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

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STATEM	ENT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:							
for Seconda	ary Ti	ransmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov						
Cable Syste General instru in the first tab	uction		08/26/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at:						
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))							
		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
		20221	21 Barcode Data Filing Period (optional - see instructions)								
Accounting Period											
в		Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the pare		sidiary of another corporation, give the full c	orporate						
Owner		List any other name or names under which the owner conducts the business of the cable system.									
			the accounting period, only the owner on the last day of the accounting period should submit a y fee payment covering the entire accounting period.								
		Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	14553						
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	1							
		CABLE ONE, INC.									
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	т)							
		MAILING ADDRESS OF OWNER OF									
		210 E. EARLL DRIVE									
		(Number, street, rural route, apartment, or suite n PHOENIX, AZ 85012-2626	umber)								
	INST	(City, town, state, zip)	ness or trade names used to ide	entify the business and operation of th	he system unless these						
C	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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: SPARKLIGHT									
		MAILING ADDRESS OF CABLE SYSTEM	:								
	2	2600 DAVIS BLVD. (Number, street, rural route, apartment, or suite n	umber)								
		MIAMI, OK 64804 (City, town, state, zip code)									
L											

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	14553
D	Instructions: List each separate community served by the cable system. A "commu" 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	MIAMI	OK
Community		OK
dd Rows as Necessary	NORTH MIAMI OTTAWA	ОК ОК
iu nows as necessary		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CABLE ONE, INC.										
	SECONDARY TRANSMISSION		IRSCE		ATES						
E	In General: The information in s					ry transmission	service of	the cable			
	system, that is, the retransmissi										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the ast day of the accounting period (June 30 or December 31, as the case may be).										
Fransmission Service: Sub-		broken									
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the n					•		charged			
	separately for the particular serv					•	,				
	Rate: Give the standard rate of unit in which it is generally billed	-						-			
	category, but do not include disc				any stande		is within a				
	Block 1: In the left-hand block				ries of sec	condary transmis	ssion 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										
	Block 2: If your cable system	-		•							
	printed in block 1 (for example, the with the number of subscribers and the subscribers and the subscribers are subscribers and the subscribers are subscribers and the subscribers are subscribers are subscribers and the subscribers are su										
	sufficient.	and rates, in th	e ngin-								
-	BLO				BLOCK						
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA		
	Residential:										
	 Service to first set 		336	40.00	RESID	DENTIAL		-	28		
	 Service to additional set(s) 				HOSPI	SPITAL			8		
	• FM radio (if separate rate)				DORM				10.		
	Motel, hotel										
	Commercial		33	35.00-72.00	IPTV	עדי			12		
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	S						
F	In General: Space F calls for ra										
Г	not covered in space E, that is, t										
Services	service for a single fee. There a furnished at cost or (2) services										
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the rate column.										
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
Nates	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) descri										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA		
	Continuing Services:		Instal	lation: Non-res	idential						
	• Pay cable	17.07	• Mo	otel, hotel		90.00	TIER		59.		
	 Pay cable—add'l channel 	9.00-12.00		ommercial		50.00-200.00					
	Fire protection		• Pa	y cable							
	 Burglar protection 			iy cable-add'l ch	d'I channel						
	Installation: Residential			e protection							
	First set	90.00		Irglar protection							
	Additional set(s)	30.00		services:							
	• FM radio (if separate rate)			econnect		90.00					
	Converter		• Dis	sconnect							
	-		-								
			-	utlet relocation		3060.00 30.00					

ccounting Period:	2022/1			FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID: 14553						
	PRIMARY TRANSMITTERS:									
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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 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 (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KFJX-1	13		PITTSBURG, KS						
	KOAM-1	7	N	PITTSBURG, KS						
	KODE	23	N	JOPLIN, MO						
Add Rows as Necessary	KOED	11	E	TULSA, OK						
	KOZJ	35	E	JOPLIN, MO						
	KSNF	17	N							
				JOPLIN, MO						
	KFJX-2	13	I-M	PITTSBURG, KS						
	KOAM-SIMUL			PITTSBURG, KS						
	KODE-SIMUL	23	N	JOPLIN, MO						
	KFJX-SIMUL	13	I	JOPLIN, MO						
	KSNF-SIMUL	17	Ν	JOPLIN, MO						
	KOZJ-SIMUL	35	E	JOPLIN, MO						

