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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
9/4/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Laboration.
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.
	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
	Michigan Cable Partners Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	8800 Ferry Street (Number, street, rural route, apartment, or suite number)
	Montague MI 49437
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:
	MICOM
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number: street, nural route, apartment, or suite number).
	(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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Michigan Cable Partners Inc.	2937
	Instructions: List each separate community served by the cable system. A "communi	
D	"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	st will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	and the state of t
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	2004 20 2000	
	CITY OR TOWN	STATE
First	Village of Mio	MI
Community	Mentor Twp	MI
	Big Creek Twp	MI
dd Rows as Necessary	Comins Twp	MI
	Elmer Twp	MI

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

29377

# Ε

Name

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Michigan Cable Partners Inc.

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	246	27.95	Expanded Basic	150	66.95
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

# F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**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) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable		Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	95.00	Burglar protection		
Additional set(s)	35.00	Other services:		
• FM radio (if separate rate)	-	Reconnect	35.00	
Converter	-	Disconnect	-	
		Outlet relocation	35.00	
		Move to new address	35.00	

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Michigan Cable Partners Inc.

PRIMARY TRANSMITTERS: TELEVISION

PRIMARY TRANSMITTERS: TELEVIS

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not 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 only 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. *Do not* 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 "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WCMU** Mt Pleasant MI 6 WPBN 4 N **Traverse City MI** Ν **WFQX** 13 Cadillac MI **WWTV** 9 Ν Cadillac MI WGTU 10 Ν **Traverse City MI** 

Add Rows as Necessary

G

Primary

Transmitters:

Television

29377

Accounting Period: 2020/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Michigan Cable Partners Inc.

29377

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<b></b>						
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						<u> </u>	

counting Perio	Ju. 2020/ I						FOR	RM SA1-2E. PAGE 5		
Nome	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID:		
Name	Michigan Cable Partn	ers Inc.						29377		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	OG .					
					-	tion. that v	our cable sv	stem carried on a		
	substitute basis during the	General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a postitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper Carriage:  1 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							in the paper s	SA1-2 form.		
Special		1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
atement and		•	ur cable syste	m carry, on a substitute ba	asis, any nonr	network te		_		
rogram Log	broadcast by a distant sta	ation?					YES	X NO		
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer	is "Yes," you r	must com	plete the pro	gram		
	log in block 2.									
	2. LOG OF SUBSTITUT			rata lina. I laa abbraviatian		aaaibla if	th air maa anim	a ia		
	In General: List each subsclear. If you need more spa				is wherever po	ossidie, ii	their meanir	ig is		
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitut						
	period, was broadcast by a									
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs	. Bulls."				,	,			
				er "Yes." Otherwise enter						
				casting the substitute prog the community to which the		censed by	the FCC or	in		
	the case of Mexican or Ca	nadian stati	ons, if any, the	e community with which th	e station is id	entified).				
			when your sy	stem carried the substitut	e program. U	se numera	als, with the	month		
	first. Example: for May 7 g		e substitute or	ogram was carried by you	ır cable syste	m List the	times accu	rately		
	to the nearest five minutes									
	stated as "6:00-6:30 p.m."		P. t. L.							
	to delete under FCC rules			m was substituted for proc	,	, ,				
	was substituted for prograi							rogram		
	effect on October 19, 1976	•	,	•						
					WHE	N SUBSI	TITLITE			
	S	UBSTITUT	E PROGRAN	Л	1 1	N SUBSI	TITUTE CURRED	7. REASON FOI		
		UBSTITUT	E PROGRAM 3. STATION'S		1 1	AGE OC		7. REASON FO DELETION		
	S  1. TITLE OF PROGRAM				CARRI	AGE OC	CURRED			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	7. REASON FOR DELETION		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Michigan Cable Partners Inc.	SYSTEM ID# 29377
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amo 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.	on service
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 \$263 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.	,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 this si accounting period is \$52.00	x-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	
	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)	
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
		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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00
Due	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 # 76027436630	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	DWNER OF CABLE SYSTEM: e Partners Inc.	SYSTEM ID# 29377
M Channels	to its subscribers  1. Enter the total system carried to 2. Enter the total	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.  I number of channels on which the cable television broadcast stations	5
		able system carried television broadcast stations cast services	61
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Christine Jones Telephone 231-89	93-7500
	Address	8800 Ferry Street (Number, street, rural route, apartment, or suite number)  Montague MI 49437 (City, town, state, zip)	
	Email	cjones@micomcable.com Fax (optional)	
O Certification	I, the undersigne     (Owner)     (Agent)	(This statement of account must be certified and signed in accordance with Copyright Office regulations)  ed, hereby certify that (Check one, but only one, of the boxes.)  er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as	as identified
	X (Office	line 1 of space B and that the owner is not a corporation or partnership; or  eer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th line 1 of space B.	ne cable system
	I have examined	the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		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: Christine Jones	
		Title: Office Administrator (Title of official position held in corporation or partnership)	
		Date: August 25, 2020	

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counting Period: 2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
chigan Cable Partners Inc.	29377
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 a lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system of service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to service information on when to exclude these amounts, see the note on page (vii) of the general instruction in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?	for the basic not include subsection 119."  Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 For an explanation of interest assessment, see page (viii) of the general instructions located in the pape	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	days
x	uays
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u> < 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	-
(inte	erest charge)
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further as contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ssistance please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the	•
Owner	
Address	
ID number	
Accounting period	

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