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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/15/22	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	T								
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	Barcode Data Filing Period (optional - see instructions)								
Accounting Period									
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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Midcontinent Communications								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	PO Box 5040 (Number, street, rural route, apartment, or suite number)								
	Sioux Falls, SD 57117-5040								
	(City, town, state, zip)								
С	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	IDENTIFICATION OF CABLE SYSTEM:								
	Devils Lake, ND  MAILING ADDRESS OF CABLE SYSTEM:								
	PO Boy 5040								
	2 (Number, street, rural route, apartment, or suite number)								
	Sioux Falls, SD 57117-5040 [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 fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Midcontinent Communications	40
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	ist will serve as a form of system identification hereafter kno
	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 mobile I	home parks should be reported in parentheses below the
Served	identified city.	
00.700		
	CITY OR TOWN	STATE
First	Devils Lake	ND
Community	Bisbee	ND
	Cando	ND
D	Langdon	ND
Rows as Necessary	Starkweather	
		ND
	Walhalla	ND ND
		····

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4030

### **Midcontinent Communications**

## Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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).

**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 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 discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential 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 and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	1,675	26.95	<b>Business Accounts</b>	88	26.95		
<ul> <li>Service to additional set(s)</li> </ul>			High Def Converter	1,752	3.00		
<ul> <li>FM radio (if separate rate)</li> </ul>			Nursing Homes	313	10.00		
Motel, hotel	4	34.00	Hospitals	93	5.00		
Commercial	343	73.95					
Converter	2,285	3.00					
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							
		1		1			

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	16.00	Motel, hotel	499.00	Digital 1	10.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	499.00	Cinemax	16.00
Fire protection		• Pay cable		Showtime	16.00
•Burglar protection		Pay cable-add'l channel		Starz!&Encore	16.00
Installation: Residential		Fire protection			
• First set	25.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	75.00		
Converter		Disconnect	-		
		Outlet relocation	25.00		
		<ul> <li>Move to new address</li> </ul>	25.00		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4030

### **Midcontinent Communications**

G

### Primary Transmitters: Television

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, 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 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 not 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 only 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. *Do not* 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBRR-DT	10	l	THIEF RIVER FALLS, MN(FOX)
KBRR-DT2	10.2	I-M	THIEF RIVER FALLS, MN(ANTENNA)
KMDE-DT	25	E	DEVILS LAKE, ND (PBS)
KMDE-DT2	25.2	E-M	DEVILS LAKE, ND (PBS WRLD/LRG)
KMDE-DT3	25.3	E-M	DEVILS LAKE,ND (PBS MN HD)
KMDE-DT4	25.4	E-M	DEVILS LAKE, ND (PBS KIDS)
KVLY-DT	36	N	FARGO, ND (NBC)
KVLY-DT2	36.2	N-M	FARGO, ND (CBS-KXJB)
KVLY-DT3	36.3	I-M	FARGO, ND (ME TV)
KXJB-LD2	30.2	I-M	HORACE, ND (CW)
KXJB-LD3	30.3	I-M	HORACE, ND (HEROES)
WDAZ-DT	8	N	DEVILS LAKE, ND (ABC)
WDAY-DT2	21.2	I-M	FARGO, ND(TRUE CRIME)
WDAY-DT3	21.3	I-M	FARGO, ND(WDAY'Z XTRA HD)
KRDK-DT	24	l	VALLEY CITY, ND (COZI TV HD)
СКҮ	7.1	I	WINNEPEG, MANITOBA
KGFE-DT	15	E	GRAND FORKS, ND (PBS)
KGFE-DT2	15.2	E-M	GRAND FORKS, ND(PBSWLDF/LIFE)
KGFE-DT3	15.3	E-M	GRAND FORKS,ND(PBS MN HD)
KGFE-DT4	15.4	E-M	GRAND FORKS, ND(PBS KIDS)
KVLY-DT4	36.4	I-M	FARGO, ND (CIRCLE)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Midcontinent Communications**

