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.

DATE RECEIVED

3/30/22

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

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 Copyright Office
Licensing Division

101 Independence Ave. SE *Washington, DC 20557-6400* (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVE	RED BY THIS STATEMENT:						
Accounting Period	January 1-June 30, 2021							
B Owner	incorrect information and print or type the Give the full legal name of the own rate title of the subsidiary, not that of the List any other name or names und If there were different owners durin a single statement of account and roya	he correct information beside it. her of the cable system. If the owner is a subs e parent corporation. ler which the owner conducts the business of	he last day of the accounting period should subling period.					
	LEGAL NAME OF OWNER/MAILING							
	Vyve Broadband A, LLC							
				000604 2021/1				
	4 International Dr Suite	330						
	Rye Brook, NY 10573							
С			fy the business and operation of the system system, if different from the address given i					
System	1 IDENTIFICATION OF CABLE SYSTEM	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D	in FCC rules: "a separate and distir	nct community or municipal entitiy (includ	"community" is the same as a "community ing unincorporated communites within unir	ncorporated				
Area		. ,	5(dd). The first community that list will serve the it as the first community on all future filing					
Served	Note: Entities and properties such a the identified city.	as hotels, apartments, condiminiums, or r	mobile home parks should be reported in pa	aratheses below				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	Winters	TX						

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:								
Name	Vyve Broadband A, LLC	;							00060	
_	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	BERS AND RA	TES					
E	In General: The information in s	•		-		•				
0	system, that is, the retransmissi									
Secondary Transmission	about other services (including particular day of the accounting period	• • •			•		hose existi	ng on the		
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondar	y transmission	service	. In general, yo	u can com	npute the numbe	er of subsci	ribers in		
Rates	each category by counting the n	-	-	•••				charged		
	separately for the particular server Rate: Give the standard rate of							e and the		
	unit in which it is generally billed	l. (Example: "\$2	20/mth"). Summarize a			-			
	category, but do not include disc									
	Block 1: In the left-hand block systems most commonly provide	•		•		•				
	that applies to your system. Not									
	categories, that person or entity			•		•				
	subscriber who pays extra for ca					d in the count un	der "Servio	e to the		
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those		
	printed in block 1 (for example,	-		•						
	with the number of subscribers	and rates, in the	e right-l	nand block. A tv	vo- or thre	ee-word descript	on of the s	ervice is		
	sufficient.							()		
	BL	BLOCK 1					BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		40	28.50						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		11	25.00						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	•			•	• •				
	not covered in space E, that is,					•				
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• • • •			
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates		Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Nates	-	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					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	19.95		tel, hotel						
	Pay cable—add'l channel			mmercial						
	 Fire protection 			y cable						
			•	y cable-add'l ch	nannel					
	•Burglar protection			+ · ·						
	•Burglar protection Installation: Residential			e protection						
	•Burglar protection Installation: Residential • First set	64.95	• Bu	rglar protection						
	•Burglar protection Installation: Residential • First set • Additional set(s)	64.95	• Bu Other	rglar protection services:						
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	64.95	• Bu Other • Re	rglar protection services: connect		39.95				
	•Burglar protection Installation: Residential • First set • Additional set(s)	64.95	• Bu Other • Re • Dis	rglar protection services: connect connect						
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	64.95	• Bu Other • Re • Dis • Ou	rglar protection services: connect		39.95 20.00 39.95				

