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:		
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
Cable Syste	ems (Short Form)		\$	For additional information,		
General instru	uctions are located		,	contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this workbook	9/2/2021	ALLOCATION NUMBER	Tel: (202) 707-8150		
Α		DV THE CTATEMENT. (V)				
	ACCOUNTING PERIOD COVERED	BT THIS STATEMENT: (T	TT/(Period))			
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	2021/1		renou z – outy r - December or			
		7				
		Barcode Data Filing Period (optiona	I - see instructions)			
Accounting Period						
	Instructions:					
В	Give the full legal name of the owner of t the subsidiary, not that of the parent cor		diary of another corporation, give the full corp	orate title of		
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.			
	If there were different owners during the	accounting period, only the owner on t	he last day of the accounting period should su	bmit a single		
	statement of account and royalty fee pay	ment covering the entire accounting per	riod.			
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	1836		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
	CableSouth Media III, LLC		<u></u>			
	BUSINESS NAME(S) OF OWNER O	CABLE STSTEM (IF DIFFERENT	/			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	1056 Jones Blvd					
	(Number, street, rural route, apartment, or suite Milan, TN 38358	number)				
	(City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line					
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	Swyft Connect, LLC	•				
	MAILING ADDRESS OF CABLE SYSTEM	n:				
	2 (Number, street, rural route, apartment, or suite	number)				
	Milan, TN 38358 (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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	CableSouth Media III, LLC	183
D	Instructions: List each separate community served by the cable system. A ' separate and distinct community or municipal entity (including unincorpor- unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	ated communities within unincorporated areas and including single, discre- list will serve as a form of system identification hereafter known as the "fir
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o city.	r mobile nome parks should be reported in parentheses below the identifie
	CITY OR TOWN	STATE
First	Jonesville	LA
Community	Catahoula	LA
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							-	-2E. PAGE
Name	CableSouth Media III, LL							010	183
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	ay cable) in sp	ace F,	not here. All the	facts you	i state must be			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetar	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	•					•	s charged	
	separately for the particular serv Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	•		Ũ					
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count ur	ider "Servi	ce 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 sufficient.	and rates, in the	e right-h	and block. A two	o- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIDI	<u>_R3</u>	NATE	CATE	BORT OF SEI	VICE	SUBSCRIBERS	TVA I
	Service to first set		58	31.35					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, t service for a single fee. There ar						-		
Services	furnished at cost or (2) services	•					• •	,	
Other Than	amount of the charge and the ur		usually	billed. If any rat	es are ch	arged on a var	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cabl	e svstem for eac	h of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •				••			
	listed in block 1 and for which a string three-word) description				hed. List	these other ser	vices in th	e form of a	
							1		
	CATEGORY OF SERVICE	BLO				DATE		BLOCK 2 ORY OF SERVICE	
	Continuing Services:	RATE		BORY OF SERV ation: Non-resid		RATE	CATEG	URY OF SERVICE	RATI
	• Pay cable			tel, hotel					
	• Pay cable—add'l channel		• Cor	mmercial					
	Fire protection		• Pay	y cable					
	•Burglar protection		• Pay	y cable-add'l cha	innel				
	Installation: Residential			e protection					
	• First set	39.99		rglar protection					
	Additional set(s)			services:					
	FM radio (if separate rate)	E 00		connect		49.99			
	Converter	5.00		connect tlet relocation					
	1		• Oui	uerreiocation					
			• Mo	ve to new addre	22	39.99			

ccounting Period: 2	2021/1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER O			SYSTEM ID					
	CableSouth Media III			183					
	PRIMARY TRANSMITTERS:								
G	carried by your cable system FCC rules and regulations	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	(1) stations carried only on a part-til e carriage of certain network progra	me basis under ams [sections					
Primary		e)(2) and (4), or 76.63 (referring to 76.61	(e)(2) and (4))]; and (2) certain stat	tions carried on a					
Transmitters: Television	Substitute Basis Stations	s explained in the next paragraph. : With respect to any distant stations car	rried by your cable system on a sub	ostitute 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 								
	 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 								
	Column 1: List each statio	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	ogram services such as HBO, ESP	N, etc. Identify each					
	"WETA-2" as the same on	d with a station according to its over-the- the form.	air designation. For example, repo	rt multistream					
		el number the FCC assigned to the telev	ision station for broadcasting over	the air in its community					
		RC is channel 4 in Washington, D.C. case whether the station is a network st	tation an independent station or a	noncommercial					
		ring the letter "N" (for network), "N-M" (for							
	(for independent multicast)	, "E" (for noncommercial educational), or	"E-M" (for noncommercial educati						
	5	erms, see page (iv) of the general instruction of each station. For U.S. stations, list t		is licensed by the					
		dian stations, if any, give the name of the	•						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KALB	2	N	Alexandria, IL					
	KLAX	3	N	Alexandria, IL					
Add Rows as Necessary	KAQY	4	N	Alexandria, IL					
	KARD	5	<u> </u>	Monroe, LA					
	KNOE	6	N	Monroe, LA					
	KLAX	12	<u>I</u>	Monroe, LA					
	KNOE	9	N	Monroe, LA					
	KLTM	7	Е	Monroe, LA					
			Е						