CABLE ONE	F OWNER OF (CABLE S	YSTEM:					SYSTEM ID 1455
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati	y the sys be rece t the Co sign of he statio ion's sig	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.	at the system's he system's FM ant this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can certain s general i	be expected, tated intervals. nstructions in the.	Primary Transmitters: Radio
			ion (the community to which the the community with which the			C 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	

	od: 2022/1							FORM	I SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SYSTEM ID#			
Name	CABLE ONE, INC.								14553			
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G							
I	In General: In space I, ident substitute basis during the a	ify every nor	nnetwork televi	sion program, broadcast by	a distant sta							
Substitute	explanation of the programm	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Program Log												
	Note: If your answer is "No	". leave the	rest of this pa	de blank. If vour answer is	s "Yes." vou i	must com	olete	the proa				
	log in block 2.	,	loot of the pu	ge ziaini i year anener i	, , , , , , , , , , , , , , , , , , ,							
	2. LOG OF SUBSTITUTE		MS									
	In General: List each subst	titute progra	am on a separ		s wherever p	ossible, if	their	meaning	j is			
	clear. If you need more spa				program") t	hat during	n tha	accounti	na			
	period, was broadcast by a			vision program ("substitute our cable system substitut								
	under certain FCC rules, re	gulations, c	or authorization	ns. See page (v) of the ge	neral instruct	tions for fu	irthei	r informat	tion.			
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	'I Lov	ve Lucy" o	or			
	"NBA Basketball: 76ers vs.		dcast live ente	er "Yes." Otherwise enter '	'No "							
				asting the substitute progr								
			· ·	he community to which the		,	the	FCC or, i	in			
	the case of Mexican or Car			community with which the stem carried the substitute			ale v	with the m	onth			
	first. Example: for May 7 giv		when your sy		program. O	Se numera	aio, v		Ionan			
				ogram was carried by you					ately			
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6	6:28:30 p.r	n. sh	nould be				
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour svst	em v	was requi	ired			
	to delete under FCC rules a	and regulati	ons in effect d	uring the accounting perio	d; enter the	letter "P" i	f the	listed pro				
		• •	our system w	as permitted to delete und	ler FCC rules	s and regu	latio	ns in				
	was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.											
			E PROGRAM			N SUBS			7. REASON FOR			
		UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC		RED Es	7. REASON FOR DELETION			
	SI	UBSTITUT		4. STATION'S LOCATION	CARR	AGE OC	CUR	RED				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				
	SI	UBSTITUT 2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OC	CUR	RED Es				

Accounting Period:	2022/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			ç	8YSTEM ID# 14553
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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	ystem's se on of how to	condary transmi o compute this a	ission service amount, see \$ 24	
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 l • Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more i BLOCK 1: GROSS RECEIPTS OF \$137	but less than nformation	an \$527,600	263,800	
		,			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	this six-mon	
	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	,		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula			,	
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K			45,442.55	
	5. Enter the amount from line 3			18,357.45	
	6. Subtract line 5 from line 4			27,085.10	
	7. Multiply line 6 by .005 (enter figure here)			· ·	1,135.43
	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	·····.	\$	1,135.43
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,135.43	
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			\$	1,155.43
	Important: Your remittance must be in the form of an electronic payı 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 O	WNER OF CABLE SYSTEM:				SYSTEM ID# 14553
M Channels	to its subscribers, 1. Enter the total is system carried to 2. Enter the total is on which the cal	and (2) the cable system's tota number of channels on which the elevision broadcast stations number of activated channels ble system carried television broad	al numb			12 268
N Individual to Be Contacted		BE CONTACTED IF FURTHER pout this statement of account.)		RMATION IS NEEDED (Identify an individual to whom	1	
for Further Information	Name	JENAE HECK			Telephone	602-364-6092
		210 E. EARLL DRIVE (Number, street, rural route, apartmen PHOENIX, AZ 85012-2 (City, town, state, zip)		e number)		
	Email	JENAE.HECK@C	ABLE	ONE.BIZ Fax (optional)	602-364-6013	3
O Certification	I, the undersigned (Owner (Agent in lir X (Office in lir I have examined	d, hereby certify that (Check one other than corporation or part of owner other than corporation he 1 of space B and that the own r or partner) I am an officer (if a he 1 of space B. the statement of account and he , and correct to the best of my kr	e,but on tnershi on or pa her is no a corpor ereby de nowleds	tified and signed in accordance with Copyright Office in <i>ily one</i> , of the boxes.) p) I am the owner of the cable system as identified in line artnership) I am the duly authorized agent of the owner of a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity ide eclare under penalty of law that all statements of fact con- ge, information, and belief, and are made in good faith. /s/ Quynh Tran	e 1 of space of the cable a	system as identified
		En Typed or printed na Title:	ame: ICE F	electronic signature on the line above to certify this statem nature using an "/s/ signature" (e.g., /s/ John Smith) QUYNH TRAN PRESIDENT & TREASURER In held in corporation or partnership) August 26, 20		

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

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ABLE ONE, INC.	14553
 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? 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
INTEREST ASSESSMENT	
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
x	-
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@loc.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	
ID number First community served	
Accounting period	

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