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

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:	
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
Cable Syste	ctions	are located	2/24/2024	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
in the first tab	of this	workbook	2/24/2021			
r						
A	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))		
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			Barcode Data Filing Period (optional	- see instructions)		
Accounting Period						
		Instructions:				
В		Give the full legal name of the owner of th the subsidiary, not that of the parent corpo		ary of another corporation, give the full corporation	orate title of	
Owner		List any other name or names under which	the owner conducts the business of the	e cable system.		
		If there were different owners during the a statement of account and royalty fee payn		e last day of the accounting period should sub od.	omit a single	
		Check here if this is the system's first filing	If not, enter the system's ID number as	signed by the Licensing Division.	27182	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
		FT RANDALL CABLE SYSTEMS INC				
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
		MAILING ADDRESS OF OWNER OF 1104 19TH AVE SW #B	CABLE SYSTEM			
		(Number, street, rural route, apartment, or suite n	umber)			
		WILLMAR, MN 56201 (City, town, state, zip)				
С				tify the business and operation of the system, if different from the address		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM				
	2	(Number, street, rural route, apartment, or suite n	umber)			
		(City, town, state, zip code)				
L						

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	FT RANDALL CABLE SYSTEMS INC	27182
D Area	Instructions: List each separate community served by the cable system. A " separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I community." Please use it as the first community on all future filings.	
Served	city.	
<b>F</b> 1 (		STATE
First Community	WOOD LAKE	MN
dd Rows as Necessary		

									-2E. PAGE
Name								515	TEM ID 2718
	FT RANDALL CABLE SY	SIEMS INC	;						2/10
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES				
Е	In General: The information in s	-		-		•			
Secondam/	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period							ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondary	•				•			
Rates	each category by counting the n	•						s charged	
	separately for the particular serv Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	ounts allowed	, for adva	nce payment.					
	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 c								
	Block 2: If your cable system	0							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	ind rates, in the	e nym-na	and DIOCK. A li		e-word descript		Service is	
	BLC	DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCINIDE		TUTE	0,11			CODOCINDENCO	
	Service to first set		20	80.50					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat		,		•				
F	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			0		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that								
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOO	אר 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	10.95	• Mot	el, hotel					
	• Pay cable—add'l channel	12.00	• Con	mercial					
	Fire protection		• Pay	cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	20.00	• Burg	glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)		• Rec	onnect		20.00			
	• Converter		• Disc	onnect		N/A			
				et relocation		20.00			
				e to new addr	ess	20.00			

				FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM
	FT RANDALL CABLE			271
G	carried by your cable syster	TELEVISION entify every television station (including tr m during the accounting period, <i>except</i> ( in effect on June 24, 1981, permitting the	(1) stations carried only on a part-ti	me basis under
Primary nsmitters: elevision	76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b>	e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations car	(e)(2) and (4))]; and (2) certain sta	tions carried on a
	• Do not list the station here station was carried only on	ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried		
	basis. For further informatic <b>Column 1:</b> List each station	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	see page (v) of the general instruct ogram services such as HBO, ESF	ions. PN, etc. Identify each
	of license. For example, W	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	C C	
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	n case whether the station is a network st ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t idian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. the community to which the station	endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	W56EL	56	E	REDWOOD FALLS, MN
	K62AA	62	EN	
	Kozaa	02	IN	REDWOOD FALLS, MN
		07	N	DEDWOOD FALLS MN
ws as Necessary	KRWF	27	N	REDWOOD FALLS, MN
ws as Necessary				
ws as Necessary	K19DV	19	N N	REDWOOD FALLS, MN
ws as Necessary	K19DV K25II	19 25	N I	REDWOOD FALLS, MN REDWOOD FALLS, MN
ws as Necessary	K19DV K25II KELO	19 25 11	N     	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD
ws as Necessary	K19DV K25II KELO KEYC	19 25 11 12.1	N I	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN
ws as Necessary	K19DV K25II KELO	19 25 11	N     	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD
ws as Necessary	K19DV K25II KELO KEYC	19 25 11 12.1	N I N N	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN
ws as Necessary	K19DV K25II KELO KEYC KWCM	19 25 11 12.1 10.2	N I N N E	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN APPLETON, MN
ws as Necessary	K19DV K25II KELO KEYC KWCM KEYC	19 25 11 12.1 10.2 12.2	N I N N E N	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN APPLETON, MN MANKATO, MN
ws as Necessary	K19DV K25II KELO KEYC KWCM KEYC KWCM	19 25 11 12.1 10.2 12.2 10.4	N I N N E N E	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN APPLETON, MN MANKATO, MN APPLETON, MN
ws as Necessary	K19DV K25II KELO KEYC KWCM KEYC KWCM	19 25 11 12.1 10.2 12.2 10.4	N I N N E N E	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN APPLETON, MN MANKATO, MN APPLETON, MN
ws as Necessary	K19DV K25II KELO KEYC KWCM KEYC KWCM	19 25 11 12.1 10.2 12.2 10.4	N I N N E N E	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN APPLETON, MN MANKATO, MN APPLETON, MN
ws as Necessary	K19DV K25II KELO KEYC KWCM KEYC KWCM	19 25 11 12.1 10.2 12.2 10.4	N I N N E N E	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN APPLETON, MN MANKATO, MN APPLETON, MN
ws as Necessary	K19DV K25II KELO KEYC KWCM KEYC KWCM	19 25 11 12.1 10.2 12.2 10.4	N I N N E N E	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN APPLETON, MN MANKATO, MN APPLETON, MN
ws as Necessary	K19DV K25II KELO KEYC KWCM KEYC KWCM	19 25 11 12.1 10.2 12.2 10.4	N I N N E N E	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN APPLETON, MN MANKATO, MN APPLETON, MN
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ws as Necessary	K19DV K25II KELO KEYC KWCM KEYC KWCM	19 25 11 12.1 10.2 12.2 10.4	N I N N E N E	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN APPLETON, MN MANKATO, MN APPLETON, MN
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ws as Necessary	K19DV K25II KELO KEYC KWCM KEYC KWCM	19 25 11 12.1 10.2 12.2 10.4	N I N N E N E	REDWOOD FALLS, MN REDWOOD FALLS, MN SIOUX FALLS, SD MANKATO, MN APPLETON, MN MANKATO, MN APPLETON, MN

