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

STATEME	NT OF ACCOUNT	FOR COPYRIG	<ul> <li>Return completed workbook</li> <li>by email to:</li> </ul>		
for Secondary Transmissions by Cable Systems (Short Form)		DATE RECEIVED	AMOUNT	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
General instructions are located in the first tab of this workbook			ALLOCATION NUMBER		
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))		

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2022/2
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		Instructions:
В		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 have if this is the sustant's first filling. If not enter the sustant's ID sumber excise a divitie literating Division
		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
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CADLE STSTEM
		Zito Midwest 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		<b>UCTIONS:</b> 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:
		Zito Media - Rosiclare
		MAILING ADDRESS OF CABLE SYSTEM:
	2	Number, street, rural route, apartment, or suite number)
	L	(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 sufficiency of the fling, a determination that would be made by a court of law.

Nores	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Zito Midwest LLC	55
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
First	CITY OR TOWN Rosiclare	STATE IL
Community	Hardin County	IL IL
-	Elizabethtown	IL
dd Rows as Necessary		
-		
, , , , , , ,		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM I	
Name	Zito Midwest LLC		•						55	
	SECONDARY TRANSMISSION				ATES					
E	In General: The information in s					y transmission	service of	the cable		
	system, that is, the retransmission	on of television	and rad	io broadcasts	by your sy	/stem to subscri	ibers. Give	e information		
Secondary	about other services (including p						those exis	ting on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	n broken		
scribers and	down by categories of secondar	•					-			
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	number o	of persons or or	ganization			
	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									
	unit in which it is generally billed	-	-	•				-		
	category, but do not include disc				iny stands		is within a			
	Block 1: In the left-hand block									
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			0		0				
	subscriber who pays extra for ca									
	first set" and would be counted o									
	Block 2: If your cable system									
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.									
	BLC				BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA	
	Residential:				0,111					
	Service to first set		1	77.21						
	<ul> <li>Service to additional set(s)</li> </ul>								•••••••	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial								[	
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S					
F	In General: Space F calls for ra	te (not subscril	ber) infoi	mation with re	espect to a	Il your cable sy	stem's ser	vices that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the			<b>f</b>			I'-4I			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that									
natoo	listed in block 1 and for which a	•	•							
	brief (two- or three-word) descrip	otion and inclue	de the ra	te for each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA	
	Continuing Services:			tion: Non-res	idential					
	• Pay cable			el, hotel						
	• Pay cable—add'l channel			nmercial						
	Fire protection			cable						
	•Burglar protection			cable-add'l ch	lannel					
	Installation: Residential     • First set	30.00		protection						
		30.00 20.00		glar protection ervices:						
	<ul> <li>Additional sat(s)</li> </ul>		louidi s							
	Additional set(s)     FM radio (if separate rate)		• Rec	onnect		30.00		<b>6</b>		
	• FM radio (if separate rate)			onnect connect		30.00			0	
			• Disc	onnect connect et relocation		30.00 30.00				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM				
Name	Zito Midwest LLC			5				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary ransmitters: Television	In General: In space G, identify every television station (including translators 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. <b>Substitute Basis Stations</b> : 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							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
ľ	KBSI	23.1	Ν	Paducah KY				
	KFVS	12.1	N	Cape Girardeau MO				
	KFVS	12.3	1	Cape Girardeau MO				
	WDKA	49.1	•	Paducah KY				
	WKPD	29	E	Paducah KY				
		6.1	N	Paducah KY				
		0.1						
	WPSD	2 1	N					
	WSIL	3.1	N	Harrisburgh IL				
		3.1 27.1	N 1					
	WSIL		N I	Harrisburgh IL				
lows as Necessary	WSIL WTCT		N 	Harrisburgh IL				
Rows as Necessary	WSIL WTCT		N I	Harrisburgh IL				
Rows as Necessary	WSIL WTCT		N	Harrisburgh IL				
lows as Necessary	WSIL WTCT		N I	Harrisburgh IL				
Rows as Necessary	WSIL WTCT		N	Harrisburgh IL				
Rows as Necessary	WSIL WTCT		N I	Harrisburgh IL				
Rows as Necessary	WSIL WTCT		N I	Harrisburgh IL				
Rows as Necessary	WSIL WTCT		N I	Harrisburgh IL				
Rows as Necessary	WSIL WTCT		N	Harrisburgh IL				
Rows as Necessary	WSIL WTCT		N I	Harrisburgh IL				
l Rows as Necessary	WSIL WTCT			Harrisburgh IL				
Rows as Necessary	WSIL WTCT			Harrisburgh IL				
l Rows as Necessary	WSIL WTCT			Harrisburgh IL				
d Rows as Necessary	WSIL WTCT			Harrisburgh IL				

ccounting Period:	2022/2			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	Zito Midwest LLC			558			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable systen	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tim	ne basis under			
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as	)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	ons carried on a			
	basis under specific FCC ru	les, regulations, or authorizations: in space G—but do list it in space I (	the Special Statement and Program Lo				
	basis. For further information <b>Column 1:</b> List each station	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	ed both on a substitute basis and also on see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each			
	"WETA-2" as the same on the form. <b>Column 2:</b> 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. <b>Column 3:</b> 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. <b>Column 4:</b> 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 Canad	lian stations, if any, give the name of	the community with which the station is	s identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

Zito Midwes	TOWNER OF (	JABLE 3	ISTEM.					SYSTEM
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					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 abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (c mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pag ed by the cable s le station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2022/2						FORM	/I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							5585
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion. that v	our cable svs	tem carried on a
_	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of t	he general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any nonr	network te	levision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comp	lete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if t	their meaning	g is
				vision program ("substitute	e program") tl	hat, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ted for the pro	ogramming	g of another s	station
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			als. with the n	nonth
	first. Example: for May 7 gi	,	······				,	
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.n	n. should be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	ired
	to delete under FCC rules	and regulat	ions in effect d	uring the accounting perio	od; enter the l	etter "P" if	the listed pro	
	was substituted for prograr effect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
		•						
					WHE	N SUBST	ITUTE	
	S					AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 5585
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 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 amount, see	3,423.74 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 for accounting period is \$52.00	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,	00)	
	1. Base amount under statutory formula	<u>.</u>	
	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		<u> </u>
	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	<u>.</u>	
	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 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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more information		hts!

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SYSTEM ID# 5585
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stores to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Teri McMullen Te	elephone 814-260-0434
	Address 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)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regit         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or         X       (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identitien in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contair are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]         Image: true 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)	of space B; or the cable system as identified fied as owner of the cable system ned herein
	Date: 02/27/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o Midwest LLC	5585
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name     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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1%	_
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	
x 0.00274	
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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