This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

## SA1-2E Short Form

OTATEM		FOR COPYRI	GHT OFFICE USE ONLY	Return completed workbook by email to
	ENT OF ACCOUNT Interview of the second s	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook.		9/15/2022	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	<b>'YY/(Period))</b> Period 2 = July 1 - December 31	
Accounting Period	2022	Barcode Data Filing Period (optiona	I - see instructions)	
В	Instructions: Give the full legal name of the owner of subsidiary, not that of the parent corpor		liary of another corporation, give the full corpora	ate title of the
Owner	List any other name or names under whi	ch the owner conducts the business of th	ne cable system.	
	If there were different owners during the statement of account and royalty fee part	<b>.</b>	he last day of the accounting period should subn riod.	nit a single
	Check here if this is the system's first fili	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	028522

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (City, town, state, zip)
		(my) could easily a set of the se
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
	1	HUGHES, AR
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	-	(number, street, futar foute, apartment, or suite number)
		(City, town, state, zip code)

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#							
Name		028522							
D	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co	unity" is the same as a "community unit" as defined in FCC rules: "a ommunities within unincorporated areas and including single, discrete							
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil								
Area Served	city.								
	CITY OR TOWN	STATE							
First Community	HUGHES CRITTENDEN COUNTY	AR AR							
	HORSESHOE LAKE	AR							
Add Rows as Necessary	MADISON	AR							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SY	A1-2E. PAGE		
Name	CEQUEL COMMUNICATIONS LLC										
	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RAT	ES						
E	In General: The information in s					transmission se	ervice of th	ne cable			
	system, that is, the retransmission										
Secondary Transmission	about other services (including p						iose existii	ng on the			
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> 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). <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the										
		-	-	•			-				
	<b>3 3</b>	unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.									
	Block 1: In the left-hand block			-		•					
	systems most commonly provide that applies to your system. Note										
	categories, that person or entity			•		•					
	<b>o</b> / 1					0,					
	subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."										
	Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together										
	with the number of subscribers a										
	sufficient.		- ngint ne								
	BLO	DCK 1					BLOCH				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	ERS	RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI		
	Residential:										
	Service to first set		53	50.00							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		9	45.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES							
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were										
•	not covered in space E, that is, t service for a single fee. There ar										
Services	furnished at cost or (2) services	•			•		• • • •				
Other Than	amount of the charge and the un		usually l	billed. If any rate	es are cha	arged on a varia	ble per-pro	ogram basis,			
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat			avetem for eac	h of the o	policoble convic	a liatad				
Fransmissions: Rates	Block 2: List any services that							were not			
	listed in block 1 and for which a s				-						
	brief (two- or three-word) descrip										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVIC	E RATE		
	Continuing Services:			tion: Non-resi	dential						
	• Pay cable	17.00		tel, hotel							
	Pay cable—add'l channel	19.00		nmercial							
	Fire protection			v cable	nnel						
	•Burglar protection Installation: Residential			v cable-add'l cha e protection	aimei						
	First set	99.00		•							
	Additional set(s)	99.00 25.00		glar protection							
	• FM radio (if separate rate)	25.00		connect		40.00					
	Converter			connect		40.00					
				let relocation		25.00					
				ve to new addre		99.00	•••••				

nting Period: 2	2022/1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM ID					
	CEQUEL COMMUNIC			02852					
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these to	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67) is explained in the next paragraph. :: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. o case whether the station is a network se ering the letter "N" (for network), "N-M" (if , "E" (for noncommercial educational), o erms, see page (iv) of the general instru	(1) stations carried only on a part-t- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc rogram services such as HBO, ESI e-air designation. For example, rep vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educat ictions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast).					
	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								
			3. TYPE OF STATION	4. LOCATION OF STATION					
	KVTJ-1	48	I	JONESBORO, AR					
	WATN-1	24	<u>N</u>	MEMPHIS, TN					
vs as Necessary	WBUY-1	40		HOLLY SPRINGS, MS					
	WHBQ-1	13		MEMPHIS, TN					
	WKNO-1	10	E	MEMPHIS, TN					
	WLMT-1	30	<u> </u>	MEMPHIS, TN					
	WMC-1	5	N						
			N	MEMPHIS, TN					
	WPXX-1	50		MEMPHIS, TN MEMPHIS, TN					
			I N						
	WPXX-1		I N I	MEMPHIS, TN					
	WPXX-1 WREG-1	50 3	I I I	MEMPHIS, TN MEMPHIS, TN					
	WPXX-1 WREG-1	50 3	I I I	MEMPHIS, TN MEMPHIS, TN					
	WPXX-1 WREG-1	50 3	I I I	MEMPHIS, TN MEMPHIS, TN					
	WPXX-1 WREG-1	50 3	I N I	MEMPHIS, TN MEMPHIS, TN					
	WPXX-1 WREG-1	50 3		MEMPHIS, TN MEMPHIS, TN					

