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				
8/21/23	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

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

_			
	Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Accounting		20231 Barcode Data Filing Period (optional - see instructions)
L	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
			INDIANOLA MUNICIPAL UTILITIES
			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
			MAILING ADDRESS OF OWNER OF CABLE SYSTEM
			210 W 2nd Ave
			(Number, street, rural route, apartment, or suite number) INDIANOLA, IA 50125
			(City, town, state, zip)
	С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
	System	1	IDENTIFICATION OF CABLE SYSTEM:
			MAILING ADDRESS OF CABLE SYSTEM:
		2	(Number, street, rural route, apartment, or suite number)
			(City, town, state, zip code)
-1			

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.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	INDIANOLA MUNICIPAL UTILITIES	637
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	INDIANOLA	IA
d Rows as Necessary		

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

INDIANOLA MUNICIPAL UTILITIES

SYSTEM ID# 63788

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, broker down by categories of secondary transmission service. In general, you can compute the number of subscribers it each category by counting the number of billings in that category (the number of persons or organizations charge 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 categor 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 residentic 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, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1		BLOCK 2			
	NO. OF		П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:						
 Service to first set 	868	45.00				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential			11			
			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 no
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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel		EXPANDED	#####	
 Pay cable—add'l channel 		Commercial		FAMILY PLUS	#####	
Fire protection		Pay cable		SPORTS PLUS	#####	
•Burglar protection		Pay cable-add'l channel		PREMIUM PLUS	#####	
Installation: Residential		Fire protection		НВО	18.00	
First set		Burglar protection		CINEMAX	16.00	
Additional set(s)	8.00	Other services:		STARZ	12.00	
• FM radio (if separate rate)		Reconnect		SHOWTIME	16.00	
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63788

INDIANOLA MUNICIPAL UTILITIES

PRIMARY TRANSMITTERS: TELEVISION

G

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
woı	5.1	N	DES MOINES, IA
WOI-3	5.3	N-M	DES MOINES, IA
WOI-4	5.4	N-M	DES MOINES, IA
KCCI	8.1	N	DES MOINES, IA
KCCI-2	8.2	N-M	DES MOINES, IA
KCCI-3	8.3	N-M	DES MOINES, IA
KDIN	11.1	E	DES MOINES, IA
KDIN-2	11.2	E-M	DES MOINES, IA
KDIN-3	11.3	E-M	DES MOINES, IA
KDIN-4	11.4	E-M	DES MOINES, IA
wнo	13.1	N	DES MOINES, IA
WHO-3	13.3	N-M	DES MOINES, IA
KDSM	17.1	N	DES MOINES, IA
KDSM-2	17.2	N-M	DES MOINES, IA
KDSM-3	17.3	N-M	DES MOINES, IA
KDSM-4	17.4	N-M	DES MOINES, IA
KCWI	23.1	N	DES MOINES, IA
KCWI-3	23.3	N-M	DES MOINES, IA
KCWI-4	23.4	N-M	DES MOINES, IA
KFPX	39.1	N	DES MOINES, IA
KDMI	19.1	N	DES MOINES, IA

Accounting Period:	2023/1			FORM SA1-2E. PAGE 3.					
N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	INDIANOLA MUNICIPAL UTILITIES								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable system	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							
Primary Transmitters: Television	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								
			the Special Statement and Program L	og)—if the					
	 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 Column 2: Give the channer of license. For example, WI	ne form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	evision station for broadcasting over the	ne air in its community					
	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.								
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STAT								

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

INDIANOLA MUNICIPAL UTILITIES

63788

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

Assouration Donie	.d. 2022 /1					FOR	M CA4 OF DACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:			FURI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	INDIANOLA MUNICIPA						63788
Substitute Carriage: Special Statement and Program Log	INDIANOLA MUNICIPA SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E: SPECIA If yevery nor counting pring that must CONCER iod, did you tion? ", leave the E PROGRA citute progra ce, please of every nor distant stat gulations, cries like "mor Bulls." n was broad sign of the stat addast static addast static thand day ye "5/7." es when the Example: a	AL STATEME Innetwork televia eriod, under sp st be included i RNING SUBS ur cable system rest of this pa AMS am on a separa add additional connetwork televia ion and that your or authorization ovies" or "bask dcast live, enterstation broadc con's location (to cons, if any, the when your system a program carr	sion program, broadcast by ecific present and former in this log, see page (v) of in this log, see page (v) as the tables. In carry, on a substitute base ge blank. If your answer in the tables wision program ("substitute our cable system substitute our cable system substitute our cable system substitute program." List specific program as the substitute program was carried by your ided by a system from 6:0	y a distant stare CC rules, reg the general instant is "Yes," you reserved for the program") to ted for the program. Use station is like e station is like program. Use reable syste 1:15 p.m. to 6	network television progressible, if their meanin hat, during the accountors for further informations for further informations. The following the	stem carried on a ns. For a further SA1-2 form. Tram X NO gram g is ting station ation. or in month attely
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. SI 1. TITLE OF PROGRAM	JBSTITUT 2. LIVE?	ons in effect d your system was E PROGRAM 3. STATION'S	uring the accounting perions as permitted to delete und	whe CARRI 5. MONTH		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO —————————————————————————————————	

ccounting Period:	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: INDIANOLA MUNICIPAL UTILITIES 637
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c 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, se 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. \$ 231.345.00
	during the accounting period. \$231,345.00 IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)
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 \$263,800 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.
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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
	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
	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)
	Enter the amount of gross receipts from space K
	2. Base amount under statutory formula \$ 263,800.00
	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)
	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 REWITTANCE DUE
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNE					SYSTEM ID# 63788
M Channels	to its subscribers, and 1. Enter the total num system carried telev 2. Enter the total num on which the cable s	d (2) the cable system's to ber of channels on which ision broadcast stations ber of activated channel- system carried television	otal numl the cab s broadcas		accounting period.	165
N Individual to Be Contacted		CONTACTED IF FURTH this statement of accour		DRMATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name KU	IRT RIPPERGER			Telephone	515-962-5283
	(Nun	0 W 2nd Ave inher, street, rural route, apart DIANOLA, IA 5012 , town, state, zip) KRIPPERGER(5		Fax (optional)	
O Certification	I, the undersigned, he (Owner oth	ereby certify that (Check of er than corporation or p wner other than corporation of space B and that the corporation of space B and that the corporation of space B.	partnersh ation or powner is n if a corpo	pritified and signed in accordance with anly one, of the boxes.) (ip) I am the owner of the cable system or the cable system of a corporation or partnership; or creation) or a partner (if a partnership) or leclare under penalty of law that all stage, information, and belief, and are marked or the corporation of the cable of the	m as identified in line 1 of space agent of the owner of the cable of the legal entity identified as o	e B; or e system as identified wner of the cable system
		Typed or printed	Enter an Enter sig	/S/ Kurt Ripperger electronic signature on the line above nature using an "/s/ signature" (e.g., /s	•	-
		Title:		ommunications Superviso	r	
		Date:	,		August 21, 2023	

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ounting Period: 2023/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIANOLA MUNICIPAL UTILITIES	63788
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclused scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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 transmit made by satellite carriers to satellite dish owners?	asic ide sub- 119." Special Statement Concerning Gross Receipts Exclusion
X NO	
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 underpated an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 to	·
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	
x 0.0027	74
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 cha	- ,
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	e 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, list below the owner, address, first community served, ID number, and accounting period as given in the original	•
Owner	
Address	
ID number First community served	

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)