LEGAL NAME O			YSTEM:					SYSTEM ID#
CableSouth	Media III, L	LC						1836
	t every radio s	tation ca	rried on a separate and discre					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio state this by placing Sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. That was electronically processor k mark in the "S/D" column. on (the community to which the the community with which the	the system's hear system's FM anten his point, see page ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0) it can b ertain sta eneral in parate 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							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	CableSouth Media III, I	LC						1836
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	1			
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	fy every non ccounting pe	network televisi priod, under spe	<i>on program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or aut	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			0			
Special	 During the accounting per 				is, any nonne	twork televis	sion progran	n
Statement and Program Log	broadcast by a distant stat						YES	NO
r rogram 20g	, , , , , , , , , , , , , , , , , , ,				"X"	ـــا مەر	-	
	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ust complete	e the program	m
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every not distant stati gulations, o ies like "mo Bulls." n was broad sign of the s dicast statio th and day re "5/7." as when the Example: a er "R" if the ind regulatio	add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ins, if any, the c when your syst e substitute prog- program carrie listed program ons in effect du	ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program "Yes." Otherwise enter "I sting the substitute progra e community to which the community with which the sem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") that d for the prog eral instructio m titles, for ex No." am. station is licer station is ider program. User cable system 15 p.m. to 6:2 amming that y t; enter the let	at, during the ramming of ns for furthe ample, "I Lo nsed by the tified). • numerals, " . List the tim 28:30 p.m. s rour system ter "P" if the	e accounting another sta er information ove Lucy" or FCC or, in with the mon hes accurate hould be was <i>require</i> e listed progr	g tion n. hth ely
	effect on October 19, 1976.		E PROGRAM			EN SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
					.			
							_	
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Accounting Period:	2021/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
Name	CableSouth Media III, LLC 1836
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.
_	COPYRIGHT ROYALTY FEE
L 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 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	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)
	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) FALSE
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 \$ 15.00
	EFT Trace # or TRANSACTION ID #
	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:	2021/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYST CableSouth Media III, LLC	EM:	SYSTEM ID# 1836
M Channels	to its subscribers, and (2) the cable sys	tations	8
	on which the cable system carried to and nonbroadcast services	evision broadcast stations	172
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF we can contact about this statement of	URTHER INFORMATION IS NEEDED (Identify an individual to whom account.)	
for Further Information	Name Cristy Workman		731-686-9227
	(Number, street, rural rout Milan, TN 38358 (City, town, state, zip)	, apartment, or suite number)	
	Email cworkman	@swyftconnect.com Fax (optional	
O Certification	 I, the undersigned, hereby certify that (C (Owner other than corporation (Agent of owner other than corporation (Agent of owner other than corporation in line 1 of space B and X (Officer or partner) I am an corporation in line 1 of space B. I have examined the statement of account 	unt must be certified and signed in accordance with Copyright Office regulations) eck one, but only one, of the boxes.) in or partnership) I am the owner of the cable system as identified in line 1 of space B prporation or partnership) I am the duly authorized agent of the owner of the cable s int the owner is not a corporation or partnership) of the legal entity identified as own t and hereby declare under penalty of law that all statements of fact contained herein t of my knowledge, information, and belief, and are made in good faith. X /s/ Thomas Pate Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ystem as identified
		rinted name: Thomas Pate	
	Title: Date:	CFO (Title of official position held in corporation or partnership) 8/30/2021	

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Special statement of the special stateme	ounting Period: 2021/1	FORM SA1-2E. PAGE 8
SPECIAL STREET ASSESSMENT Nor must complete his worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest rate* and enter the sum here	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Statelike Horme Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: The determining the total number of subacrbers and the gross amounts paid to the cable system for the basic sections and nounts 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 coated 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 satelitie carriers to satelitie dish owners? Non Non Non Non Non Non Non No	bleSouth Media III, LLC	1836
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Mailing Address You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment. Line 1 Enter the amount of late payment or underpayment	 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 scribers 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 transmission made by satellite carriers to satellite dish owners? 	sub- " Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address INTEREST ASSESSMENT Mailing Address You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment is comparison of interest assessment for one day late. Image: Comparison of interest assessment for one day late. Image: Comparison of interest in the original filing. Image: Comparison of interest parts is community served, ID number, and accounting period as given in the original filing. Image: Comparison of interest is comparison of interest assessment in the original filing. Image: Comparison of interest is community served, ID number, and accounting period as given in the original filing. Image: Comparison of interest is comparison of interest assessment is comparison of interest assessment is comparison of interest is comparison of interest is comparison of interest is comparison of inter		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment		
Line 1 Enter the amount of late payment or underpayment		ent
x	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	L . J
Line 3 Multiply line 2 by the number of days late and enter the sum here		L . J
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessment
To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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.	Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessment
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.	Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessment days
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.	Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessment e)
Address ID number	Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessment e)
ID number	Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessment days days re) sase
	Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessment days days e) ease
	Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessment days days e) ease
First community served	Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessment days days e) ease
Accounting period	Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessment days days e) ease

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