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**

63232

				Return completed workbook	
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:	
	ary Transmissions by	DATE RECEIVED AMOUNT		<u></u> <u>coplicsoa@copyright.gov</u>	
General instru	ems (Short Form) uctions are located	3/1/22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
in the first tab	of this workbook		ALLOCATION NUMBER		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		-			
		Barcode Data Filing Period (optional	- see instructions)		
Accounting		1			
Period					
	Instructions:	the colde suctors of the summer is a sub-	sidion, of another correction, since the full		
В	title of the subsidiary, not that of the par		sidiary of another corporation, give the full o	มายุบาลเข	
Owner	List any other name or names under whi	ch 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
		Great Plains Cable Television
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P. O. Box 50
		(Number, street, rural route, apartment, or suite number)
		Blair, NE 68008
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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		IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)

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

City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	Great Plains Cable Television	632					
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including singl at you list will serve as a form of system identification hereafter kno ings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First	Central City	Colorado					
Community							
Add Rows as Necessary							

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	Great Plains Cable Television										
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable			
—	system, that is, the retransmission	-		-		•					
Secondary	about other services (including p										
Fransmission	last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-		s: Both blocks in space E call for the number of subscribers to the cable system, broken condary transmission service. In general, you can compute the number of subscribers in									
scribers and Rates	each category by counting the n			•		•					
Rutes	separately for the particular serv			•••		•		sonargeu			
	Rate: Give the standard rate of	-	-	•				-			
	unit in which it is generally billed				iny standa	rd rate variatior	ns within a	particular rate			
	category, but do not include disc				rice of coo	ondon transmi	oolon oon <i>i</i> l	as that ashla			
	Block 1: In the left-hand block systems most commonly provide										
	that applies to your system. Not							0,			
	categories, that person or entity	should be cour	nted as a	a subscriber ir	each app	licable category	. Example	: a residential			
	subscriber who pays extra for ca					d in the count u	nder "Servi	ice to the			
	first set" and would be counted o							6			
	Block 2: If your cable system printed in block 1 (for example, t	•		-							
	with the number of subscribers a										
	sufficient.	·····, ·····	j								
	BLC	.OCK 1 BLOCK 2									
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA		
	Residential:	SOBSCIUD			0,11		WICE	SOBSCINIBEINS			
	Service to first set		87	34.95	Broadc	aster Fee		87	22.		
	Service to additional set(s)			0-1100				<u> </u>			
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s						
F	In General: Space F calls for ra	te (not subscrit	per) infor	mation with re	spect to a	Il your cable sy	stem's serv	vices that were			
F	not covered in space E, that is, t										
Comisso	service for a single fee. There a	•			•		0 (,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
	enter only the letters "PP" in the		usually	billed. If driy f				rogram basis,			
Secondary	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										
Secondary ransmissions: Rates	Lie al character and the second		je was m				vices in th	e form of a			
ransmissions:	listed in block 1 and for which a				shed. List						
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip	otion and includ	le the ra		shed. List		1				
ransmissions:	brief (two- or three-word) descrip	otion and includ	le the ra CK 1	te for each.				BLOCK 2			
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE	btion and includ BLOC RATE	le the ra CK 1 CATEG	te for each. ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 ORY OF SERVICE	RAT		
ransmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and includ BLOC RATE	de the ra CK 1 CATEG Installa	te for each. ORY OF SER tion: Non-res	VICE	RATE		ORY OF SERVICE			
ransmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	btion and includ BLOC RATE	de the ra CK 1 CATEG Installa • Mote	te for each. ORY OF SER tion: Non-res	VICE						
ransmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	btion and includ BLOC RATE	de the ra CK 1 CATEG Installa • Mote • Con	te for each. ORY OF SER tion: Non-res el, hotel imercial	VICE	RATE		ORY OF SERVICE	RA1		
ransmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and includ BLOC RATE	de the ra CK 1 CATEG Installa • Moto • Con • Pay	te for each. ORY OF SER tion: Non-res el, hotel imercial cable	VICE	RATE		ORY OF SERVICE			
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	btion and includ BLOC RATE	de the ra CK 1 CATEG Installa • Moto • Con • Pay • Pay	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable	VICE	RATE		ORY OF SERVICE			
ransmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	botion and inclus BLOC RATE 36.00	le the ra CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	VICE	RATE		ORY OF SERVICE			
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	btion and includ BLOC RATE	te the ra CK 1 CATEG Installa • Moto • Con • Pay • Pay • Fire • Burg	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	VICE	RATE		ORY OF SERVICE			
ransmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	botion and inclus BLOC RATE 36.00	de the ra CK 1 CATEG Installa • Moto • Con • Pay • Pay • Fire • Burç Other s	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	VICE	RATE 49.95		ORY OF SERVICE			
ransmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	botion and inclus BLOC RATE 36.00	de the ra CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: ponnect	VICE	RATE		ORY OF SERVICE			
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	IL FOAL MARE OF OWNED OF	TOADLE OVOTEM.			SYSTEM			
Name	Great Plains Cable Te				632			
G 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 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 with which the station is licent							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	STATION			
	KWGN	2	N	Denver, CO				
	KDVR	31	N	Denver, CO				
Rows as Necessary	KCNC	4	N	Denver, CO				
Rows as inclusion,	KRMA	18	E	Denver, CO				
	KMGH	7	N	Denver, CO				
				Deriver, CO				
	1 be • • • -		NI NI	Daminar 00				
	KUSA	9	N	Denver, CO				
	KUSA KTVD	9 20.1	N	Denver, CO Denver, CO				

EGAL NAME O								SYSTEM I 632
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: Column	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Sive the statior	y the sys be recei it the Cc sign of e the 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. In is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	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								01/07010		
Name	LEGAL NAME OF OWNER OF Great Plains Cable Te		TEM:					SYSTEM ID: 63232		
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM L	OG					
Substitute	In General: In space I, iden <i>substitute basis</i> during the a explanation of the programm	tify every noni	network televi eriod, under sp	<i>sion program,</i> broadcast b becific present and former	by a <i>distant</i> sta FCC rules, reg	ulations, or	authorizatio	ons. For a further		
Carriage:					ale general in					
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 									
Statement and 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.			igo blaint. Il your anowor	10 100, your	indet compr		gram		
	clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be 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 was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program									
	to delete under FCC rules was substituted for program	ter "R" if the l and regulatio mming that ye	ons in effect d	uring the accounting per	iod; enter the	letter "P" if t	he listed p			
	to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the l and regulatic mming that yo 3.	ons in effect d our system w	luring the accounting per as permitted to delete ur	iod; enter the ader FCC rules	letter "P" if t s and regula	he listed plations in	rogram		
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Accounting Period:	2021/2 FORM SA1-2E. PAGE 6							
News	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Name	Great Plains Cable Television 63232							
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 c 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, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross 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 less than or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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 \$ 52.00							
	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 2. Base amount under statutory formula \$ 263,800.00							
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 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							
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101							
	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.							

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 63232
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	7 43
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name LeaAnn Quist Telephone	402-456-6434
	Address P. O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip)	
	Email Iquist@gpcom.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified /ner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Janelle Allison Title: CFO & COO (Title of official position held in corporation or partnership) Date: March 1, 2022	

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

unting Period: 2021/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
at Plains Cable Television	6323
 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. 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? 	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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 \$ -	
(interest charge)	_
* 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	nn
Address	

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