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						
8/17/2023	\$					
	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	ACCOUNTING 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)							
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							
	West Point Telephone Company, Inc.							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	525 Junction Road (Number, street, rural route, apartment, or suite number)							
	Madison, WI 53717							
	(City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	TDS Telecom, Inc.							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
	(Only, Collin,							

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.

Accounting Period:	2023/01	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name		63865						
	West Point Telephone Company, Inc.							
	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	West Point	IN						
Community	West Folia							
Add Rows as Necessary								

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

Accounting Period: 2023/01

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

West Point Telephone Company, Inc.

63865

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	9	\$25/mo			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential	9	\$8/ M o.			
Non-residential					
				1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1					
ORY OF SERVICE	CATEGORY OF SERVICE	RATE CATEGORY OF SER	RVICE RAT		
uing Services:	Installation: Non-resident	1			
cable \$8	• Motel, hotel				
cable—add'l channel	Commercial	\$0 - \$50.00			
protection	• Pay cable				
lar protection	Pay cable-add'l channe				
ation: Residential	Fire protection				
t set	• Burglar protection				
itional set(s)	0 Other services:				
radio (if separate rate)	• Reconnect	\$0-\$25.00			
verter	Disconnect				
	Outlet relocation	19.98-39.96			
	Move to new address				

Accounting Period: 2023/01 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63865

West Point Telephone Company, Inc.

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
WRTV	6.1	N	Indianapolis, IN
WRTV-DT2	6.2	N-M	Indianapolis, IN
WRTV-DT3	6.3	N-M	Indianapolis, IN
WTTK	29.1	N	Kokomo, IN
WTTK-DT2	29.2	N-M	Kokomo, IN
WTTK-DT3	29.3	N-M	Kokomo, IN
WXIN	59.1	N	Indianapolis, IN
WXIN-DT2	59.2	N-M	Indianapolis, IN
WXIN-DT3	59.3	N-M	Indianapolis, IN
WTHR	13.1	N	Indianapolis, IN
WTHR-DT2	13.2	N-M	Indianapolis, IN
WTHR-DT3	13.3	N-M	Indianapolis, IN
WTHR-DT5	13.5	N-M	Indianapolis, IN
WTHR-DT6	13.6	N-M	Indianapolis, IN
WFYI	20.1	E	Indianapolis, IN
WFYI-DT2	20.2	E-M	Indianapolis, IN
WDTI	69.1	I	Indianapolis, IN
WHMB	40.1	I	Indianapolis, IN

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

Accounting Period	: 2023/01			FORM SA1-2E. PAGE 3.						
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#						
Name	West Point Telephon	West Point Telephone Company, Inc.								
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(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, <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.								
relevision	basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or	rules, regulations, or authorizations: re in space G—but do list it in space I n a substitute basis.	(the Special Statement and Program	Log)—if the						
	basis. For further informati Column 1: List each statio	also in space I, if the station was carri on concerning substitute basis station on's call sign. <i>Do not</i> report origination	s, see page (v) of the general instruct program services such as HBO, ESF	tions. PN, etc. Identify each						
	"WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in each educational station, by ent	nel number the FCC assigned to the te VRC is channel 4 in Washington, D.C. h case whether the station is a networl ering the letter "N" (for network), "N-M'	levision station for broadcasting over station, an independent station, or a for network multicast), "I" (for independent	the air in its community a noncommercial endent), "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 STATION						
		+		-						

Accounting Period: 2023/01 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

West Point Telephone Company, Inc.

63865

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.

H

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
N/A							

Accounting Perio	d: 2023/01						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	West Point Telephone	Compan	y, Inc.					63865
ı	SUBSTITUTE CARRIAGE In General: In space I, identi	fy every noi	nnetwork televis	sion program, broadcast by	a <i>distant</i> sta		•	
Substitute	substitute basis during the ac explanation of the programm							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	od, did you	ır cable system	n carry, on a substitute bas	sis, any nonr	network tel	evision progr	am
Program Log	broadcast by a distant stat	ion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you r	must comp	lete the prog	
	log in block 2. 2. LOG OF SUBSTITUTE	DDOGDA	Me					
	In General: List each subst			ate line. Use abbreviations	wherever p	ossible. if t	their meaning	is
	clear. If you need more spa	ce, please	add additional	rows to the tables.	·	,	•	
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re-	distant stat	tion and that yo	•	ed for the pro	ogramming	g of another s	tation
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "baske	etball." List specific progra	m titles, for e	example, "	I Love Lucy"	or
				er "Yes." Otherwise enter "				
		•		asting the substitute progra he community to which the		censed by	the FCC or, i	n
	the case of Mexican or Can	adian statio	ons, if any, the	community with which the	station is id	entified).		
		•	when your sys	tem carried the substitute	program. U	se numera	als, with the m	onth
	first. Example: for May 7 giv		e substitute pro	ogram was carried by your	cable system	m. List the	times accura	ntelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	"D" : ()	P ()	1.00				
	to delete under FCC rules a			was substituted for progr	0	, ,	•	
	was substituted for program							gram
	effect on October 19, 1976.							
					WHEN SUBSTITUTE			
	Sl	JBSTITUT	E PROGRAM		CARRI	AGE OCC	CURRED	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		TIMES — TO	DELETION
	N/A							
			_				_	
							_	
							_	
							_	
							_	

Accounting Period:	2023/01	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: West Point Telephone Company, Inc.	S'	YSTEM ID# 63865
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 a 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.	nission service amount, see	1,244.80
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		
	Line 1. Royalty fee for accounting period		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		
	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	<u> </u>	
	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)	
	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 Total Remittance Due	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 #		
	<u>Important:</u> 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 me		

U.S. Copyright Office

Accounting Period:	2023/01					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: ephone Company, Inc.				SYSTEM ID# 63865
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the call	u must give (1) the number of and (2) the cable system's to number of channels on which elevision broadcast stations on the company of activated channels on the system carried television ast services	186			
N Individual to Be Contacted for Further	we can contact at	BE CONTACTED IF FURTH bout this statement of accour		RMATION IS NEEDED (Identify an indi		(608) 886-8210
Information	Address	525 Junction Rd (Number, street, rural route, apartr Madison, WI 53593 (City, town, state, zip)	ment, or suit	e number)	Telephone	
	Email	Finance@tdsteleco	om.com		Fax (optional)	
	CERTIFICATION (This statement of account mi	ust be cer	tified and signed in accordance with Co	opyright Office regulations)	ı.
O Certification	I, the undersigned (Owner) (Agent of in line) X (Office in line) I have examined	other than corporation or poor of owner other than corporation or poor of owner other than corporation of space B and that the owner or partner) I am an officer (interpretation of space B. the statement of account and by, and correct to the best of my	ne, but only artnership ation or pa wner is not if a corpora	-	identified in line 1 of space nt of the owner of the cable e legal entity identified as ow ents of fact contained hereir	B; or system as identified ner of the cable system
			Enter an e	/s/ Sharon V. Tisdale lectronic signature on the line above to ce ature using an "/s/ signature" (e.g., /s/ Jol	•	
		Typed or printed Title: (Title of of	Assista	Sharon V. Tisdale ant Treasurer n held in corporation or partnership)		
		Date:			August 11, 2023	

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

counting Period: 2023/01	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
est Point Telephone Company, Inc.	63865
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? X NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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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