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

				Return completed workbook
STATEME	NT OF ACCOUNT	FOR COPYRIGH	by email to:	
	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instruc	ns (Short Form) tions are located of this workbook	2/13/24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par	-	sidiary of another corporation, give the full	corporate
Owner	List any other name or names under whit	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period shoul nting period.	ld submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	3
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	I	
	SJOBERGS CABLEVISION INC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Т)	

		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		315 MAIN AVE N
		(Number, street, rural route, apartment, or suite number)
		THIEF RIVER FALLS, MN 56701 (City. town, state, zip)
	INIOTE	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System		IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name		SYSTEM ID#						
	SJOBERGS CABLEVISION INC Instructions: List each separate community served by the cable system. A "commun	situll is the same as a llearnmunity unit! as defined in ECC sules.						
D	"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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the						
		OTATE						
First	CITY OR TOWN BAUDETTE	STATE MN						
Community								
d Rows as Necessary								

	LEGAL NAME OF OWNER OF O	ABLE SYSTEM	:					FORM SA1-		
Name	SJOBERGS CABLEVISION INC									
					ATEO					
E	SECONDARY TRANSMISSION In General: The information in s					ry transmission s	service of	the cable		
	system, that is, the retransmissi	on of television	and rad	dio broadcasts	by your sy	ystem to subscri	bers. Give	information		
Secondary	about other services (including						those exis	ting on the		
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be).									
scribers and	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									
Rates	each category by counting the r									
	separately for the particular service					•	,			
	Rate: Give the standard rate of unit in which it is generally billed									
	category, but do not include disc						s within a	particular rate		
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable		
	systems most commonly provid									
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted									
	Block 2: If your cable system	•								
	printed in block 1 (for example,									
	with the number of subscribers a sufficient.	and rates, in th	e right-r	iand diock. A t	wo- or thre	e-word descript	ion of the	Service IS		
	BL			BLOC						
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		537	98.79						
	 Service to additional set(s) 	N/C								
	• FM radio (if separate rate)	N/A								
	Motel, hotel		14	98.79						
	Commercial		12	98.79/mo					,	
	Converter	N/A								
	Residential	N/A							,	
	Non-residential	N/A								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	•	,		-	• •				
Г	not covered in space E, that is, service for a single fee. There a									
Services	furnished at cost or (2) services	•			•		• •	,		
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	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									
Nates	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res	sidential					
	• Pay cable			tel, hotel						
	Pay cable—add'l channel			mmercial						
	Fire protection			/ cable						
	•Burglar protection		-	/ cable-add'l cl	nannel					
	Installation: Residential			e protection						
	• First set			glar protection	I					
	Additional set(s) EM radio (if coparate rate)			services:						
	 FM radio (if separate rate) 			connect						
	· Converta-			conne ct						
	• Converter			connect						
	• Converter		• Out	connect tlet relocation ve to new addi						

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
ame	SJOBERGS CABLEVI	ISION INC						
	PRIMARY TRANSMITTERS:	TELEVISION						
G mary mitters: evision	 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. 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 <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 (v) of the general instructions in the paper SA1-2 form. 							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	КХЈВ	4	N	FARGO/VALLEY CITY, ND				
	CBWT	5	I	WINNIPEG, MANITOBA				
as Necessary	CBWT WDAZ	5 8	l N					
as Necessary			I	WINNIPEG, MANITOBA				
as Necessary	WDAZ	8	I N I N	WINNIPEG, MANITOBA GRAND FORKS, ND				
as Necessary	WDAZ KAWE	8 9		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN				
as Necessary	WDAZ KAWE KTHI	8 9 11		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				
a as Necessary	WDAZ KAWE KTHI KCPM	8 9 11 21		WINNIPEG, MANITOBA GRAND FORKS, ND BEMIDJI, MN FARGO, ND GRAND FORKS, ND				

