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

STATEMENT OF ACCOUNT	FOR COPYRIGHT	FOFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/26/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY)	 YY/(Period))]

		2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20221 Barcode Data Filing Period (optional - see instructions)	
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.	10841
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CABLE ONE, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012-2626	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in the system of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		SPARKLIGHT	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	221 S. SHARPE AVENUE (Number, street, rural route, apartment, or suite number)	
		CLEVELAND, MS 38732 (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 suffciency of the fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC
Name	CABLE ONE, INC.	108
	Instructions: List each separate community served by the cable system. A "commu	
_		
D	"a separate and distinct community or municipal entity (including unincorporated	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CLEVELAND	MS
Community	BOLIVAR COUNTY	MS
	BOYLE	MS
1.0	DREW	MS
d Rows as Necessary	MERIGOLD	
		MS
	MOUND BAYOU	MS
	PACE	MS
	RENOVA	MS
	RULEVILLE	MS
	SHAW	MS
	SHELBY	MS
	SUNFLOWER COUNTY	
		MS

	LEGAL NAME OF OWNER OF CA	BI E SYSTEM						FORM SA1	TEM II
Name	CABLE ONE, INC.	IDEE OT OTEM.						010	1084
Е	SECONDARY TRANSMISSION		-	-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, no	ot here. All the	facts you	state must be			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						abla svetom	brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	in that	category (the	number of	persons or o	rganizations		
	separately for the particular serve Rate: Give the standard rate c							e 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								
	that applies to your system. Note	: Where an inc	dividual c	r organization	is receivi	ng service that	t falls under	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					In the count L	inder "Servic	ce to the	
	Block 2: If your cable system i					service that a	re different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	na diock. A tw	o- or three	e-wora aescrip	otion of the s	ervice is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF S	FRVICE	NO. OF SUBSCRIBERS	RA
	Residential:							CODUCTION	
	Service to first set		1,145	42.00	BULK L	JNIT		13.00	149
	 Service to additional set(s) 								2312
	• FM radio (if separate rate)								
	Motel, hotel		0 1 4	5.00-360.00					
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, the								
-	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually b	lilied. If any ra	tes are ch	arged on a va	riable per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				SIIEU. LISU			IOTTI OLA	
	, , ,	BLO	ראר <u>1</u>					BLOCK 2	
	CATEGORY OF SERVICE			DRY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RA
	Continuing Services:			ion: Non-res					
	• Pay cable	5.00-40.00	• Mote	el, hotel		COST PLUS	TIER		42
	Pay cable—add'l channel			mercial		COST PLUS	DELUX		57
	Fire protection		• Pay						16
	•Burglar protection			cable-add'l ch	annel		SHOW		19. 19.
	Installation: Residential	\$36.00		protection lar protection			HBO STARZ		19 19
	• First set	\$30.00					MAX		19
	First set Additional set(s)		i Otner Si	ervices:					
	 Additional set(s) 			ervices: onnect		90.00	ESPAN	OL	
			• Reco			90.00	ESPAN	OL	-13. 5.
	• Additional set(s) • FM radio (if separate rate)		• Reco • Disc	onnect		90.00 60.00	ESPAN	OL	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
lame	CABLE ONE, INC.	UNDER CHOILIM.		10
	PRIMARY TRANSMITTERS:	TELEVISION		
G imary smitters: avision	carried by your cable syster FCC rules and regulations i 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 • List the station here, and a	also in space I, if the station was carried	f (1) stations carried only on a part-the carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state (1) certain state (2) certain state (3) certain state (3) certain state (3) certain stat	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente	n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c	program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep	PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M"
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station he community with which the station	is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WABG-DT1	32	N	GREENWOOD, MS
	WABG-DT2	32	I-M	GREENWOOD, MS
as Necessary	WHCQ-LP	9	 	CLEVELAND, MS
	WMAO	25	E	GREENWOOD, MS
	WNBD-LD	33	N	GRENADA, MS
	WXVT	17	N	GREENVILLE, MS
	WXVT WNBD-SIML	17 33	N N	GREENVILLE, MS GRENADA, MS
	WNBD-SIML	33	N	GRENADA, MS
	WNBD-SIML WABG-SIMUL	33 32	N N	GRENADA, MS GREENWOOD, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL	33 32 17	N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL	33 32 17 32	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL WFXW-SIMUL	33 32 17 32 15	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL WFXW-SIMUL	33 32 17 32 15	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL WFXW-SIMUL	33 32 17 32 15	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL WFXW-SIMUL	33 32 17 32 15	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL WFXW-SIMUL	33 32 17 32 15	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL WFXW-SIMUL	33 32 17 32 15	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL WFXW-SIMUL	33 32 17 32 15	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL WFXW-SIMUL	33 32 17 32 15	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL WFXW-SIMUL	33 32 17 32 15	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS
	WNBD-SIML WABG-SIMUL WXVT-SIMUL WABG-DT2-SIMUL WFXW-SIMUL	33 32 17 32 15	N N N N	GRENADA, MS GREENWOOD, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS

EGAL NAME O								SYSTEM I 108
	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: li ignal, indicate Column 4: C	i it is carried b monitoring, to ormation abou rm. dentify the cal state whether the radio state this by placing Sive the station	y the sys be rece ut the Co I sign of the station's sig g a chec n's locati	II-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable he station is licen	eadend, and (enna, during o age (v) of the o system as a s sed by the FC	2) it car certain s general separate	be expected, stated 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	
		[
		 						
								
		<u> </u>						
		+						
		 						
								
		<u>+</u>						
		<u> </u>						
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		t						
		t						

Accounting Perio	od: 2022/1					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CABLE ONE, INC.						10841
					_		
	SUBSTITUTE CARRIAGI	-	-		-		
1	In General: In space I, identi						
Outpatitute	substitute basis during the a explanation of the programm						
Substitute Carriage:	1. SPECIAL STATEMEN				e general mot		1-2 101111.
Special	During the accounting per	-				twork tolovision progra	
Statement and	•		I Cable System	r carry, orr a substitute bas	is, any nonne		
Program Log	broadcast by a distant sta	lion ?				YES	NO
	Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust complete the progra	am
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meaning	is
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") tha	t during the accountir	a
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor		vies" or "baske	etball." List specific program	n titles, for exa	ample, "I Love Lucy" o	r
	"NBA Basketball: 76ers vs.			<i>а</i> тол с тол			
				r "Yes." Otherwise enter "N asting the substitute progra			
				he community to which the		nsed by the FCC or. ir	ı
	the case of Mexican or Can						
	Column 5: Give the mor	th and day		tem carried the substitute			onth
	first. Example: for May 7 giv						
				gram was carried by your			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. snould be	
		er "R" if the	listed program	was substituted for progra	amming that v	our system was <i>requi</i> i	red
	to delete under FCC rules a						
	was substituted for program		/our system wa	as permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
						N SUBSTITUTE	
	s	UBSTITU	TE PROGRAM	1		AGE OCCURRED	7. REASON FOR
		2. LIVE?			5. MONTH	6. TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
							•••••
						_	
					1		
]		
						_	
1	1	1	1	1	1.1	1	1

Accounting Period:	2022/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			\$	8YSTEM ID# 10841
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanatipage (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	system's s ion of how	secondary trans to compute this	mission servi s amount, sec \$ 44	of
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt 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				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore 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		. <u> </u>		
	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	\$	441,769.29		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	177,969.29		
	- 4. Multiply line 3 by .01		. \$	1,779.69	
	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,			\$	3,098.69
	FILING FEE AND TOTAL REMITTANCE DU	F			
		-			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,098.69	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,118.69
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2022/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF CABLE ONE,	OWNER OF CABLE SYSTEM: INC.	SYSTEM ID# 10841
M Channels	 to its subscriber Enter the tota system carrier Enter the tota on which the other 	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	12 266
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	JENAE HECK Telephone	602-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626 (City, town, state, zip)	
	Email	JENAE.HECK@CABLEONE.BIZ Fax (optional) 602-364-601	3
O Certification	• I, the undersign (Own (Age	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) are other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; and the owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner	stem as identified
	• I have examine	n line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: QUYNH TRAN Title: VICE PRESIDENT & TREASURER	
		(Title of official position held in corporation or partnership) Date: August 26, 2022	

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L NAME OF OWN		0/0751
BLE ONE, INC	ER OF CABLE SYSTEM:	SYSTEM 10
DE UNE, INC	·.	
The Satellite Ho lowing sentence	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic	Р
	of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Stateme Concerning Gro Receipts Exclusi
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	Receipts Exclusi
	unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
NO		
YES. Enter	the total here and list the satellite carrier(s) below	
Name	Name	
Mailing Address	Mailing Address	
	SSESSMENT	
	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
ling 1 Entarth	e emerint of late normant or undernormant	Interest Assessm
	e amount of late payment or underpayment	
	x	
Line 2 Multiply	line 1 by the interest rate* and enter the sum here	
Line 2 Multiply		
	x days	
	k days line 2 by the number of days late and enter the sum here	
	x days	
Line 3 Multiply	k days line 2 by the number of days late and enter the sum here	
Line 3 Multiply Line 4 Multiply	line 2 by the number of days late and enter the sum here	
Line 3 Multiply Line 4 Multiply	x days line 2 by the number of days late and enter the sum here	
Line 3 Multiply Line 4 Multiply in space * To view the	line 2 by the number of days late and enter the sum here	
Line 3 Multiply Line 4 Multiply in space * To view the contact the	x days x days x 0.00274** x 0.00274** x 0.00274 x 0.00274 y	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you an	x days x days x days x 0.00274** x 0.00274 x <td< td=""><td></td></td<>	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you ar list below the ov	x	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you ar list below the ov	x	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you ar list below the ov	x	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you ar list below the ov Owner Address	x	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you ar list below the ov	x	
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you ar list below the ov Owner Address ID number	x	

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 fling, a determination that would be made by a court of law.