Nome	LEGAL NAME OF OWN	ER OF CABLE SYST	ΓEM:	SYSTEM ID						
Name	Vyve Broadband A, LLC 000									
	PRIMARY TRANSMITTERS	S: TELEVISION								
G Primary ransmitters:	carried by your cable syst FCC rules and regulation	tem during the acc s in effect on June 1 (e)(2) and (4), or 7	ounting period, exce 24, 1981, permitting 76.63 (referring to 76	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 5.61(e)(2) and (4))]; and (2) certain stations carried on a						
Television	Substitute Basis Stat	tions: With respec	t to any distant station	ons carried by your cable system on a substitute program						
	 basis under specifc FCC Do not list the station he station was carried on 	ere in space G—bu	it do list it in space I	(the Special Statement and Program Log)—if the						
	 List the station here, and basis. For further infor Column 1: List each s 	d also in space I, if mation concerning station's call sign. E	the station was car substitute basis sta o not report origina	ried both on a substitute basis and also on some other tions, see page (v) of the general instructions. tion program services such as HBO, ESPN, etc.						
				tion's broadcasts are carried in its own community.						
	-	This may be different from the channel on which your cab; esystem carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as								
	the same on the form.	the same on the form.								
		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 network multicast), "I" (for independent), "I-M"								
	(for independent multicas	st), "E" (for noncom	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).							
	For the meaning of these terms, see page (iv) of the general instructions.									
				structions.						
	Column 4: Give the lo	ocation of each stat	tion. For U.S. station	structions. As, list the community to which the station is licensed by the						
	Column 4: Give the lo	ocation of each stat	tion. For U.S. station	structions.						
	Column 4: Give the lo FCC. For Mexican or Car	ocation of each stat nadian stations, if a	tion. For U.S. station ny, give the name o	structions. hs, list the community to which the station is licensed by the of the community with which the station is identifed.						
	Column 4: Give the lo	ocation of each stat	tion. For U.S. station	structions. As, list the community to which the station is licensed by the						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL	2. B'CAST	tion. For U.S. station ny, give the name o 3. TYPE	structions. hs, list the community to which the station is licensed by the of the community with which the station is identifed.						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL	2. B'CAST CHANNEL	tion. For U.S. station iny, give the name o 3. TYPE OF	structions. hs, list the community to which the station is licensed by the of the community with which the station is identifed.						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL SIGN	2. B'CAST CHANNEL NUMBER	tion. For U.S. station iny, give the name o 3. TYPE OF	structions. hs, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL SIGN KPCB	2. B'CAST CHANNEL NUMBER 17	tion. For U.S. station iny, give the name o 3. TYPE OF STATION	Structions. Ins, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Snyder, TX						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL SIGN KPCB KTAB	2. B'CAST CHANNEL NUMBER 17 32	tion. For U.S. station iny, give the name o 3. TYPE OF STATION I N	 Structions. Iss, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Snyder, TX Abilene, TX 						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL SIGN KPCB KTAB KRBC	2. B'CAST CHANNEL NUMBER 17 32 9	tion. For U.S. station iny, give the name o 3. TYPE OF STATION I N	 Structions. Ist the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Snyder, TX Abilene, TX Abilene, TX 						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL SIGN KPCB KTAB KRBC KXVA	2. B'CAST CHANNEL NUMBER 17 32 9 15	tion. For U.S. station iny, give the name o 3. TYPE OF STATION I N N	Structions. hs, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Snyder, TX Abilene, TX Abilene, TX Abilene, TX Abilene, TX						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL SIGN KPCB KTAB KRBC KXVA KTXS	2. B'CAST CHANNEL NUMBER 17 32 9 15 12	tion. For U.S. station iny, give the name o 3. TYPE OF STATION I N I N	Structions. hs, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Snyder, TX Abilene, TX Abilene, TX Abilene, TX Sweetwater, TX						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL SIGN KPCB KTAB KRBC KXVA KTXS KTXS-CW	2. B'CAST CHANNEL NUMBER 17 32 9 15 12 12.2	tion. For U.S. station iny, give the name o 3. TYPE OF STATION I N I N I N	Structions. hs, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION 6. LOCATION OF STATION Snyder, TX Abilene, TX Abilene, TX Sweetwater, TX Sweetwater, TX						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL SIGN KPCB KTAB KRBC KXVA KTXS KTXS-CW	2. B'CAST CHANNEL NUMBER 17 32 9 15 12 12.2	tion. For U.S. station iny, give the name o 3. TYPE OF STATION I N I N I N	Structions. hs, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION 6. LOCATION OF STATION Snyder, TX Abilene, TX Abilene, TX Sweetwater, TX Sweetwater, TX						
	Column 4: Give the lo FCC. For Mexican or Car 1. CALL SIGN KPCB KTAB KRBC KXVA KTXS KTXS-CW	2. B'CAST CHANNEL NUMBER 17 32 9 15 12 12.2	tion. For U.S. station iny, give the name o 3. TYPE OF STATION I N I N I N	Structions. hs, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION 6. LOCATION OF STATION Snyder, TX Abilene, TX Abilene, TX Sweetwater, TX Sweetwater, TX						

