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					
08/22/2022	\$ 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

Α	ACC	OUNTING 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
		Zito West Holding LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 [Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915 (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 unless these s 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:
	'_	Zito Media - Liverpool
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, 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 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.

Name D	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC Instructions: List and appropriate community control by the public system. A "con-	SYSTEM 638
D		638
D	Instructions, list cook concrete community conved by the cobless store. A "con	
U		mmunity" is the same as a "community unit" as defined in FCC rule
	"a separate and distinct community or municipal entity (including unincorporate	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
	Note: Entities and properties such as hotels, apartments, condominiums, or moidentified city.	oblie nome parks should be reported in parentheses below the
Served	identified city.	
-	CITY OR TOWN	STATE
First	Liverpool Borough, PA	PA
Community	Buffalo Twp, PA	PA
·	Liverpool Township, PA	PA
	Liverpool Township, FA	
Rows as Necessary		
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Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID# 63838

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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 SUBSCR	RIBERS RATE		
Residential:						
Service to first set	1	112.56				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

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		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
 Additional set(s) 	20.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		 Move to new address 	30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63838

Zito West Holding LLC

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
WGAL	8.1	N	Harrisburg, PA
WGAL	8.2	NM	Harrisburg, PA
WHP	21.1	N	Harrisburg, PA
WHP	21.3	NM	Harrisburg, PA
WHP	21.2	NM	Harrisburg, PA
WHTM	27.1	N	Harrisburg, PA
WHTM	27.3	NM	Harrisburg, PA
WHTM	27.4	NM	Harrisburg, PA
WITF	33.1	E	Harrisburg, PA
WLYH	49.1	I	Harrisburg, PA
WPMT	43.1	N	Harrisburg, PA
WPMT	43.2	NM	Harrisburg, PA
WPSU	3.1	E	Clearfield, PA
WXBU	15.1	I	Harrisburg, PA

Accounting Period: 2022/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

63838

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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A	L 2022 /4						505	14 0 4 4 OF DAGE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#	
Name	Zito West Holding LL							63838	
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO)G				
ı	In General: In space I, iden								
Substitute	substitute basis during the explanation of the programm	٠.		•					
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	During the accounting period_did your cable system carry_on a substitute basis_any nonnetwork television program								
Statement and Program Log	nt and								
. rogram zog	Note: If your answer is "No		reet of this no	age blank. If your answer i	e "Vee " vou r	muet comi			
	log in block 2.	J, leave the	rest of this pe	age blank. If your answer i	s res, your	nust com	siete trie pro	gram	
	2. LOG OF SUBSTITUT	E PROGRA	AMS						
	In General: List each subs				s wherever p	ossible, if	their meanir	ng is	
	clear. If you need more sp			l rows to the tables. vision program ("substitut	e program") tl	hat during	the accoun	uting	
	period, was broadcast by								
	under certain FCC rules, r								
	Do not use general categorial with the control of the categorial c		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	T Love Lucy	or	
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter					
		0		casting the substitute prog the community to which th		censed by	the ECC or	in	
	the case of Mexican or Ca						11101 00 01	, ""	
			when your sy	stem carried the substitute	e program. U	se numera	als, with the	month	
	first. Example: for May 7 g		e substitute pr	ogram was carried by you	r cable syste	m List the	times accu	rately	
	to the nearest five minutes	. Example:							
	stated as "6:00–6:30 p.m."		listed program	n was substituted for prog	ramming that	vour evet	om was rea	uirod	
	to delete under FCC rules								
	was substituted for progra							ogram	
		•	your system w	as permitted to delete und	der FCC rules			rogram	
	effect on October 19, 1976	•	your system w	as permitted to delete und	der FCC rules			rogram	
		•	your system w	as permitted to delete und	П		lations in	logium	
	effect on October 19, 1976	5.	your system w		WHE	and regu	lations in	7. REASON FOR	
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	effect on October 19, 1976	S. SUBSTITUT	E PROGRAM		WHE CARRI	and regu N SUBST AGE OCC	Ilations in	7. REASON FOR	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI.	N SUBSTAGE OCC	TITUTE CURRED TIMES	7. REASON FOR	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S'	YSTEM II
Name	Zito West Holding LLC		638
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, see	1,327.12
	, , , , , , , , , , , , , , , , , , , ,	(Althount of gro	ss receipts)
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 \$ 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 fo accounting period is \$52.00	r this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula	_	
	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 \$52)	7,600)	
	Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance	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
	Important: Your remittance must be in the form of an electronic payment payable to the Reg	ister of Copyrig	nts!

Accounting Period:	2022/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW	NER OF CABLE SYSTEM: g LLC	SYSTEM ID# 63838
M Channels	to its subscribers, a 1. Enter the total nu system carried tele 2. Enter the total nu on which the cable	must give (1) the number of channels on which the cable system carried television broadcast stations and (2) the cable system's total number of activated channels during the accounting period. umber of channels on which the cable levision broadcast stations	99
N Individual to Be Contacted	INDIVIDUAL TO BI	E CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom out this statement of account.)	
for Further Information	Name T	Telephone 814-	-260-0434
	(ň C	PO Box 665 Number, street, rural route, apartment, or suite number) Coudersport PA 16915 City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
0	CERTIFICATION (Th	his statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned,	hereby certify that (Check one, but only one, of the boxes.)	
		other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	in line	f owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system at 1 of space B and that the owner is not a corporation or partnership; or	
	in line	or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of a 1 of space B.	the cable system
		ne statement of account and hereby declare under penalty of law that all statements of fact contained herein and correct to the best of my knowledge, information, and belief, and are made in good faith. 1001(1986)]	
		X /s/James Rigas	
		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: James Rigas	
		Title: President (Title of official position held in corporation or partnership)	100000000000000000000000000000000000000
		Date: 08/23/2022	

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#
West Holding LLC	63838
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 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
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x <u>1%</u>	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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	
(interest charge)	
* 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	

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.