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	FNT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste					coplicsoa@copyright.gov
				\$	For additional information, contact the U.S. Copyright
General instru			02/28/2020		Office Licensing Division at:
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))	
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			l		
			L		
		20192	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
Fenou		hashes all and			
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full corp	porate title
Owner		List any other name or names under which	n the owner conducts the business of t	he cable system.	
		If there were different owners during the a single statement of account and royalty fe		the last day of the accounting period should su	ubmit a
					061735
		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	GADDRESS 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 nu TYLER, TX 75701	amber)		
		(City, town, state, zip)			
С		, O		ntify the business and operation of the e system, if different from the address	5
System	4	IDENTIFICATION OF CABLE SYSTEM:			
	1	ROCKVIEW STATE CORRE	CTIONAL INSTITUTION		
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
Privacy Act Notic	e: Sectio	n 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect the	he personally identifying information (PII) reques	sted 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 Office'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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	CEQUEL COMMUNICATIONS LLC	06173
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BELLEFONTE	PA
Community	(ROCKVIEW SCI)	
d Rows as Necessary		

	r								-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS	TEM ID
	CEQUEL COMMUNICA	TIONS LLC							06173
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIE	BERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	, , ,			,			ang on the	
Service: Sub-	Number of Subscribers: Bot						ble system	ı, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n			•••				charged	
	separately for the particular server Rate: Give the standard rate of							be and the	
	unit in which it is generally billed								
	category, but do not include disc							•	
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	has rate categ	ories for s	secondary tra	nsmission	service that are	different f	rom those	
	printed in block 1 (for example, 1								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	ind block. A to	NO- or thre	ee-word descript	ion of the s	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRID	LING		CAT		(VICL	SUBSCRIBERS	
	Service to first set		0	_					
	Service to additional set(s)		ŏ	0					
	• FM radio (if separate rate)		Ŭ						
	Motel, hotel								
	Commercial		460	42.53					
	Converter			72.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	S				
-	In General: Space F calls for ra	te (not subscril	per) infor	mation with re	espect to a	all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Samiaaa	service for a single fee. There a furnished at cost or (2) services								
Services Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		doddily i	niou: n'uny n				rogram baolo,	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) descri		•		ished. List	t these other ser	vices in the	e form of a	
	biel (two- of three-word) descrip		le lle la	e ior each.					
		BLO				D 4 T 5	0.175.0	BLOCK 2	
			CATEGO	DRY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE	RATE	Inctallat	ion: Non roc					
	Continuing Services:	RATE		ion: Non-res	luentiai				
	Continuing Services: • Pay cable	RATE	• Mote	l, hotel	identiai				
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	• Mote • Com	l, hotel mercial	iuentiai				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	• Mote • Com • Pay	l, hotel mercial cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Mote • Com • Pay • Pay	l, hotel mercial cable cable-add'l ch					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	• Mote • Com • Pay • Pay • Fire	I, hotel mercial cable cable-add'l ch protection	nannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	• Mote • Com • Pay • Pay • Fire • Burg	I, hotel mercial cable cable-add'I ch protection lar protection	nannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	• Mote • Com • Pay • Pay • Fire • Burg Other se	I, hotel mercial cable cable-add'I ch protection lar protection ervices:	nannel				
	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)	RATE	• Mote • Com • Pay • Pay • Fire • Burg Other se • Reco	I, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	nannel	· · · · · · · · · · · · · · · · · · ·			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	• Mote • Com • Pay • Fire • Burg Other so • Reco	I, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect onnect	nannel	· · · · · · · · · · · · · · · · · · ·			
	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)	RATE	• Mote • Com • Pay • Pay • Fire • Burg Other se • Disco • Outle	I, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	nannel	· · · · · · · · · · · · · · · · · · ·			

	2019/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
	CEQUEL COMMUNIC			06173
G rimary smitters: levision	carried by your cable systel FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 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 informatic Column 1 : List each station multicast stream associated "WETA-2" as the same on i Column 2 : Give the channe of license. For example, W Column 3 : Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4 : Give the location	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 s explained in the next paragraph. : With respect to any distant stations c lles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. 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- he carriage of certain network progr a(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial education actions in the paper SA1-2 form.	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	WATM-1	23	N	ALTOONA, PA
	WJAC-1	6	Ν	JOHNSTOWN, PA
as Necessary	WKBS-1	47	I	ALTOONA, PA
	WPCW-1	19	I	PITTSBURGH, PA
	WPSU-1	3	E	CLEARFIELD, PA
			E	
	WPSU-1	3		CLEARFIELD, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA
	WPSU-1 WTAJ-1	3 10		CLEARFIELD, PA ALTOONA, PA

EGAL NAME OF								SYSTEM 061
	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 a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, 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 recein the Co sign of e the static ion's sign g a check n's locatio	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 th	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 system as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the			0/7		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
			_	[

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					061735
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I C	G			
I I	In General: In space I, ident	-	-			tion that ve	ur cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		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 i	s res, you	must comp	iete the proç	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible ift	heir meanin	a is
	clear. If you need more spa				o 1111010101 p			9.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					, -	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		consod by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a program car		1. 10 p.m. to t			
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regul	ations in	
		•						1
						N SUBST		
	S					AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то	
							_	
								"
							<u> </u>	
							_	
								
							_	
							_	
							_	
								1
							_	
								1
1			L				—	L

Accounting Period:	2019/2	FORM SA1	-2E. PAGE 6.
Name		SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC		061735
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	828.39 s receipts)
	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	is 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 \$137,10	00)	
	1. Base amount under statutory formula		
	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)	<u> </u>	
	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 \$527,6	500)	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061735
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the to its subscribers, and (2) the cable system's total number of activated 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	channels during the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701	Telephone (903) 579-3121
	(City, town, state, zip) Email SARAH.BOGUE@ALTICEUSA.COM	Fax (optional)
O Certification	 in line 1 of space B and that the owner is not a corporation X (Officer or partner) I am an officer (if a corporation) or a partin line 1 of space B. I have examined the statement of account and hereby declare under particle, complete, and correct to the best of my knowledge, information [18 U.S.C., Section 1001(1986)] 	ner of the cable system as identified in line 1 of space B; or m the duly authorized agent of the owner of the cable system as identified n or partnership; or mer (if a partnership) of the legal entity identified as owner of the cable system enalty of law that all statements of fact contained herein
	Enter signature using an	
	Date:	02/18/2020

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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06173
 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? X 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	
	m
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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