ACCOUNTING PERIOD: 2021/1

FORM SA1-2. F		CABLE SY	YSTEM:				SYSTEM ID#	Name
Vyve Broad							000604	1441115
							00004	
PRIMARY TRA	NSMITTERS							
			rried on a separate and discre	ete basis and list	those FM stat	ions car	ried on an	н
	•		nerally receivable" by your ca					
Special Instruc	ctions Conce	rnina All	-Band FM Carriage: Under C	Convright Office re	aulations an	FM sign	al is generally	Primary
-		-	tem whenever it is received a		-	-		Transmitters
on the basis of	monitoring, to	be receiv	ved at the headend, with the	system's FM ante	nna, during c	ertain sta	ated intervals.	Radio
			Copyright Office regulations of	on this point, see	page (v) of the	e genera	al instructions.	
		-	each station carried. n is AM or FM.					
			nal was electronically process	ed by the cable s	vstem as a se	parate a	nd discrete	
		-	mark in the "S/D" column.	,	,			
			on (the community to which th			C or, in t	he case of	
lexican or Can	adian stations	s, if any, t	the community with which the	station is identifie	ed).			
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.

	LEGAL NAME OF OWNER OF	CABLE SYST	ΓEM:				SYSTEM ID#			
Name	Vyve Broadband A, LL	C					000604			
I	SUBSTITUTE CARRIAGE In General: In space I, identit substitute basis during the ac	fy every nor	nnetwork televis	sion program broadcast by	a distant sta					
Substitute	explanation of the programmi				ne general ir	structions.				
Carriage: Special	 1. 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 stat	ion?		-	-	Γ. Y	∕es ⊠No			
	Note: If your answer is "No" log in block 2.	lote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	2. LOG OF SUBSTITUTE									
	 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. 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 required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming t									
					WHEN		RIAGE 7. REASON			
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONT		FOR DELETION			
						_				
						_				
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					1	_				
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FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	000604	
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 transm (as identifed in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions. 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.	nission service	K 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 \$527,600 See page (vi) of the general instructions for more information. 	263,800	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 th accounting period is \$52.00	nis 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 \$137,10	00)	
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	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 \$527,6	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 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		
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page general instructions for more information.	ge I of the	

ACCOUNTING PERIOD: 2021/1

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Vyve Broadband A, LLC	000604
	CHANNELS	
Μ	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.	
Channels		
	1. Enter the total number of channels on which the cable	7
	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	45
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)	
Individual to		
Be Contacted	Name Maria Canconlana Talanhana	014 005 0010
for Further Information	Name Marie Censoplano Telephone	914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-836	53
	CERTIFICATION (This statement of account must be certified and signed in accordance with Conversity Office year	Jations
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulas explained in the general instructions.)	Jiations,
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	ce B' or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cate in line 1 of space B and that the owner is not a corporation or partnership; or	ble system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as in line 1 of space B.	owner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact conta 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)] 	ined herein
	Handwritten signature: /s/ Daniel J White	

Typed or printed name: **Daniel J White**

.) [
Title:	SVP Financial Planning
	(Title of official position held in corporation or partnership)
Date:	8/27/2021

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 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	000604	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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not is scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instruction. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO	e basic nclude sub- on 119." ns.	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		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	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	- 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ance 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 Off list below the owner, address, first community served, ID number, and accounting period as given in the original served.	•	
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 inf	ormation (PII) requeste	ed on this

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 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.