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							
2/24/21	\$ ALLOCATION NUMBER						

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))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
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								
	DuCom Treasure Lake LP								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	Zito Media								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO Box 665 (Number, street, rural route, apartment, or suite number)							
		Coudersport, PA 16915 (City, town, state, zjp)							
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:							
	1	Zito Media - Hazen							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(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.

DuCom Treasu Instructions: List er "a separate and dis discrete unincorpo as the "first comm	ich separate community served by the cable system. tinct community or municipal entity (including uning rated areas)." 47 C.F.R. 76.5(dd). The first commununity." Please use it as the first community on all fut	SYSTEI 4(a. A "community" is the same as a "community unit" as defined in FCC recorporated communities within unincorporated areas and including sin nity that you list will serve as a form of system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereafter keture filings. In this interpolation is a system identification hereaf
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Served identified city. First Community	CITY OR TOWN Pine Creek Snyder Washington Polk	STATE PA PA PA PA PA
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Community	Pine Creek Snyder Washington Polk	PA PA PA PA
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	Washington Polk	PA PA
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d Rows as Necessary	Polk	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

DuCom Treasure Lake LP

SYSTEM ID# 40576

Ε

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				
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
 Service to first set 	60	18.00				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
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	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		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name

40576

4. LOCATION OF STATION

Altoona PA

DuCom Treasure Lake LP

1. CALL SIGN

WATM

G

Primary Transmitters: Television

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.

2. B'CAST CHANNEL NUMBER

23.1

WATM 23.4 Altoona PA 23.3 **WATM** Altoona PA **WJAC** 6 Ν Johnstown PA **WPCW** 19.1 Jeannette PA **WPSU** 3 Ε State College PA **WTAJ** 10 Ν Altoona PA **WWCP** 8 Ν Johnstown PA

3. TYPE OF STATION

Ν

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

DuCom Treasure Lake LP

40576

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 CLOS	AM 67 EM	C/D	LOCATION OF STATION	CALL CICE	ΛM 6 " ΓΝ4	C/D	LOCATION OF STATION
CALL SIGN	AW OF FM	5/0	LOCATION OF STATION	CALL SIGN	AW OF FM	5/D	LOCATION OF STATION
		 					
	 	 					
		 					
		 					
		 					
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Accounting Perio	nd: 2020/2						FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	DuCom Treasure Lake	LP						40576
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call	E: SPECIA tify every no accounting p ning that mu T CONCER riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no a distant sta egulations, or ries like "mo Bulls." m was broa sign of the adcast stati	erest of this paradd additional and additional and the lovies" or "bask addast live, ent station broadd on's location (ision program, broadcast by pecific present and former F in this log, see page (v) of the strITUTE CARRIAGE of the carry, on a substitute based based blank. If your answer is a rate line. Use abbreviations of rows to the tables. It is specific program ("substitute your cable system substitute your cable system substitute for the casting the substitute program of the community to which the	a distant state CC rules, regular a distant state CC rules, regular state control of the general instruction titles, for each control of the proper titles, for each control of the proper control of	ulations, obtructions network to must com possible, if nat, durin pogrammir ions for for example,	r authorizati in the paper elevision pro YES plete the pro their meani g the account ng of anothe urther inform "I Love Lucy	rstem carried on a ons. For a further SA1-2 form. gram X NO ogram ng is nting r station lation.
	Column 5: Give the month and day when your system carried the substitute program. Use numerals, wi first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. sho stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system w to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulation effect on October 19, 1976.							ırately e nuired
	WHEN SUBSTITUTE PROCEDUM							
	SUBSTITUTE PROGRAM CARRIAGE OCC LITTLE OF PROCRAM 2. LIVE? 3. STATION'S 5. MONTH 6.				TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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ccounting Period:	2020/2	FORM SA	1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DuCom Treasure Lake LP	S'	YSTEM ID 4057						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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	2,156.84 ss receipts)						
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 \$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	00)							
	1. Base amount under statutory formula								
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	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 Fee and otal 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 payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!						

Accounting Period:	020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DuCom Treasure Lake LP		SYSTEM ID# 40576
M Channels	CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number. 1. Enter the total number of channels on which the cable system carried television broadcast stations	t stations	176
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFO	RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Teri McMullen	Telephone	814-260-0434
	Address PO Box 665 (Number, street, rural route, apartment, or suit Coudersport PA 16915	e number)	
	(City, town, state, zip) Email teri.mcmullen@zitomedi	a.com Fax (optional)	
	CERTIFICATION (This statement of account must be car	tified and signed in accordance with Copyright Office regulations)	
O Certification	(Owner other than corporation or partnershi (Agent of owner other than corporation or partnershi in line 1 of space B and that the owner is not in line 1 of space B. (Officer or partner) I am an officer (if a corpor in line 1 of space B.	p) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable at a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as overlare under penalty of law that all statements of fact contained herei	system as identified vner of the cable system
	Typed or printed name: Title: Presid	/s/James Rigas electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas lent n held in corporation or partnership)	

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Accounting Period: 2020/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 40576 **DuCom Treasure Lake LP** 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. \$ Name 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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** 1% davs 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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