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					
	\$					
2-26-21	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20202 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.	3749
		T	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Boometoo ivanit(o) or owner or orbite or orbite and in the entering	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3330 State Highway 11B (Number, street, rural route, apartment, or suite number)	
		Nicholville, NY 12965 (City, town, state, zip)	
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	
С	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	ace B.
System	1	IDENTIFICATION OF CABLE SYSTEM: MyEVTV	
		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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Naiiie	Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	6374
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated community discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list to	
I	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 hor	me parks should be reported in parentheses below the
Area Served	identified city.	
I		
I	CITY OR TOWN	STATE No. 17
First	Johnsburg	New York
Community	Dickinson	New York
	Moira	New York
d Rows as Necessary	Brandon	New York
	Canton	New York
	Nicholville Star Lake	New York
	Star Lake	New York
	Piercefield	New York
	Wanakena	New York
	Fine	New York
	Lisbon Potsdam	New York New York
		New York
	Pierrepont Clifton	New York
		New York
	Waddington Parishville	New York
	Louisville	New York
	Oswegatchie	New York
	Bangor	New York
	Stockholm	New York
	Long Lake	New York
	Clare	New York
	Madrid	New York
	Norfolk	New York
	Malone	New York
	Hopkinton	New York
1		
Ì		

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

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965

63749

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.

BLO	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,013	33.90	Local	947	33.90
 Service to additional set(s) 	1,300	5.95	Basic	354	65.00
 FM radio (if separate rate) 			Expanded Basic	354	78.00
Motel, hotel	11	29.95	Commercial	11	29.95
Commercial					
Converter					
Residential	2,298	5.95	No Charge First Converter		
Non-residential	15	5.95			

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	RA
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel	149.00		
 Pay cable—add'l channel 		Commercial	149.00		
 Fire protection 		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	49.00	Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	25.00		
 Converter 		Disconnect			
		 Outlet relocation 	90/hr		
		 Move to new address 			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63749

Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTEN	10.1	N	Albany, NY
WVNY	22.1	N	Burlington, NY
wwti	50.1	N	Watertown, NY
WCAX	3.1	N	Burlington, NY
WRGB	6.1	N	Albany, NY
WWNY	7.1	N	Watertown, NY
WCWN	45.1	N	Schenectady, NY
WWTI-2	50.2	N-M	Watertown, NY
WFFF	44.1	N	Plattsburgh, NY
WNYF	7.2	N	Watertown, NY
WXXA	23.1	N	Albany, NY
WCWN-2	45.2	N-M	Schenectady, NY
WPTZ-2	5.2	I-M	Plattsburgh, NY
WNYA	51.1	I-M	Albany, NY
WNYT	13.1	N	Albany, NY
WPTZ	5.1	N	Plattsburgh, NY
WXXA-2	23.2	I-M	Albany, NY
WCFE	57.1	E	Plattsburgh, NY
WMHT	17.1	E	Albany, NY
WNPI	18.1	E	Norwood, NY
WRGB-2	6.2	I-M	Albany, NY
СВОТ	4	n	Ottawa, ON
СЈОН	11	N	Ottawa, ON

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63749

Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965

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

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
0, 122 0, 0, 1	7	0, 2		07.22 070.1	7	0, 2	
		-					
	 						

Accounting Perio							FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	Slic Network Solution	s, Inc. / 33	330 SH 11B,	Nicholville, NY 1296	5			63749			
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	 G						
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a										
_	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further										
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special											
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant station?										
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.										
	2. LOG OF SUBSTITUTE	E PROGR <i>A</i>	AMS								
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if t	heir meanin	g is			
	clear. If you need more spa	•									
		-		vision program ("substitute		-		•			
	period, was broadcast by a		•	•	•		•				
	under certain FCC rules, re Do not use general categor										
	"NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progre	ani ddes, for e	skampie, i	LOVE LUCY	OI .			
			dcast live, ente	er "Yes." Otherwise enter	"No."						
		•		asting the substitute prog							
			,	the community to which th		•	the FCC or,	in			
	the case of Mexican or Car			-		,	la with the	month			
	first. Example: for May 7 gi	-	when your sys	stem carried the substitute	e program. O	se numera	is, with the r	nontri			
			e substitute pr	ogram was carried by you	r cable svste	m. List the	times accur	atelv			
	to the nearest five minutes.							,			
	stated as "6:00-6:30 p.m."										
				n was substituted for prog							
	to delete under FCC rules a was substituted for program							ogram			
	effect on October 19, 1976	•	your system w	as permitted to delete und	iei i co iules	and regui	ations in				
		•									
					WHE	N SUBST	ITUTE				
	S	<u>UBSTITUT</u>	E PROGRAM		CARRI	AGE OCC		7. REASON FOR			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>				
							_				
							_				
							_				
							_				
							_				
							_				
							_				
I											

Accounting Period:	2020/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965 63749
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. (Amount of gross receipts)
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 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.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	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
	,
	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)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL DEMITTANCE DUE
	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)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID # Ref 1125488
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

U.S. Copyright Office

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7						
Name		WNER OF CABLE SYSTEM: olutions, Inc. / 3330 SH 11B, Nicholvi	ille, NY 12965	SYSTEM ID# 63749						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.									
	on which the ca	number of activated channels ble system carried television broadcast sta	itions	305						
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION BOOM this statement of account.)	ATION IS NEEDED (Identify an individual to whom							
for Further Information	Name	Kevin Lynch	Telephone	315.328.9050						
	Address	3330 State Highway 11B (Number, street, rural route, apartment, or suite nu	mber)							
		Nicholville, NY 12965 (City, town, state, zip)								
	Email	kevin.lynch@slic.com	Fax (optional)							
0	CERTIFICATION	This statement of account must be certified	d and signed in accordance with Copyright Office regulations)							
Certification	• I, the undersigned	d, hereby certify that (Check one, but only or	ne, of the boxes.)							
	(Owne	r other than corporation or partnership) l	am the owner of the cable system as identified in line 1 of space B	s; or						
		of owner other than corporation or partnership of space B and that the owner is not a content of the country of	ership) I am the duly authorized agent of the owner of the cable sy orporation or partnership; or	ystem as identified						
		er or partner) I am an officer (if a corporation ne 1 of space B.	n) or a partner (if a partnership) of the legal entity identified as own	er of the cable system						
		e, and correct to the best of my knowledge, in	e under penalty of law that all statements of fact contained herein formation, and belief, and are made in good faith.							
		X "/s	s/ Bradley Pattelli"							
			ronic signature on the line above to certify this statement. re using an "/s/ signature" (e.g., /s/ John Smith)							
		Typed or printed name:	radley Pattelli							
		Title: CEO (Title of official position he	ld in corporation or partnership)							
		Date:	2/26/2021							

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

ccounting Period: 2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	63749
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.	Special Statement Concerning Gross 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
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	
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@copyright.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	

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

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)