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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	52
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		COMMZOOM COMMUNICATIONS, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number)	
		(Number, suee, full roue, apartment, or sule number) SAN ANTONIO, TX 78217 (City, town, state, zip)	
С		TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		СОММХООМ	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
Privacy Act Notice	: Section	ion 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this	

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/24/2021

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
Nume	COMMZOOM COMMUNICATIONS, LLC	022
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated con unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	mmunities within unincorporated areas and including single, discr serve as a form of system identification hereafter known as the "
Area Served	city.	
	CITY OR TOWN	STATE
First	DEVINE	ТХ
Community	LYTLE	ТХ
	NATALIA	ТХ
d Rows as Necessary		

									I SA1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CA							:	3YSTEM II 02216	
	COMMZOOM COMMUNI	CATIONS, I	LC						02210	
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND RAT	TES					
E	In General: The information in s	pace E should	cover a	all categories of s	secondar	•				
0	system, that is, the retransmission									
Secondary Transmission	about other services (including p last day of the accounting period						those ex	isting on the		
Service: Sub-	Number of Subscribers: Both						ble syste	em, broken		
scribers and	down by categories of secondary					•				
Rates	each category by counting the nu separately for the particular serv					•		ns charged		
	Rate: Give the standard rate c							arge and the		
	unit in which it is generally billed	•	,		y standa	rd rate variation	s within a	a particular rate		
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondary transmi	ssion ser	vice that cable		
	systems most commonly provide	•		•						
	that applies to your system. Note			-		-				
	categories, that person or entity subscriber who pays extra for ca						•			
	first set" and would be counted of						idei Sei			
	Block 2: If your cable system	has rate categ	ories for	r secondary tran	smission					
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	ind rates, in th	e right-n	and block. A two	5- or thre	e-wora descript	ion of the	on of the service is		
		DCK 1					BLOO	CK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE		NO. OF SUBSCRIBEI	RS RATE	
	Residential:	SOBOCIVID			0,711			SOBSCINEL		
	Service to first set		37	97.43						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel		3	97.43						
	Commercial									
	Converter									
	• Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NGMIG							
_	In General: Space F calls for rat				pect to a	ll your cable sy	stem's se	ervices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the	rate column.		-		-				
Fransmissions: Rates	Block 1: Give the standard rat									
Rales	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1		BI			BLOCK	OCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	ICE	RATE	CATE	GORY OF SERV		
	Continuing Services:		Installa	ation: Non-resid	dential					
	• Pay cable		• Mo	tel, hotel						
	 Pay cable—add'l channel 		• Cor	mmercial						
	Fire protection			y cable						
	•Burglar protection		-	y cable-add'l cha	innel					
	Installation: Residential			e protection						
	• First set	100.00		glar protection						
	Additional set(s) EM radio (if concrete rate)			services:						
	 FM radio (if separate rate) Converter 			connect						
	- Converter			connect tlet relocation						
			·Ou	uer reiocation			l			
			• 14-	ve to new addre	~~					

Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
		•		022162
G rimary ismitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in in during the accounting period, <i>except</i> in n effect on June 24, 1981, permitting the ()(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Ilso in space I, if the station was carried in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	(1) stations carried only on a part-time e carriage of certain network program 1(e)(2) and (4))]; and (2) certain statio arried by your cable system on a subst be Special Statement and Program Lo I both on a substitute basis and also o see page (v) of the general instructior rogram services such as HBO, ESPN -air designation. For example, report vision station for broadcasting over the station, an independent station, or a me for network multicast), "I" (for indepen or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is	e basis under is [sections ins carried on a ititute program g)—if the in some other is. , etc. Identify each multistream e air in its community concommercial dent), "I-M" hal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КАВВ	29		SAN ANTONIO, TX
	KENS	5	N-M	SAN ANTONIO, TX
vs as Necessary	KHCE	23	E	SAN ANTONIO, TX
as Necessary	KHCE KLRN	<u>23</u> 9	E	SAN ANTONIO, TX SAN ANTONIO, TX
s Necessary				
s Necessary	KLRN	9	E	SAN ANTONIO, TX
: Necessary	KLRN WOAI	9 4	E	SAN ANTONIO, TX SAN ANTONIO, TX
as Necessary	KLRN WOAI KPXL	9 4 26	E	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX
Necessary	KLRN WOAI KPXL KMYS	9 4 26 35	E N-M I I	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX
IS Necessary	KLRN WOAI KPXL KMYS KSAT	9 4 26 35 12	E N-M I I N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX
rs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KLRN WOAI KPXL KMYS KSAT KVDA	9 4 26 35 12 60	E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX

