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				
	\$				
2/29/2024	ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting 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
		Minburn Cablevision, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		416 Chestnut Street, P.O. Box 206 (Number, street, rural route, apartment, or suite number)
		Minburn, IA 50167
	!	(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:
		38306 MAILING ADDRESS OF CABLE SYSTEM:
		416 Chestnut Street, P.O. Box 206
		(Number, street, rural route, apartment, or suite number) Minburn, Iowa 50167
		(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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF OAR'S SYSTEM	FORM SA1-2E. PAGE 1
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Minburn Cablevision, Inc.	3830
_	Instructions: List each separate community served by the cable system. A "community" i separate and distinct community or municipal entity (including unincorporated commun	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	
	community." Please use it as the first community on all future filings.	
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identifie
Area Served	city.	
Gerved		
	CITY OR TOWN	STATE
First	Minburn	IA
Community	Woodward	IA
	Perry	IA
Rows as Necessary		

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

38306

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Minburn Cablevision, Inc.

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		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set			Lifeline (Res & Comm)	27	62.99	
Service to additional set(s)			Prime (Res & Comm)	40	######	
• FM radio (if separate rate)			Elite (Res & Comm)	86	######	
Motel, hotel			Commercial Bulk 1	1	######	
Commercial			Comm Bulk 2 Per Room	167	\$17.83	
Converter			Commercial Lifeline Select	9		
Residential			Commercial Prime	3		
Non-residential			Commercial Elite	1		
		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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Standard STB	\$5.49
 Pay cable—add'l channel 		Commercial		DVR 250 GB 3 stream	\$9.99
Fire protection		• Pay cable		DVR 250 GB 5 Stream	12.99
 Burglar protection 		Pay cable-add'l channel		DVR 500 GB	19.99
Installation: Residential		Fire protection			
First set	\$99.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38306

4. LOCATION OF STATION

Minburn Cablevision, Inc.

1 CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
IPTV 11.1	1	I-M	Des Moines
IPTV 11.2	2	I-M	Des Moines
IPTV 11.3	3	I-M	Des Moines
IPTV 11.4	4	I-M	Des Moines
WOI 5.1	5	N	Ames/Des Moines
WOI 5.2	6	N-M	Ames/Des Moines
WOI 5.3	7	N-M	Ames/Des Moines
KCCI 8.1	8	N	Des Moines
KCCI 8.2	9	N-M	Des Moines
KCCI 8.3	10	N-M	Des Moines
WHO 13.1	13	N	Des Moines
WHO 13.2	14	N-M	Des Moines
WHO 13.3	15	N-M	Des Moines
WHO 13.4	16	N-M	Des Moines
KDSM 17.1	17	N	Des Moines
KDSM 17.2	18	N-M	Des Moines
KDSM 17.3	19	N-M	Des Moines
KDSM 17.4	20	N-M	Des Moines
KCWI 23.1	23	N	Des Moines
KCWI 23.5	24	N-M	Des Moines
KCWI 23.3	25	N-M	Des Moines
KCWI 23.4	26	N-M	Des Moines
KCWI 23.5	28	N-M	Des Moines
KDMI 19.1	256	N-M	Des Moines

3. TYPE OF STATION

Add Rows as Necessary

U.S. Copyright Office

Accounting Period:	2023/2			FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID#
Name	Minburn Cablevision	38306		
	PRIMARY TRANSMITTERS	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same or Column 2: Give the chann of license. For example, Note that the column of license in each ducational station, by endifor independent multicast For the meaning of these Column 4: Give the locations	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination ped with a station according to its over-the	(1) stations carried only on a part-time e carriage of certain network programs (e)(2) and (4))]; and (2) certain stations rried by your cable system on a substitute basis and also on see page (v) of the general instructions rogram services such as HBO, ESPN, cair designation. For example, report noticing station, an independent station, or a notice network multicast), "I" (for independent "E-M" (for noncommercial educational citions in the paper SA1-2 form.	basis under [sections s carried on a ute program)—if the a some other s. etc. Identify each nultistream air in its community incommercial ent), "I-M" I multicast). censed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Minburn Cablevision, Inc.

38306

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).

