## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

## SA1-2 Short Form

Return to: Library of Congress

FOR COPYRIGHT	OFFICE USE ONLY	Library of Congress Copyright Office	
DATE RECEIVED	AMOUNT	Licensing Division	
3/30/22	\$	101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150	

ALLOCATION NUMBER

For courier deliveries, see page ii of the general instructions

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2019 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Owner 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. 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 single statement of account and royalty fee payment covering the entire accounting period. 060527 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 Vyve Broadband A, LLC \*06052720192\* 060527 2019/2 4 International Dr Suite 330 Rye Brook, NY 10573 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE Peabody KS First Community 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 Office's public indexes and in search reports prepared for the public. The effects 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 SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID	
Name	Vyve Broadband A, LLC								06052	
Е	SECONDARY TRANSMISSION									
<b>-</b>	In General: The information in s	•		Ũ		•				
Secondary	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									
Transmission		day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-	,	`				,	ble syster	n, broken		
scribers and	<b>Number of Subscribers:</b> 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									
Rates	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). <b>Rate:</b> 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	•						•		
	category, but do not include disc				ly stande					
	Block 1: In the left-hand block				ies of sec	condary transmi	ssion serv	ice 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					a in the count u	nder Serv	ice to the		
	Block 2: If your cable system					service that are	e different	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-	hand block. A tw	o- or thre	e-word descrip	tion of the	service is		
	sufficient.							<b>K</b> 0		
	BLC	DCK 1 NO. OF					BLOC	K Z NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		12	25.00						
	<ul> <li>Service to additional set(s)</li> </ul>								1	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		10	25.00						
	Converter									
	Residential									
	Non-residential									
				······					<b>.</b>	
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATES	6					
F	In General: Space F calls for rat		,		•					
	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than										
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> 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) descrip				sned. List	these other sei	rvices in tr	ie form of a		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERV	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT	
	Continuing Services:	TOTE		ation: Non-resid		TUTE	ONTEO		1011	
	• Pay cable	19.95		tel, hotel						
		.0.00		mmercial						
	<ul> <li>Pay cable—add'l channel</li> </ul>		-	y cable						
	Pay cable—add'l channel     Fire protection			JUDIO		L				
	Fire protection				annal					
	<ul><li>Fire protection</li><li>Burglar protection</li></ul>		•Pa	y cable-add'l cha	annel					
	• Fire protection •Burglar protection Installation: Residential	64.05	•Pa •Fir	y cable-add'l cha e protection	annel					
	• Fire protection •Burglar protection Installation: Residential • First set	64.95	•Pa •Fir •Bu	y cable-add'l cha e protection rglar protection	annel					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	64.95	• Pa • Fir • Bu Other	y cable-add'l cha e protection rglar protection <b>services:</b>	annel					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	64.95	• Pa • Fir • Bu <b>Other</b> • Re	y cable-add'l cha e protection rglar protection <b>services:</b> connect	annel	39.95				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	64.95	• Pa • Fir • Bu • Bu • Re • Dis	y cable-add'l cha e protection rglar protection <b>services:</b> connect sconnect	annel					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	64.95	• Pa • Fir • Bu <b>Other</b> • Re • Dis • Ou	y cable-add'l cha e protection rglar protection <b>services:</b> connect		39.95 20.00 39.95				

Name	LEGAL NAME OF OWNE	R OF CABLE SYSTE	M:	S	STEM ID
Name	Vyve Broadband	A, LLC			06052
	PRIMARY TRANSMITTERS	: TELEVISION			
G Primary Transmitters: Television	<ul> <li>carried by your cable syst</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61</li> <li>substitute program basis,</li> <li>Substitute Basis Stat</li> <li>basis under specifc FCC I</li> <li>Do not list the station here, and</li> <li>List the station here, and</li> <li>basis. For further inforr</li> <li>Column 1: List each s</li> <li>Column 2: Give the not</li> <li>This may be different from</li> <li>associated with a station as the same on the form.</li> <li>Column 3: Indicate in</li> <li>educational station, by en</li> <li>(for independent multicas)</li> <li>For the meaning of these</li> <li>Column 4: Give the lo</li> </ul>	em during the accounts is in effect on June 2 (e)(2) and (4), or 76 as explained in the <b>ions:</b> With respect to rules, regulations, our re in space G—but y on a substitute bat d also in space I, if the mation concerning st tation's call sign. Do umber of the channel on the channel on what according to its over each case whether tering the letter "N" to, "E" (for noncomm terms, see page (iv) cation of each static	unting period, exc 4, 1981, permitting 6.63 (referring to 7 next paragraph. to any distant stati r authorizations: do list it in space I sis. the station was car bubstitute basis sta o not report origina el on which the stati ich your cab;e sys -thje-air designati the station is a ne (for network), "N-Mercial educational o of the general inson. For U.S. station	ng translator stations and low power television stations) ept (1) stations carried only on a part-time basis under g the carriage of certain network programs [sections 6.61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ried both on a substitute basis and also on some other ations, see page (v) of the general instructions. tion program services such as HBO, ESPN, etc. tion's broadcasts are carried in its own community. stem carried the station. Identify each multicast stream on. For example, report multicast stream "WETA-2" as twork station, an independent station, or a noncommercial <i>A</i> " (for network multicast), "I" (for independent), "I-M" ), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	KSNW-NBC	3	N	WICHITA KS	
	KSAS-FOX	24	I	WICHITA KS	
	KPTS-PBS	8	E	HUTCHINSON KS	
	KAKE-ABC	10	N	WICHITA KS	
	KWCH-CBS	12	N	HUTCHINSON KS	
	KSNW-JUSTICE	3.4	I-M	WICHITA KS	
	KSCW-CW	33	I	WICHITA KS	
	KWCH-WEATHER	12.2	I-M	HUTCHINSON KS	
	KSAS-TBD TV	24.2	I-M		
	KSAS-Comet	24.3	I-M	WICHITA KS	
	NSAS-Comet	24.5	1-141		
			1		