4030

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	nd: 2022/1							FOR	M SA1-2E. PAGE 5.		
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					FOR	SYSTEM ID#		
Name	Midcontinent Commu	nications							4030		
1	SUBSTITUTE CARRIAG	_	_				tion that	vour oabla av	stom carried on a		
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further										
Substitute	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: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Statement and	0.	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta	tion?						YES	× NO		
	Note: If your answer is "No	", leave the	rest of this pa	age blan	k. If your answer is	s "Yes," you r	must com	plete the pro	gram		
	log in block 2.										
	2. LOG OF SUBSTITUTI In General: List each subs		-	ate line	Use abbreviations	s wherever n	ossible if	their meanin	a is		
	clear. If you need more spa	ace, please	add additiona	l rows to	the tables.	•	•				
	Column 1: Give the title period, was broadcast by a										
	under certain FCC rules, re		,		•		•	•			
	Do not use general categor		ovies" or "bask	etball."	List specific progra	am titles, for e	example,	"I Love Lucy"	or		
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ent	er "Yes.	' Otherwise enter '	"No."					
	Column 3: Give the call										
	Column 4: Give the broathe case of Mexican or Car							y the FCC or,	in		
	Column 5: Give the mor							als, with the i	month		
	first. Example: for May 7 gi Column 6: State the tim		e cubetitute pr	oaram v	use carried by you	r cable evete	m lietth	e times accur	rately		
	to the nearest five minutes.										
	stated as "6:00–6:30 p.m."	۰۰۰ "D" if the	listed program		batitutad far arası	rananina that	t	tama waa waa	ine d		
	Column 7: Enter the lett to delete under FCC rules a										
	was substituted for program	•	your system w	as perm	itted to delete und	ler FCC rules	and regu	ulations in			
	effect on October 19, 1976	-									
						WHE	N SUBS	TITUTE			
	S		E PROGRAM				_	CURRED	7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	<ol><li>STATION'S CALL SIGN</li></ol>		TION'S LOCATION	5. MONTH AND DAY	FROM	TIMES TO	3222		
									"		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM I 40							
	ODOGO DEGENTO								
Pross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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	\$ 476,794.56 (Amount of gross receipts)							
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE  nstructions: 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 eque  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,650 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 accounting period is \$52.00	pay for 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 lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	\$137,100)							
	1. Base amount under statutory formula	00.00							
	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	1 \$527,600)							
	1. Enter the amount of gross receipts from space K	94.56							
	2. Base amount under statutory formula	00.00							
	3. Subtract line 2 from line 1	94.56							
	4. Multiply line 3 by .01	2,129.95							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u> </u>							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	3,448.95							
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	\$ 3,468.95							
	Important: Your remittance must be in the form of an electronic payment payable to the	e Register of Copyrights!							

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV Midcontinent Co	NNER OF CABLE SYSTEM:				SYSTEM ID# 4030
<b>M</b> Channels	to its subscribers,  1. Enter the total r system carried to	and (2) the cable system's to number of channels on which elevision broadcast stations.		els during the acco	ounting period.	21
	on which the cab	number of activated channels ble system carried television t st services				377
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of account	ER INFORMATION IS NEEDE	D (Identify an indi		
for Further Information		Rachel Meyer	OTF 700		Telephone	952-844-2655
		3600 Minnesota Drive (Number, street, rural route, apartm Edina, MN 55435 (City, town, state, zip)				
	Email	rachel.meyer@r	midco.com		Fax (optional)	
•	CERTIFICATION (7	This statement of account mu	st be certified and signed in ac	ccordance with Co	pyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, but only one, of the boxes.)			
	(Owner	other than corporation or pa	artnership) I am the owner of the	ne cable system as	identified in line 1 of space	B; or
		-	tion or partnership) I am the d wner is not a corporation or part		nt of the owner of the cable	system as identified
		<b>r or partner)</b> I am an officer (in the 1 of space B.	f a corporation) or a partner (if a	a partnership) of the	e legal entity identified as o	wner of the cable system
		and correct to the best of my	nereby declare under penalty of knowledge, information, and be			in
			X /s/ Rachel Meyo		ertify this statement.	-
			Enter signature using an "/s/ signature using us	nature" (e.g., /s/ Jo	hn Smith)	
		Typed or printed	name: Rachel Meyer			
		Title: (Title of off	Director of Programm			
		Date:			8/12/2022	

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

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Icontinent Communications	4030
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."	P Special Statement Concerning Gross
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 Mailing Address	
	I
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 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	.]

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.