signature on the line above to certify this statemer e using an "/s/ signature" (e.g., /s/ John Smith)	ıt.	
		Typed or printed n	name: Cl	HRIS HOPP		
		(The of othe	oral position he	ld in corporation or partnership)		
		Date:		7/2/2019		

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Inting Period: 2019/1	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
INE CABLE TELEVISION LC	6359
 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 	P Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	-
	-
Line 4 Multiply line 3 by 0.00274** and enter here	-
x 0.00274 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	-
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	-
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 f(interest charge) * 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. 	-
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	-
x 0.00274 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 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	-
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	-
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	-
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	

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