## ACCOUNTING PERIOD: 2019/2

EGAL NAME O			YSTEM:				SYSTEM ID#	Name
/yve Broad	band A, LL	С					060527	
n General: Lis II-band basis v pecial Instruct eceivable if (1) n the basis of or detailed infe	vhose signals ctions Concer it is carried by monitoring, to prmation abou	station ca were "ge rning All y the sys be receiv t the the	rried on a separate and discre nerally receivable" by your cal <b>-Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried.	ble system during Copyright Office re the system's hea ystem's FM anter	the accountir egulations, an idend, and (2) nna, during ce	ng period FM sign it can b rtain sta	d. al is generally e expected, ted intervals.	H Primary Transmitters Radio
Column 3: If gnal, indicate	the radio stati this by placing	ion's sigr g a check	n is AM or FM. nal was electronically processe mark in the "S/D" column. on (the community to which the					
			he community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							
	·							
	·							
	·							
	·							
	·							
	·							
	·							
	·							

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:				ę	64527 SYSTEM ID# 060527	
	SUBSTITUTE CARRIAG	-	-		-	ion that your ca	ble system	carried on a	
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and Program Log	<ul> <li>During the accounting per broadcast by a distant star</li> </ul>		ur cable syster	n carry, on a substitute ba	isis, any noni	_		im XNo	
	<b>Note:</b> If your answer is "No log in block 2.	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you	must complete	e the progra	am	
	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 prograt <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 time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progr ace, please of every no distant sta egulations, i ries like "mo Bulls." m was broa sign of the adcast stati hadian stati hath and day ve "5/7." es when th Example: regramming	am on a separ attach addition onnetwork tele tion and that y or authorizatio ovies" or "bask adcast live, ent station broadd ion's location ( ons, if any, the y when your sy e substitute pr a program car e listed program ions in effect of	nal pages. vision program (substitute our cable system substitut ns. See page (v) of the ge tetball." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0" n was substituted for prog luring the accounting period	program) the ted for the pr neral instruct am titles, for "No." ram. le station is li e station is li e program. U r cable syste 1:15 p.m. to 6 ramming tha od; enter the	at, during the a ogramming of tions for furthe example, "I Lo censed by the lentified). lse numerals, v m. List the tim 5:28:30 p.m. sl t your system letter "P" if the	accounting another st r informati- ve Lucy" o FCC or, ir with the me hould be was requir listed pro	ation on. r onth æly ed	
						EN SUBSTITU			
	S	JBSTITUT	E PROGRAM	1	CARR	IAGE OCCUF	RRED	7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	IES	FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION					
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIM	IES		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 060527	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identifed in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions.	nission service	K Gross Receipts
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.	\$ 20,624.33 (Amount of gross receipts)	
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 \$ • 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 for more information.	\$263,801	L Copyright Royalty Fee
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-month	
Line 1. Royalty fee for accounting period	\$ 52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (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	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 recepits (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		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pageneral instructions for more information.	ige I of the	

FORM SA1-2. PAGE 6.

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 060527
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tions
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	10
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	50
N Individual to Be Contacted		
for Further Information	-	4-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulati as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) am the owner of the cable system as identifed in line 1 of space B;</li> </ul>	
	<ul> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> </ul>	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	r of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	nerein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 2/26/2020	

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 effects 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.

FORM SA1-2. PAGE 8.	FORM	SA1-2	PAGE	8
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	060527	Name
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 th lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not incluscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions? X NO	asic Ide sub- 19."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	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	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	·	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- harge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, list below the owner, address, first community served, ID number, and accounting period as given in the original		
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 Offce to collect the personally identifying info	mation (PII) requested	l on th

Privacy Act Notice: Section 111 of title 1/ of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 effects 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 filing, a determination that would be made by a court of law.