EGAL NAME OI								SYSTEM
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for	it is carried by monitoring, to ormation abou rm.	y the sys be recei t the Co	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried.	t the system's he system's FM ante	adend, and (2 nna, during ce) it can l ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If ignal, indicate Column 4: G	tate whether the the radio stati this by placing Sive the station	he statio ion's sigi g a checł n's locatio	on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2023/2		TEM				101	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF SJOBERGS CABLEVI							SYSTEM ID#
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	G			
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, or a	uthorizatio	ns. For a further
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special				m carry, on a substitute ba	sis, any nonr	network telev	vision prog	Iram
Statement and Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o" leave the	e rest of this pa	age blank. If your answer is	s "Yes " vou r	nust comple	-	
	log in block 2.	. ,	· · · · · · · · · · · · · · · · · ·	.g ,	, , , , , ,			<u>.</u>
	period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	a distant sta egulations, (vries like "mo . Bulls." m was broa l sign of the vadcast stati nadian stati nth and day vive "5/7." nes when th s. Example: tter "R" if the and regulat	tion and that y or authorizatio ovies" or "bask dcast live, ent station broadd ion's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect c	ns. See page (v) of the ge eteball." List specific progra er "Yes." Otherwise enter " casting the substitute progra the community to which the e community with which the estem carried the substitute rogram was carried by your ried by a system from 6:01 m was substituted for progra	ed for the pro- neral instruct m titles, for e No." am. e station is lite station is lite station is id program. Us cable system :15 p.m. to 6 ramming that d; enter the l	ogramming of ions for furth example, "I L censed by th entified). se numerals m. List the tii :28:30 p.m. : your system etter "P" if th	of another er informa ove Lucy" e FCC or, , with the r mes accur should be n was <i>requ</i> e listed pr	station ation. or in month ately <i>uired</i>
	effect on October 19, 1976. SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7.		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
		+						
							-	
			+		·		- 	
·			+		·		-	
					·			
								· · · · · · · · · · · · · · · · · · ·
						- - - - - - - - - - - - - - - - - - -		

Accounting Period:	2023/2			FORM S	6.5A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC				SYSTEM ID# 3
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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	em's sec of how to	ondary transmi compute this a	ission service amount, see \$ 29	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	less thar rmation.	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LI	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	ee that yo	u must pay for t	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mor	e than \$137,1	00)	
	1. Base amount under statutory formula	`	263,800.00		
	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	· · · · · · · · <u>-</u>			
	5. Enter the amount from line 3	· · · · · · · · · <u>·</u>			
	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	ıd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K		294,291.71		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		30,491.71		
	4. Multiply line 3 by .01	<u>-</u>	\$	304.92	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>-</u>	\$	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	· · · · · · · · · · · · · · · · · · ·	\$	1,623.92
	FILING FEE AND TOTAL REMITTANCE DUE				
Eilige Frank (
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,623.92	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	·····	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,643.92
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 f		-		ghts!

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE S SJOBERGS CABLEVISION INC	/STEM:			SYSTEM ID#
M Channels	to its subscribers, and (2) the cable 1. Enter the total number of channel	ystem's total number on which the cable stations channels elevision broadcast st			7 170
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED we can contact about this statement		NATION IS NEEDED (Identify an individua	al to whom	
for Further Information	Name Richard J Sjo	berg		Telephone 218-6	81-3044
	Address 315 Main Ave (Number, street, rural Thief River Fa (City, town, state, zip)	oute, apartment, or suite n	umber)		
		g@mncable.net	Fax	(optional) 218-681-6801	
O	 I, the undersigned, hereby certify that (Owner other than corpord (Agent of owner other that in line 1 of space B and X (Officer or partner) I am in line 1 of space B. I have examined the statement of active are true, complete, and correct to the [18 U.S.C., Section 1001(1986)] 	(Check one, but only of ation or partnership) In corporation or part that the owner is not a n officer (if a corporation count and hereby declar best of my knowledge, $\sum \frac{X}{Enter an ele}$ Enter signat or printed name: Preside	I am the owner of the cable system as iden nership) I am the duly authorized agent of the a corporation or partnership; or on) or a partner (if a partnership) of the legate are under penalty of law that all statements information, and belief, and are made in go 's/ Richard J Sjoberg extronic signature on the line above to certify ure using an "/s/ signature" (e.g., /s/ John Sn Richard J Sjoberg	tified in line 1 of space B; or the owner of the cable system a al entity identified as owner of th of fact contained herein ood faith.	
	Date:		(01/30/2024	

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ounting Period: 20		FORM SA1-2E. PAGE 8
AL NAME OF OWNE	ER OF CABLE SYSTEM:	SYSTEM ID#
OBERGS CABI	_EVISION INC	3
The Satellite Hor lowing sentence: "In detern service of	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ining the total number of subscribers and the gross amounts paid to the cable system for the basic providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information located in the pa	ation on when to exclude these amounts, see the note on page (vii) of the general instructions per SA1-2 form.	Receipts Exclusion
-	inting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
YES. Enter t	he total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST A		
You must comple	ete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. on 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	ine 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multiply	ine 2 by the number of days late and enter the sum here	
	x 0.00274	
	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 rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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.	
	filing this worksheet covering a statement of account already submitted to the Copyright Office, please ner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		1
Address		
Address ID number First community		

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