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 COPYRIC	 Return completed workbook by email to 					
		ansmissions by	DATE RECEIVED	AMOUNT					
	-	Short Form)		AMOONT	<u>coplicsoa@copyright.gov</u>				
				\$	For additional information,				
General instru	uctions	are located	03/01/2022		contact the U.S. Copyright Office Licensing Division at				
in the first tab of this workbook.			00/01/2022	ALLOCATION NUMBER	(202) 707-8150.				
					-				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		· ·	1						
			1						
		20212	Barcode Data Filing Period (optional	- see instructions)					
Accounting									
Period									
		Instructions:							
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent of		idiary of another corporation, give the full corp	oorate title				
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 f							
		Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	063585				
		7	6 · · · · · · · · · · · · · · · · · · ·						
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	l					
		CEQUEL COMMUNICATIONS LLC							
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Г)					
		SUDDENLINK COMMUNICATIONS							
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
		3027 S SE LOOP 323							
		(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip)							
С				entify the business and operation of the					
	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								
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM	:						
	_								
	2	(Number, street, rural route, apartment, or suite n	umber)						
		(City, town, state, zip code)							
		1							

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063585
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future film	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	KEWANEE	IL
ommunity	(IL YOUTH CENTER)	
vs as Necessary		
as necessary		

									A1-2E. PAG		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SY	STEM II		
	CEQUEL COMMUNICA	TIONS LLC							06358		
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
E	In General: The information in s					ry transmission s	ervice of t	he cable			
	system, that is, the retransmissi										
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be)										
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 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).										
	Rate: 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. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate										
	category, but do not include disc	• •				ird rate variations	s within a	particular rate			
	Block 1: In the left-hand block					ondary transmis	sion servi	ce 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 un	der Servi	ce to the			
	Block 2: If your cable system					service that are	different f	rom those			
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	e-word descripti	on of the s	service is			
	sufficient.				1						
	BLO	OCK 1 NO. OF					BLOCK	X 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SER	VICE	SUBSCRIBERS	RATI		
	Residential:										
	Service to first set		0	-							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		59	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	S						
F	In General: Space F calls for ra		,		•	, ,					
•	not covered in space E, that is, t service for a single fee. There a										
Services	furnished at cost or (2) services	•			U		0.0				
Other Than	amount of the charge and the u										
Secondary	enter only the letters "PP" in the			-							
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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.										
			BLOCK 1					BLOCK 2			
	CATEGORY OF SERVICE				VICE	RATE	CATEGO	TRY OF SERVIC	F RATI		
	CATEGORY OF SERVICE	BLO RATE	CATEO	ORY OF SER		RATE	CATEGO	ORY OF SERVIC	E RATI		
	Continuing Services:		CATEO Installa	ation: Non-res		RATE	CATEGO	DRY OF SERVIC	E RATI		
	Continuing Services: • Pay cable		CATEC Installa • Mot	ation: Non-res tel, hotel		RATE	CATEGO	DRY OF SERVIC	E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel		CATEO Installa • Mot • Cor	ation: Non-res tel, hotel mmercial		RATE	CATEGO	DRY OF SERVIC	E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial / cable	idential	RATE	CATEG	JRY OF SERVIC	E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEG Installa • Mot • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl	idential	RATE	CATEG	DRY OF SERVIC	E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		CATEG Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection	idential	RATE	CATEGO	DRY OF SERVIC	E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l cł e protection glar protection	idential	RATE	CATEGO	DRY OF SERVIC	E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEC Installa • Moi • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	idential	RATE	CATEGO	DRY OF SERVIC	E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		CATEC Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential	RATE -	CATEGO	DRY OF SERVIC	E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEC Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect connect	idential	RATE	CATEGO	JRY OF SERVIC	E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		CATEC Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis • Out	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential nannel	RATE	CATEGO	DRY OF SERVIC			

	2021/2			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF			SYSTEM ID						
	CEQUEL COMMUNIC	ATIONS LLC		06358						
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)									
G rimary smitters: evision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do not list the station here, station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	 carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general								
		n of each station. For U.S. stations, lis dian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER								
			1							
	KLJB-1	18		DAVENPORT, IA						
	KWQC-1	6	N	DAVENPORT, IA						
as Necessary	WHBF-1	4	Ν	ROCK ISLAND, IL						
				KUCK ISLAND, IL						
	WQAD-1	8	N	MOLINE, IL						
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								
	WQAD-1	8								

LEGAL NAME O								SYSTEM 063
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat	y the sys be rece It the Co sign of the static ion's sig	II-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	at the system's l system's FM ar this point, see p	neadend, and (ntenna, during o age (v) of the g	2) it can certain s jeneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitter: Radio
Column 4: O	Give the station	n's locati	k mark in the "S/D" column. ion (the community to which the the community with which the			CC or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
							·	

Accounting Peric	od: 2021/2					FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS L	LC				063585		
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I O	G				
Substitute	In General: In space I, ident substitute basis during the a	ify every not	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or authorizatio	ns. For a further		
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special		-			sis anv nonr	network television proc	ram		
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Program Log	,					YES			
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete the prog	gram		
	log in block 2.								
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Lise abbreviations	wherever n	ossible, if their meanin	a ie		
	clear. If you need more spa				wherever p		y 13		
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute					
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor	gulations, (ries like "mo	or authorization	is. See page (v) of the ger ethall " List specific progra	neral instruct	ions for further information and a second	or		
	"NBA Basketball: 76ers vs.						01		
				er "Yes." Otherwise enter "					
				asting the substitute progr he community to which the		censed by the FCC or	in		
	the case of Mexican or Car								
	Column 5: Give the mor	nth and day		stem carried the substitute			nonth		
	first. Example: for May 7 giv		a aubatituta pre	arom was seried by your	achla avata	m List the times seeur	ataly		
	to the nearest five minutes.			ogram was carried by your ied by a system from 6:01			atery		
	stated as "6:00–6:30 p.m."		a program can						
				n was substituted for progr					
	to delete under FCC rules a was substituted for program						ogram		
	effect on October 19, 1976.	•	your system w						
	SI	1	E PROGRAM		CARRI	N SUBSTITUTE AGE OCCURRED	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
						_			
							"		
						—			
		+							
1					 				
			· · · · · · · · · · · · · · · · · · ·						

Accounting Period:	2021/2 FORM	SA1-2E. PAGE 6.
Name		SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063585
K Gross Receipts		ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$68,800 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	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 \$ 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 \$527,600)	
	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 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	<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 063585
M Channels	to its subscribers, 1. Enter the total n system carried te	and (2) the cable system's number of channels on whice elevision broadcast stations	total numl h the cab	is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	. 4
	on which the cab	umber of activated channel le system carried television st services	broadcas	st stations	19
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		RMATION IS NEEDED (Identify an individual	
for Further Information	Name I	RODNEY HASKINS		Telephone	903) 579-3152
	-	3027 S SE LOOP 323 Number, street, rural route, apart TYLER, TX 75701 City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	• I, the undersigned	I, hereby certify that (Check	one, <i>but or</i>	rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of spac	
	in lin X (Officer in lin • I have examined t	e 1 of space B and that the of o r partner) I am an officer (e 1 of space B. he statement of account and and correct to the best of m	owner is n (if a corpo I hereby d	artnership) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as o eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	wwner of the cable system
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		2/1/2022	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06358
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
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?	
X NO	
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. 	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.