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 COPYRIGH	Return completed workbook by email to:	
-		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste					coplicsoa@loc.gov
-				\$	For additional information, contact the U.S. Copyright
General instru			8/26/2020		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this	WOLKDOOK		ALLOCATION NUMBER	-
]
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	YYY/(Period))	
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2020/1] -		
			1		
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
D		Give the full legal name of the owner of th	-	diary of another corporation, give the full cor	porate title
B		of the subsidiary, not that of the parent co	prporation.		
Owner		List any other name or names under which	n the owner conducts the business of th	ne cable system.	
		If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should s ing period.	ubmit a
		Check here if this is the system's first filing	If not enter the system's ID number a	assigned by the Licensing Division	63343
			,		
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
		WINDSTREAM ALABAMA INC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT))	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		4001 RODNEY PARHAM			
		(Number, street, rural route, apartment, or suite nu LITTLE ROCK, AR 72212	umber)		
		(City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System		IDENTIFICATION OF CABLE SYSTEM:			
	1				
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
	1	ונסוגא, וטשוו, אנפופ, בוף נטטפן			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WINDSTREAM ALABAMA INC	63343
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	st will serve as a form of system identification hereafter knowr
	as the "first community." Please use it as the first community on all future filings.	
A.r.o.o.	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	MOODY	AL
Community	ASHLEY MANOR	
-		
Add Rows as Necessary		

								FORM SA1-	TEM IC	
Name	LEGAL NAME OF OWNER OF C	515	6334							
	WINDSTREAM ALABAN								0334	
	SECONDARY TRANSMISSION		IBSCRI	BERS AND R	ATES					
Е	In General: The information in s					ry transmission	service of	the cable		
	system, that is, the retransmission	on of television	and rac	lio broadcasts	by your sy	/stem to subscr	ibers. Give	information		
Secondary	about other services (including p						those exis	ting on the		
Transmission	,,	st 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								
Service: Sub-							-			
scribers and Rates	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									
Rates	separately for the particular serv			U J (•		onargea		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	• •			ny standa	rd rate variatior	is within a	particular rate		
	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			0		0				
	subscriber who pays extra for ca				• •		•			
	first set" and would be counted of									
		-		•						
	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 a	tion of the	service is							
	sufficient.	DCK 1					BLOCK	(2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		65	54.99						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for rate	te (not subscrit	ber) info	rmation with re	spect to a	Ill your cable sy	stem's serv	vices that were		
Г	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									
Services Other Than	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 hilled. If any rates are charged on a variable per-program basis									
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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	otion and inclue	de the ra	ate for each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEC	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:		Installa	tion: Non-res	idential					
	• Pay cable	19.00	• Mot	el, hotel			PPV		F	
	Pay cable—add'l channel		• Cor	nmercial						
			• Pay	cable						
	 Fire protection 			v cable-add'l ch	annel					
	Fire protection Burglar protection		• Γ α							
	•Burglar protection									
	•Burglar protection Installation: Residential		• Fire	protection						
	•Burglar protection Installation: Residential • First set		• Fire • Bur	protection glar protection						
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bur Other s	protection glar protection services:						
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Fire • Bur • Bur • Rec	protection glar protection services: connect						
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bur • Bur • Rec • Dise	e protection glar protection services: connect connect						
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Fire • Bur • Bur • Rec • Dis • Out	protection glar protection services: connect						

0	2020/1			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 63343						
Name	WINDSTREAM ALABAMA INC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting to)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations co les, regulations, or authorizations: in space G—but do list it in space I (to a substitute basis. Iso in space I, if the station was carried	ot (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L	me basis under ms [sections ions carried on a stitute program og)—if the						
	basis. For further informatio Column 1: List each station	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each						
	Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	In ormal and the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of the	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WJSU	40	N	BIRMINGHAM AL						
	WPXH	44	N	BIRMINGHAM AL						
ows as Necessary	WUOA	23		BIRMINGHAM AL						
	WBRC	6	N	BIRMINGHAM AL						
	WBIQ	10	E	BIRMINGHAM AL						
	WVTM	13	N	BIRMINGHAM AL						
	WIAT	42	N	BIRMINGHAM AL						
	WABM	68	1	BIRMINGHAM AL						
	WTTO	21	N	BIRMINGHAM AL						
	WITO	21	N							

LEGAL NAME OF								SYSTEM 63
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
ecceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t Column 4: G	it is carried by nonitoring, to rmation abou m. entify the call cate whether t the radio stati his by placing ive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved 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 his point, see pa ed by the cable s e 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 :	be expected, ated 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	
ONEL OION		0,0		O/ LE OIGH		0/0		
							·	
							·	
							·	
						·		

	od: 2020/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WINDSTREAM ALABA	MA INC						63343
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tifv everv no	nnetwork telev	is <i>ion program.</i> broadcast by	/ a <i>distant</i> sta	tion. that v	our cable sv	stem carried on a
	substitute basis during the a	accounting p	period, under sp	ecific present and former F	CC rules, reg	ulations, o	r authorizatio	ons. For a further
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of tl	he general ins	structions i	n the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	sis, any noni	network te	evision prog	gr <u>am</u>
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	nust comp	lete the pro	
	log in block 2.							-
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if t	heir meanir	ıg is
	clear. If you need more spa			rows to the tables. vision program ("substitute	program") t	hat during	the account	ting
	period, was broadcast by a							
	under certain FCC rules, re	egulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for fu	ther inform	ation.
	Do not use general catego	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "	Love Lucy	' or
	"NBA Basketball: 76ers vs.			"or " or · · · · ·				
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which the		censed by	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	month
	first. Example: for May 7 gi							
	to the nearest five minutes			ogram was carried by you				
	stated as "6:00–6:30 p.m."	. Example.	a program can	neu by a system nom 0.01	i. i5 p.iii. to c	.20.30 p.n		
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>req</i>	uired
	to delete under FCC rules							rogram
	was substituted for program	•	your system w	as permitted to delete und	ler FCC rules	and regu	ations in	
	effect on October 19, 1976							
						N SUBST		
		1	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAN 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM ALABAMA INC	S	48756 HTT 63343
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 a 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.	ission service amount, see	5, 520.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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-mon	
	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 \$137,1		02.00
	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 Foo and			
Filing Fee and Total Remittance Due	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
	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		nts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: ALABAMA INC	SYSTEM ID# 63343
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	u must give (1) the number of channels on which the cable system carried television broadcast stations , and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations . number of activated channels ble system carried television broadcast stations ast services .	7
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom bout this statement of account.)	
for Further Information	Name	JIM POWELL Telephone	706.896.1089
	Address	1839 HIGHWAY 17 N (Number, street, rural route, apartment, or suite number) YOUNG HARRIS GA 30582 (City, town, state, zip)	
	Email	sandra.blade@windstream.com Fax (optional) 330.486.35	04
O Certification	I, the undersigned (Owne (Agenting (Agenting (Afficial (Affician (Affician (Affician (Aff	This statement of account must be certified and signed in accordance with Copyright Office regulations) ad, hereby certify that (Check one, <i>but only one</i> , of the boxes.) r other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o ine 1 of space B. the statement of account and hereby declare under penalty of law that all statements of fact contained here a, and correct to the best of my knowledge, information, and belief, and are made in good faith. in 1001(1986)]	e B; or e system as identified wner of the cable system
		X /S/ TIMOTHY P LOKEN 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: TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
		Date: AUGUST 20, 2020	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
NDSTREAM ALABAMA INC	6334
 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 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
X	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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	
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. 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	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	

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