				1 0000 2000		0 :-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
		 -					
		L					
							
		ļ					
		l					

Accounting Perio	d: 2023/2					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#
Name	Minburn Cablevision, I	nc.					38306
	SUBSTITUTE CARRIAGE	: SPECIA	I STATEMEN	IT AND PROGRAM I OO	.		
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further						
Carriage:							
Special Statement and	Special During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program						
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 m	ust complete the progra	ım
	log in block 2.			,			
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in						g ation in. nth ely
	effect on October 19, 1976.				WHE	EN SUBSTITUTE	
	S		E PROGRAM	1	-	IAGE OCCURRED	7. REASON FOR DELETION
	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	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						†	
						<u> </u>	
						<u> </u>	

Accounting Period:	2023/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Minburn Cablevision, Inc.			S	**************************************
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the si (as identified in space E) during the accounting period. For a further explanatio 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.	ystem's se n of how to	condary transmocompute this a	amount, see	8,174.84 ross 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 the sepage (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	·	, ,	nis six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			•	
	Base amount under statutory formula	`		,	
	Enter amount of gross receipts from space K	\$	148,174.84	_	
	3. Subtract line 2 from line 1	\$	115,625.16	_	
	Enter the amount of gross receipts from space K		\$	148,174.84	
	5. Enter the amount from line 3		\$	115,625.16	
	6. Subtract line 5 from line 4		\$	32,549.68	
	7. Multiply line 6 by .005 (enter figure here)			\$	162.75
	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		\$	162.75
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	7,600)	
	Enter the amount of gross receipts from space K				
		\$	263,800.00	_	
	3. Subtract line 2 from line 1		,	_	
	4. Multiply line 3 by .01			_	
	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 DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	162.75	
Due	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			\$	182.75
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: vision, Inc.			SYSTEM ID# 38306				
M Channels	to its subscriber	nstructions: You must give (1) the number of channels on which the cable system carried television broadcast stations o its subscribers, and (2) the cable system's total number of activated channels during the accounting period.							
	system carried television broadcast stations								
	0 = 1								
	on which the	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services							
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou	HER INFORMATION IS NEEDED (Identify an inc unt.)	dividual to whom					
for Further	Name	Debra Lucht		Telephone	515-677-2264				
Information									
	Address	416 Chestnut Street, (Number, street, rural route, apart							
		Minburn, IA 50167							
		(City, town, state, zip)							
	Email	debl@minburno	comm.com	Fax (optional					
	CERTIFICATION (This statement of account m	ust be certified and signed in accordance with Co	ppyright Office regulations)					
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, but only one, of the boxes.)						
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system as	s identified in line 1 of space E	3; or				
			ation or partnership) I am the duly authorized age the owner is not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified				
		er or partner) I am an officer (in line 1 of space B.	if a corporation) or a partner (if a partnership) of the	e legal entity identified as owr	ner of the cable system				
		te, and correct to the best of m	hereby declare under penalty of law that all stateme y knowledge, information, and belief, and are made						
	ſ		X /s/ Debra Lucht						
			Enter an electronic signature on the line above to content signature using an "/s/ signature" (e.g., /s/ Jo						
		Typed or printed	d name: Debra Lucht						
		Title:	GM/CEO ttle of official position held in corporation or partnership)						
		Date:		2/29/2024					

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counting Period: 2023/2		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
nburn Cablevision, Inc.		38306
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLU The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of lowing sentence: "In determining the total number of subscribers and the gross amounts paid service of providing secondary transmissions of primary broadcast transmit scribers and amounts collected from subscribers receiving secondary trans For more information on when to exclude these amounts, see the note on page (v	P Special Statement Concerning Gross Receipts Exclusion	
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross made by satellite carriers to satellite dish owners? X NO	receipts for secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below.	\$	
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a resursor an explanation of interest assessment, see page (viii) of the general instruction		Q
Line 1 Enter the amount of late payment or underpayment	\$ -	Interest Assessment
	x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
	x 0 days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Elilo V Malliply line 2 by the hamber of days late and offer the sam here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-ra	, ,	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	atc.pur. To future assistance 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 sub- list below the owner, address, first community served, ID number, and accounting		
Owner		
Address		
ID number		
First community served		
Accounting period		

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