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 COPYRIGH	Return completed workbook by email to	
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period	20222 Barcode Data Filing Period (optional - see instructions)	
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	
	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)	
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these mes 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:	
	A LAWTON CORRECTIONAL FACILITY 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 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:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	062824
D Area Served	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n city.	ed communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	LAWTON	OK
Community	(LAWTON CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICATIONS LLC										
_	SECONDARY TRANSMISSION	SERVICE: SUE	SCRIB	ERS AND RA	TES						
E	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										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission Service: Sub-	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										
scribers and	down by categories of secondary	•									
Rates	each category by counting the nu	umber of billings	in that	category (the	number of	persons or orga	anizations o				
	separately for the particular serv							a and the			
	Rate: Give the standard rate c unit in which it is generally billed.	-	-	•			-				
	category, but do not include disc	· ·	,		iy stanuar		within a pa				
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion service	e that cable			
	systems most commonly provide										
	that applies to your system. Note			-		-					
	categories, that person or entity subscriber who pays extra for ca					• •	•				
	first set" and would be counted o										
	Block 2: If your cable system I					service that are	different fro	om those			
	printed in block 1 (for example, ti										
	with the number of subscribers a	nd rates, in the	right-ha	nd block. A tw	o- or three	e-word description	on of the se	ervice is			
	sufficient.	OCK 1					BLOCK	(2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI		
	Residential:		•								
	Service to first set		0	-							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel		40	10.11							
	Commercial		48	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES							
F	In General: Space F calls for rat										
•	not covered in space E, that is, t service for a single fee. There ar										
Services	3	•			0		0 ()				
Other Than	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,										
Secondary	enter only the letters "PP" in the rate column.										
ransmissions:	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										
Rates	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										
	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.										
		K 1		BLOCK 2							
		BLOC									
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVIC	E RATE		
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG	ORY OF SER		RATE	CATEG		E RATE		
		RATE	CATEG nstalla			RATE	CATEG		E RATE		
	Continuing Services:	RATE	CATEG Installat • Mote	tion: Non-res		RATE	CATEG		E RATE		
	Continuing Services: • Pay cable	RATE	CATEG nstallat • Mote • Com	tion: Non-res el, hotel		RATE	CATEG		E RATE		
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEGO Installar • Mote • Com • Pay	tion: Non-res el, hotel imercial	idential	RATE	CATEG		E RATE		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG nstallat • Mote • Com • Pay • Pay	tion: Non-res el, hotel mercial cable	idential	RATE	CATEG		E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATEG nstallar • Mote • Com • Pay • Pay • Fire	tion: Non-res el, hotel mercial cable cable-add'l ch	idential nannel	RATE	CATEGO		E RATI		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE (CATEGO nstallar • Mote • Com • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection	idential nannel	RATE	CATEGO		E RATE		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE (CATEG nstallar • Mote • Com • Pay • Pay • Fire • Burg Other s	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential nannel	RATE	CATEGO		E RATE		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE (CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s • Reco	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	idential nannel	RATE	CATEGO		E RATE		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE (CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	idential nannel	RATE	CATEGO		E RATI		

g Period: 2				OVOTEM ID							
me	LEGAL NAME OF OWNER			SYSTEM ID 06282							
				00202							
		PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)									
Anary nitters: <i>v</i> ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC i • Do <i>not</i> list the station he station was carried <i>only</i> of • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann	em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ad with a station according to its over-the	(1) stations carried only on a part-time carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi rogram services such as HBO, ESP e-air designation. For example, repo	me basis under ms [sections ions carried on a stitute program Log)—if the o on some other ons. N, etc. Identify each rt multistream							
	Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	h case whether the station is a network ering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), c erms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	for network multicast), "I" (for indepe or "E-M" (for noncommercial education loctions in the paper SA1-2 form. the community to which the station is	ndent), "I-M" onal multicast). is licensed by the							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KAUZ-1	6	Ν	WICHITA FALLS, TX							
	KFDX-1	3	N	WICHITA FALLS, TX							
cessary	KJTL-1	18	I	WICHITA FALLS, TX							
	KSWO-1	7	N	LAWTON, OK							

EGAL NAME OF									SYSTEM
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be receivent the Cope sign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis	he system's hea stem's FM anter point, see page by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se 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		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				1	3, 122 01011		0,0		
				+					
				-					
				-					
				-					
				-					
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				+					
				+					
				-					

Accounting Perio	d: 2022/2					F	ORM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	_C				062824
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG			
Substitute	In General: In space I, identii substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC	C rules, regulat	tions, or authorization	s. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Special	 During the accounting peri 	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television progr	ram
Statement and Program Log	broadcast by a distant stat		,			YES	
Program Log	2						
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	st complete the prog	jram
	log in block 2.	DROCRA	Me				
	2. LOG OF SUBSTITUTE In General: List each subst			e line. I lee abbreviations v	wherever poss	sible if their meaning	n ie
	clear. If you need more space				wherever poss		y 13
				sion program ("substitute p	program") that	, during the account	ing
	period, was broadcast by a						
	under certain FCC rules, reg						
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy"	or
	"NBA Basketball: 76ers vs.		loast live enter	"Yes." Otherwise enter "N	lo "		
				sting the substitute progra			
		•		e community to which the		nsed by the FCC or,	in
	the case of Mexican or Can						
			when your syst	em carried the substitute p	orogram. Use	numerals, with the n	nonth
	first. Example: for May 7 giv					1.1.1.1.	
	to the nearest five minutes.			gram was carried by your o			ately
	stated as "6:00–6:30 p.m."		program carrie	eu by a system nom 0.01.	15 p.m. to 0.20	5.50 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that yo	our system was <i>requ</i>	iired
	to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period	; enter the lette	er "P" if the listed pro	
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules ar	nd regulations in	
	effect on October 19, 1976.						
					Ш	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRED	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	6. TIMES FROM — TO	DELETION
			ONLEE OTOTA			_	
						_	
						_	
						_	
					+		
					+		
					+		
						_	
						_	
						_	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 062824
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 at 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	2,109.68 pss 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 \$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.	63,800.	
	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.	iis six-month	
	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 \$137,1)	00)	
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	2. Enter and out of gross receipts non 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 \$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:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC	:		SYSTEM ID# 062824
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	pers, and (2) the cable system otal number of channels on wh rried television broadcast station otal number of activated channe ne cable system carried televis	ions	the accounting period.	4 31
N Individual to		TO BE CONTACTED IF FUR ct about this statement of acc	RTHER INFORMATION IS NEEDED (Identify a count.)	an individual	
Be Contacted for Further Information	Name	RODNEY HASKINS	3	Telephone (903) 5	79-3152
	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	
	CERTIFICATIO	N (This statement of account	must be certified and signed in accordance w	vith Copyright Office regulations)	
O Certification	(Own	ner other than corporation or ent of owner other than corpo in line 1 of space B and that	k one, <i>but only one</i> , of the boxes.) r partnership) I am the owner of the cable syste oration or partnership) I am the duly authorized t the owner is not a corporation or partnership; or er (if a corporation) or a partner (if a partnership)	d agent of the owner of the cable system as i r	
	are true, comp		nd hereby declare under penalty of law that all st f my knowledge, information, and belief, and are		
			X /s/ Alan Dannenbaum Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g.,		
		Typed or printe	ted name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partnershi	ip)	
		Date:		2/28/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	062824
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q 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	
(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@copyright.gov.	
contact the Electrony Division at (202) 101-0100 on hechony@copyinght.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** 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	
** 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.	
 ** 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 	
 ** 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 	
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