This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Short Form)		\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright
	uctions are located	07/19/2021		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2021/1		· · · · · · · · · · · · · · · · · · ·	
		Barcode Data Filing Period (optiona	al - see instructions)	
Accounting				
Period				
	Instructions:			
В	Give the full legal name of the owner of the subsidiary, not that of the pare		idiary of another corporation, give the full co	orporate title
_				
Owner	List any other name or names under	which the owner conducts the business of	the cable system.	
			the last day of the accounting period should	submit a
	single statement of account and roya	Ity fee payment covering the entire accour	iting period.	20552
	Check here if this is the system's first	filing. If not, enter the system's ID number	assigned by the Licensing Division.	20332
	LEGAL NAME OF OWNER/MA	LING ADDRESS OF CABLE SYSTEM		
	SJOBERGS CABLEVISION INC			
		R OF CABLE SYSTEM (IF DIFFEREN	Г)	
		•	•	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		

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

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.

(Number, street, rural route, apartment, or suite number)

315 MAIN AVE N

**IDENTIFICATION OF CABLE SYSTEM:** 

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip

(City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)
THIEF RIVER FALLS, MN 56701-1905

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	SJOBERGS CABLEVISION INC	20552
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know e filings.
•	Note: Entities and properties such as hotels, apartments, condominiums, c	or mobile home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	MIDDLE RIVER	MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID
Name	SJOBERGS CABLEVIS								2055
	SECONDARY TRANSMISSION		IBSCR	IBERS AND RAT	FS				
E	In General: The information in s					y transmission	service of t	he cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the second particular						hose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble svstem	. broken	
scribers and	down by categories of secondar						5	,	
Rates	each category by counting the n		0					charged	
	separately for the particular serv							re and the	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				Stanua		5 within a		
	Block 1: In the left-hand block				s of sec	ondary transmis	sion servi	ce that cable	
	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 of								
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t					•			
	with the number of subscribers a	and rates, in th	e right-h	and block. A two-	- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	(2	
		NO. OF SUBSCRIB		RATE	NO				
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RAIE	CATE	GORT OF SER	(VICE	SUBSCRIBERS	RATI
	Service to first set		68	90.06					
	Service to additional set(s)	N/A	00	90.00 N/C					
	• FM radio (if separate rate)	N/A		N/C					
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	Non residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATES					
F	In General: Space F calls for ra	te (not subscril	ber) info	ormation with resp	ect to a	ll your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		uouunj			argou on a ran	anie hei h		
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) description				eu. Lisi	these other ser		e ionn or a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERVIC	CE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-reside					
	• Pay cable		• Mot	tel, hotel					
	• Pay cable—add'l channel		• Cor	mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		• Pay	/ cable-add'l chan	nnel				
	Installation: Residential		• Fire	e protection					
	• First set			glar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other s	services:					
	• FM radio (if separate rate)		• Red	connect					
	• Converter			connect					
		L							
			• Out	tlet relocation					
			_	tlet relocation ve to new address	s				

	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	SJOBERGS CABLEV	ISION INC		20552
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channo of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations. n's call sign. <i>Do not</i> report origination d with a station according to its over-the	at (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КХЈВ	4	N	FARGO/VALLEY CITY, ND
	KCPM	5	I	GRAND FORKS, ND
is Necessary	WDAZ	8	N	DEVILS LAKE, ND
Necessary	WDAZ KVLY	8 11	N N	
Vecessary				DEVILS LAKE, ND
ecessary	KVLY	11	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND
s Necessary	KVLY KGFE	11 2	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND
Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
s Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
is Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
rs as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
s as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
; as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
5 as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
s as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
ws as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN
ws as Necessary	KVLY KGFE KVRR	11 2 10	N	DEVILS LAKE, ND FARGO/GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN

EGAL NAME OF								SYSTEM 20
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of l For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recei it the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	ertain st eneral in eneral in	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

N							1 014	A SA1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF SJOBERGS CABLEVI							SYSTEM ID 20552	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G				
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork telev eriod, under sp	<i>ision program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or au	Ithorizatio	ns. For a further	
Carriage:	1. SPECIAL STATEMEN				0		••		
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syste	m carry, on a substitute ba	sis, any noni	network televi	sion prog	ram	
Program Log	broadcast by a distant sta	ition?					YES	X NO	
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the progran <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the mon first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no a distant sta egulations, of ries like "mo . Bulls." m was broa sign of the adcast stati nadian stati nadian stati nath and day ve "5/7." ees when th . Example: ter "R" if the and regulat mming that	am on a separ add additiona ponnetwork tele tion and that y pr authorizatio povies" or "bask dcast live, ent station broadc on's location ( ons, if any, the y when your sy e substitute pr a program car e listed program ions in effect c	I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge letball." List specific progra er "Yes." Otherwise enter " casting the substitute progra the community to which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for prog luring the accounting period	e program") ti ed for the pro- neral instruct im titles, for e 'No." am. e station is life e station is life e station is id program. U r cable syste :15 p.m. to for ramming that id; enter the life	hat, during the ogramming of ions for furthe example, "I Lo censed by the entified). se numerals, m. List the tim 5:28:30 p.m. s t your system letter "P" if the	e account f another s er informa ove Lucy" e FCC or, with the n nes accurs hould be was <i>requ</i> e listed pro	ing station tion. or in nonth ately <i>ired</i>	
	S	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F			7. REASON FO	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	ES TO	DELETION	
						_			
					·				
					·				

Accounting Period:	2021/1	FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC		8YSTEM ID# 20552
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 transmi (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	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t 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 Foc and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		ghts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: ABLEVISION INC				SYSTEM ID# 20552
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number o s, and (2) the cable system's t number of channels on which television broadcast stations number of activated channel able system carried television ast services	otal number of activated cha h the cable s broadcast stations	nnels during the acc	counting period.	7 178
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accourt		DED (Identify an ind	ividual to whom	
for Further Information	Name	Richard J Sjoberg			Telephone	218-681-3044
	Address 	315 Main Ave N (Number, street, rural route, apart Thief River Falls, MN (City, town, state, zip) rsjoberg@mnca	1 56701		Fax (optional) 218-681-680:	1
Certification	I, the undersigned     (Owne     (Agenting     (Agenting     (Afficing     (Afficing     (Afficing     (Agenting     (Agent	Typed or printed Title:	cone, but only one, of the boxes partnership) I am the owner of ation or partnership) I am the owner is not a corporation or p (if a corporation) or a partner ( hereby declare under penalty y knowledge, information, and X /s/ Richard J Enter an electronic signature Enter signature using an "/s/ s	s.) f the cable system a e duly authorized age artnership; or if a partnership) of th r of law that all stater belief, and are made Sjoberg on the line above to co signature" (e.g., /s/ Jo	s identified in line 1 of space I ent of the owner of the cable s ne legal entity identified as ow ments of fact contained herein e in good faith.	system as identified ner of the cable system
		Date:			07/23/2021	

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bunting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DBERGS CABLEVISION INC	2055
<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 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.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme

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