EGAL NAME OF								SYSTEM II 271
								21
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to ormation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's hea system's FM ante this point, see pag ed by the cable s are station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se red by the FCC	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2020/2					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	FT RANDALL CABLE S	SYSTEMS	INC				27182
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOC	3		
	In General: In space I, identi substitute basis during the ad	ccounting pe	eriod, under spe	cific present and former FC	CC rules, regul	ations, or authorizations	. For a further
Substitute Carriage:	explanation of the programm	-			le general mstr	uctions in the paper SA	1-2 101111.
Special	1. SPECIAL STATEMENT						
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork television progra	
Program Log	broadcast by a distant stat	tion?				YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complete the progra	am
	log in block 2. 2. LOG OF SUBSTITUTE		MC				
	In General: List each subst			te line. Use abbreviations	wherever pos	ssible. if their meaning	is
	clear. If you need more spa				,	Joine, in their meaning	
	Column 1: Give the title				e program") tha	at, during the accountir	ıg
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progra	im titles, for ex	ample, "I Love Lucy" o	r
	Column 2: If the program	n was broad					
	Column 3: Give the call						
	Column 4: Give the broat the case of Mexican or Can						1
	Column 5: Give the mon						onth
	first. Example: for May 7 giv		inter year eye		program oot		
	Column 6: State the time						ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progr	comming that	our ovetem wee requir	ad
	<b>Column 7:</b> Enter the letter to delete under FCC rules a						
	was substituted for program						Jian
	effect on October 19, 1976.		<b>,</b>			5	
			E PROGRAM		11	EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
1							

Accounting Period:	2020/2		FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC		S	YSTEM ID 2718
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipt	n's secondary transmi how to compute this a	ssion service mount, see	<b>D,860.31</b> Diss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600	63,800	
	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 t accounting period is \$52.00	hat you must pay for th	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 (b		- ·	52.00
	1. Base amount under statutory formula \$		,	
	2. Enter amount of gross receipts from space K			
	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, a	nd 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
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo			nts!

L

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: CABLE SYSTEMS INC		SYSTEM ID# 27182
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to	ers, and (2) the cable system's total nur tal number of channels on which the ca		12
		-		42
N Individual to Be Contacted		ot about this statement of account.)	ORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	KRISTI HILBRANDS	Telephone	320-847-7104
	Address	1104 19TH AVE SW, SUITE (Number, street, rural route, apartment, or su		
		WILLMAR, MN 56201 (City, town, state, zip)		
	Email	kristih@hcinet.net	Fax (optional 320-847-71.	23
0	CERTIFICATION	I (This statement of account must be ce	ertified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersign	ned, hereby certify that (Check one, but o	<i>nly one</i> , of the boxes.)	
	X (Own	ner other than corporation or partnersl	hip) I am the owner of the cable system as identified in line 1 of space E	3; or
	(Agen	nt of owner other than corporation or in line 1 of space B and that the owner	partnership) I am the duly authorized agent of the owner of the cable s is not a corporation or partnership; or	ystem as identified
	(Offi	icer or partner) I am an officer (if a corpo in line 1 of space B.	ration) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
	are true, compl		eclare under penalty of law that all statements of fact contained herein dge, information, and belief, and are made in good faith.	
			/s/ Bruce Hanson	-
			n electronic signature on the line above to certify this statement. ignature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name:	BRUCE HANSON	
			ASURER ial position held in corporation or partnership)	
		Date:	02/23/2021	
Delas estado de bladia			e Convright Office to collect the personally identifying information (PII) regi	

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unting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RANDALL CABLE SYSTEMS INC	2718
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Mailing Address       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 Assessment
	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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