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					
	\$				
8-26-20	ALLOCATION NUMBER				
0-20-20					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	2020/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
1 criod								
	Instruction Give the fu	is: Ill legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title						
В	of the subs	sidiary, not that of the parent corporation.						
Owner	List any oth	her name or names under which the owner conducts the business of the cable system.						
		ere different owners during the accounting period, only the owner on the last day of the accounting period should submit a sement of account and royalty fee payment covering the entire accounting period.						
	8943							
	CHECK HETE	e if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL I	NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Zito Midw	vest LLC						
	BUSINES	S NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	Zito Medi	ia						
	MAILING	ADDRESS OF OWNER OF CABLE SYSTEM						
	PO Box	x 665 eet, rural route, apartment, or suite number)						
	Coude	rsport, PA 16915						
	(City, town, s	state, zip)						
С		S: In line 1, give any business or trade names used to identify the business and operation of the system appear in space B. In line 2, give the mailing address of the system, if different from the address given in						
System	IDENTIFIC	ATION OF CABLE SYSTEM:						
	1 Zito Me	edia - Hazel						
	MAILING A	ADDRESS OF CABLE SYSTEM:						
	2 (Number, str	eet, rural route, apartment, or suite number)						
	- (Number, Str	eet, rurai route, apartinent, or Suite number)						
	(City, town, s	tate, zip code)						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2020/1							
		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Zito Midwest LLC	8943						
Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Served	identified city.							
	CITY OR TOWN	STATE						
First	Hazel	KY						
Community	Puryear	KY						
Add Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

FORM SA1-2E. PAGE 2.

SYSTEM ID#

Ε

Accounting Period: 2020/1

Zito Midwest LLC

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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.

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	10	17.00				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-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	17.95	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		 Move to new address 	30.00		

8943

Accounting Period: 2020/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC

8943

G

Primary Transmitters: Television

Add Rows as Necessary

PRIMARY TRANSMITTERS: TELEVISION

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
	KBSI	23.1	N	Paducah KY
	KFVS	12.1	N	Cape Girardeau MO
	WDKA	49.1	<u> </u>	Paducah KY
	WKMU	21	E	Murray KY
	WPSD	6.1	N	Paducah KY
	WQWQ	9	<u> </u>	Paducah KY
	WSIL	3.1	N	Paducah KY
	WTCT	27.1	<u> </u>	Marion IL
		***************************************		(minumumumumumumumumumumumumumumumumumumu
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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 8943 **Zito Midwest LLC PRIMARY TRANSMITTERS: TELEVISION** In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** Transmitters: 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 **Television** 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. 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION 1. CALL SIGN 3. TYPE OF STATION

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8943

Zito Midwest LLC

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

Primary
Transmitters:
Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

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.

- **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
		 					
		 					
		ļ					
]					
		 					
		 					
							
		 					
	I	I		1			<u> </u>

Accounting Design	nd. 2020/4						
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:			F	ORM SA1-2E. PAGE 5. SYSTEM ID#
Name	Zito Midwest LLC						8943
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	ify every nor ccounting po ing that mus	nnetwork televis eriod, under spo st be included in	sion program, broadcast by ecific present and former F in this log, see page (v) of t	<i>r</i> a <i>distant</i> sta CC rules, regu	ılations, or authorizatio	ns. For a further
Special Statement and Program Log	 During the accounting perbroadcast by a distant state. Note: If your answer is "No' log in block 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa 	tion? ', leave the PROGRA itute progra	rest of this pag	e blank. If your answer is te line. Use abbreviations	"Yes," you m	YES ust complete the prog	X NO
	Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	of every not distant static gulations, of estike "more Bulls." In was broad sign of the static adian static adian static ath and day we "5/7." Les when the Example: a ler "R" if the land regulation in that ye would be static adian static at the static and the static arms and regulation in that ye would be static arms and regulation in that ye would be static arms and regulation in that ye would be static arms and regulation in that ye would be static arms and regulation in that ye would be static arms and the static arms are	nnetwork televition and that your authorizations vies" or "basked deast live, enterstation broadcaton's location (thous, if any, the when your system in substitute program carries listed program ons in effect during and the statement of the sta	sion program ("substitute ur cable system substitute ur cable system substitute s. See page (v) of the gentball." List specific program "Yes." Otherwise enter "lasting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting period	ed for the progeral instruction titles, for exposed with titles, for ex	gramming of another some for further informations for further informati	station ion. or in nonth ately
	S		E PROGRAM		CARR	EN SUBSTITUTE IAGE OCCURRED	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	6. TIMES FROM — TO	
					_		

Accounting Period:	2020/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC		SY	STEM ID# 8943
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount yall amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to copage (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.	dary transion transion transion transion	mission services amount, see	,768.64
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 o Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$ 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 accounting period is \$52.00	st pay for th	nis 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 that			
	1. Base amount under statutory formula	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 the	han \$527,0	600)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	800.00		
	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			
	TILINOTEL AND TOTAL NEWITTANGE DOL			
Filing Fee and Total Remittance	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 t See page i of the general instructions in the paper SA1-2 form for more	_		ts!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7	
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: _ C				SYSTEM ID# 8943	
M Channels	to its subscribers 1. Enter the total system carried to the carri	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television	otal number of the cable s broadcast		g period.	76	
N Individual to Be Contacted		bout this statement of accoun		MATION IS NEEDED (Identify an individual to	o whom		
for Further Information	Name	Teri McMullen			Telephone .	814-260-0434	
	Address	PO Box 665 (Number, street, rural route, apartm Coudersport PA 1691 (City, town, state, zip)		number)			
	Email	teri.mcmullen@z	zitomedia.	com Fax (op	ptional)		
_	CERTIFICATION (This statement of account mu	ust be certi	fied and signed in accordance with Copyright	t Office regulations)		
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	in li I have examined	ne 1 of space B. the statement of account and he, and correct to the best of my k	ereby decla	on) or a partner (if a partnership) of the legal ent are under penalty of law that all statements of fac- information, and belief, and are made in good fa	ct contained herein	r of the cable system	
			Enter an el	/s/James Rigas ectronic signature on the line above to certify this ture using an "/s/ signature" (e.g., /s/ John Smith			
		Typed or printed	name:	James Rigas			
			Preside	held in corporation or partnership)			
		Date:		08/:	/27/2020		

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2020/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Midwest LLC	8943
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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