EGAL NAME OF	OWNER OF (CABLE S	YSTEM:					SYSTEM
COMMZOON			ONS, LLC					022 [,]
PRIMARY TRAM n General: List			arried on a separate and discre	te basis and list	those FM stat	ions car	ried on an	н
			nerally receivable by your cabl					••
pecial Instruc	tions Concer	rning All	I-Band FM Carriage: Under C	opyright Office re	egulations, an	FM sign	al is generally	Primary
eceivable if (1)	it is carried by	y the sys	tem whenever it is received at	the system's he	adend, and (2) it can b	be expected,	Transmitters
			ved at the headend, with the s pyright Office regulations on t					Radio
aper SA1-2 for				nis point, see pa	ge (v) of the ge			
			each station carried.					
			n is AM or FM. nal was electronically process	ed by the cable s	vstem as a se	narate a	and discrete	
			k mark in the "S/D" column.		yotom do d oo	pulato c		
			on (the community to which the			C or, in t	he case of	
exican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
		-						
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 O							SYSTEM ID# 022162
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non	network televisi riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or au	thorizations.	For a further
Substitute Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting peribroadcast by a distant stat Note: If your answer is "No" log in block 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, report to use general categori "NBA Basketball: 76ers vs." Column 2: If the program Column 3: Give the calls Column 4: Give the broat the case of Mexican or Cantor Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." 	CONCERI od, did you ion? ', leave the PROGRA itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." es when the Example: a	NING SUBST r cable system rest of this pag MS m on a separa add additional r network televi on and that you r authorizations vies" or "baske lcast live, enter tation broadca n's location (th ns, if any, the of when your syst substitute pro- program carrie	TUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "I sting the substitute progra le community to which the community with which the tem carried the substitute gram was carried by your	"Yes," you mu "Yes," you mu wherever pos program") that d for the prog eral instructio n titles, for ex wo." station is lice station is lice station is lice station is lice cable system 15 p.m. to 6:2	twork televi ust complete ssible, if thei at, during the ramming of ns for furthe cample, "I Lo ensed by the tified). a numerals, . List the tim 28:30 p.m. s	sion program YES e the progra r meaning is e accounting another sta er informatio ove Lucy" or e FCC or, in with the mole hould be	n X NO m s s tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	s permitted to delete unde	er FCC rules a		TUTE	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	TIMES — TO —	DELETION
							<u></u>	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name		S	YSTEM ID#
			022162
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 mount, see	5,678.93 bss 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 \$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. 	63,800	
	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 th accounting period is \$52.00	is 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	<u> </u>	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 \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K	<u>-</u>	
	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	<u> </u>	
	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	<u>-</u>	
	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 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
	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 informati		its!

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC		SYSTEM ID# 022162
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the a 1. Enter the total number of channels on which the cable system carried television broadcast stations	accounting period.	10 141
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an in we can contact about this statement of account.)		
for Further Information	Name JACOB T. GRAY Address 2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number) SAN ANTONIO, TX 78217	Telephone	210-736-3376, EXT 1004
	Email CFO@COMMZOOM.COM	Fax (optional 210-403-268	18
O	CERTIFICATION (This statement of account must be certified and signed in accordance with C • 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 a (Agent of owner other than corporation or partnership) I am the duly authorized ag in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statement are true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] X /s/ JACOB T. GRAY Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/. Typed or printed name:	is identified in line 1 of space E ent of the owner of the cable s ne legal entity identified as owr nents of fact contained herein le in good faith.	ystem as identified
	Title: CFO/COO (Title of official position held in corporation or partnership)		
	Date:	AUGUST 24, 2021	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
MMZOOM COMMUNICATIONS, LLC	02216
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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