	MMUNICA	TIONS	LLC						028
	t every radio s	station ca	rried on a separate and discrence and discrence and discrence and the second second second second second second					ied on an	н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about rm. dentify the call tate whether the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. In is AM or FM. hal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis ec	he system's hea stem's FM anter point, see page t by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC	) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio	d: 2022/1						FORI	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					028522
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identit	iy every non	network televisi	on program, broadcast by a	distant static	on, that your	cable system	carried on a
	substitute basis during the ac							
Substitute	explanation of the programmi	-			general instru	ictions in the	e paper SA1-2	2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televis	sion program	
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complete	e the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				vherever pos	sible, if thei	ir meaning is	
	clear. If you need more space			ows to the tables. sion program ("substitute p	vrogram") tha	t during the	e accounting	
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gene	ral instruction	ns for furthe	er informatior	
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for ex	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		Icast live enter	"Yes." Otherwise enter "N	o."			
				sting the substitute program				
				e community to which the			FCC or, in	
	the case of Mexican or Can			3		,	with the mean	th
	first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	numerais,	with the mor	าเท
			substitute prog	gram was carried by your c	able system.	List the tim	nes accurate	ly
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."	w "D" if the	lists d program	was substituted for press	noming that w	our ovetere		d
	to delete under FCC rules a			was substituted for progra ring the accounting period.				
	was substituted for program							
	effect on October 19, 1976.							
						EN SUBSTI		
	s	UBSTITUT	E PROGRAM			IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	rimes — to	DELETION
							_	
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Accounting Period:	2022/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 028522
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service mount, see	8,985.69
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	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 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
l	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 \$137,1	00)	
	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		
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:			SYSTEM ID# 028522
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	ers, and (2) the cable system tal number of channels on wh ried television broadcast static tal number of activated chann e cable system carried televis	ions	e accounting period.	10
N Individual to Be Contacted		TO BE CONTACTED IF FUR of about this statement of acco	RTHER INFORMATION IS NEEDED (Identify a count.)	n individual	
for Further Information	Name	RODNEY HASKINS	6	Telephone (903) 5	579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)			
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM	Fax (optional	
0	CERTIFICATION	I (This statement of account r	must be certified and signed in accordance wit	h Copyright Office regulations)	
Certification			x one, <i>but only one</i> , of the boxes.) r <b>partnership)</b> I am the owner of the cable system	n as identified in line 1 of space B; or	
	(Age		oration or partnership) I am the duly authorized the owner is not a corporation or partnership; or	agent of the owner of the cable system as	identified
		in line 1 of space B.	r (if a corporation) or a partner (if a partnership) o		cable system
	are true, comp		my knowledge, information, and belief, and are r		
			X /s/ Alan Dannenbaum		
			Enter signature using an "/s/ signature" (e.g., /s	s/ John Smith)	
		Typed or printe Title:	ed name: ALAN DANNENBAUM SVP, PROGRAMMING (Title of official position held in corporation or partnership	A.	
		Date:		8/24/2022	

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counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	028522
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	<b>Q</b> 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 \$	
<ul> <li>(interest charge)</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> </ul>	
<ul> <li>(interest charge)</li> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please</li> </ul>	
<ul> <li>(interest charge)</li> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please</li> </ul>	
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(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	

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