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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 2/29/2024 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	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
	Zito Midwest LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Zito Media
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 665
	(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915
	(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	IDENTIFICATION OF CABLE SYSTEM:
	Zito Media - Cameron TX
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, nural route, anartment, or suite number).
	Z (Number, street, rural route, apartment, or sulte number)
	(City, town, state, zip code)
L	

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 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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	Zito Midwest LLC	6046
	Instructions: List each separate community served by the cable system. A "con	
D Area Served	separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m city.	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Cameron	ТХ
Community	Cameron/Milam County	ТХ
Add Rows as Necessary		

		ABLE SYSTEM [.]						FORM SA1	TEM I		
Name Zito Midwest LLC								0.0	604		
Е	SECONDARY TRANSMISSION										
-	In General: The information in si system, that is, the retransmission			-	-						
Secondary	about other services (including p										
Fransmission	last day of the accounting period										
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					-				
Rates	each category by counting the nu										
	separately for the particular servi	ice at the rate i	ndicated-	-not the numb	er of sets	receiving serv	rice).	Ū			
	Rate: Give the standard rate c	-						-			
	unit in which it is generally billed. category, but do not include disc	•	,		standard	d rate variation	s within a	particular rate			
	Block 1: In the left-hand block				s of seco	ondary transmis	sion serv	ice that cable			
	systems most commonly provide										
	that applies to your system. Note			0		•					
	categories, that person or entity						•				
	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 I	-		•							
	printed in block 1 (for example, ti					,	<i>,</i> ,	, 0			
	with the number of subscribers a sufficient.	ind rates, in the	e right-han	a diock. A two	- or three	-wora descripti	on of the	Service IS			
		DCK 1					BLOO	CK 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	BVICE	NO. OF SUBSCRIBERS	RA		
	Residential:	JUBJURID	ERG	NATE	CAT	LOOKT OF 3L	RVICE	SUBSCRIBERS	IVA		
	Service to first set		28	86.08							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC					vour achla ave	tom'a oor	visco that ware			
F	In General: Space F calls for rat not covered in space E, that is, t		,	•							
-	service for a single fee. There ar										
Services	furnished at cost or (2) services										
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually bi	led. If any rate	es are cha	arged on a vari	able per-p	rogram basis,			
ransmissions:	Block 1: Give the standard rat		he cable s	ystem for each	n of the a	pplicable servi	ces listed.				
Rates	Block 2: List any services that	your cable sys	stem furnis	shed or offered	l during tl	ne accounting	period that	t 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) descrip										
		BLO						BLOCK 2			
	CATEGORY OF SERVICE	RATE		RY OF SERVI		RATE	CATE	GORY OF SERVICE	RA		
	Continuing Services:			on: Non-resid	lential						
	Pay cable Pay cable add'l channel		Mote	, notel nercial							
	Pay cable—add'l channel Eire protection		-								
	 Fire protection 		• Pay o	able-add'l cha	nnel						
	•Burdlar protection		i ray (uuiu-auu i uild	in i Ci						
	•Burglar protection		• Firo r	rotection							
	Installation: Residential	30.00		protection ar protection							
	Installation: Residential • First set	30.00	• Burgl	ar protection							
	Installation: Residential • First set • Additional set(s)	30.00 20.00	• Burgl Other se	ar protection rvices:		30.00					
	Installation: Residential • First set		• Burgl	ar protection rvices: nnect		30.00					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burgl Other se • Reco • Disco	ar protection rvices: nnect		30.00					

	LEON NAME OF STREET			OVOTEM					
Name	LEGAL NAME OF OWNER O	DF CABLE SYSTEM:		SYSTEM I 60					
	Zito Midwest LLC			80					
G Primary ransmitters: 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								
	basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	the page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over ration, an independent station, or a or network multicast), "I" (for indepa "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KCEN	6	N	Temple TX					
	KCEN	6.2	I	Temple TX					
	KXXV	25	N	Waco TX					
	KXXV	25.2	NM	Waco TX					
	KXXV	25.3	NM	Waco TX					
	KWTX	10	N	Waco TX					
	KTBC	7	N						
	KTBC	7	N F	Austin TX					
	KLRU	18.1	E	Austin TX Austin TX					
Down on Management	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU	18.1	E	Austin TX Austin TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					
Rows as Necessary	KLRU KNCT	18.1 46.1	E IM	Austin TX Austin TX Waco TX					

counting Period:	2023/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM I
Name	Zito Midwest LLC			60
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including em during the accounting period, except in effect on June 24, 1981, permitting th	(1) stations carried only on a part-tim	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis,	(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s : With respect to any distant stations c	1(e)(2) and (4))]; and (2) certain statio	ons carried on a
		rules, regulations, or authorizations: re in space G—but do list it in space I (t n a substitute basis.	he Special Statement and Program Lo	og)—if the
	basis. For further informati	also in space I, if the station was carrie ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p	, see page (v) of the general instructio	ns.
	multicast stream associate "WETA-2" as the same on	ed with a station according to its over-the	e-air designation. For example, report	t multistream
	of license. For example, V Column 3: Indicate in eac	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network	station, an independent station, or a r	noncommercial
	(for independent multicast	ering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), o terms, see page (iv) of the general instru	or "E-M" (for noncommercial education	
	Column 4: Give the locati	on of each station. For U.S. stations, list adian stations, if any, give the name of t	t the community to which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME O		CABLE 5	YSTEM:					SYSTEM I 60
	t every radio s	station ca	rried on a separate and disc nerally receivable by your cal					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G) it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing Sive the station	y the sys be recein the Co sign of e he station ion's sign g a chech n's location	I-Band FM Carriage: Under the whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. Inal was electronically process mark in the "S/D" column. In the community to which the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during ce ge (v) of the ge system as a se sed by the FC0) it can t ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the. and discrete	Primary Transmitters Radio
	AN4	0/5			AN4 === 1.4	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			
		·						
		+						
								
					+			
		·						
					+			
					<u> </u>			
					<u> </u>			
								
		+	+		+			

Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito Midwest LLC							6046
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	itions, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				J		<u></u>	
Special	 During the accounting per 	-			s, any nonnet	work telev	vision program	n
Statement and Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No'	' leave the	rest of this pao	e blank. If your answer is "	'Yes " vou mu	ist comple		
	log in block 2.	,	. eet et ane pag		, journe		to the program	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter	ce, please a of every nor distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast statio th and day ' e "5/7." s when the Example: a er "R" if the	add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, entel station broadca on's location (th ons, if any, the o when your syst e substitute pro- program carri- listed program	rows to the tables. ision program ("substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for progra	brogram") that d for the prog eral instruction in titles, for exa lo." m. station is licer station is iden brogram. Use cable system. 15 p.m. to 6:2 mming that y	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals, List the tin 8:30 p.m. s	ne accounting of another sta er informatio ove Lucy" or e FCC or, in , with the more mes accurate should be n was <i>require</i>	tion n. hth ly
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	is permitted to delete undel	r FCC rules a	nd regulat	ions in	
	s	UBSTITUT	E PROGRAM	L	WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
								+
								+
								+
							_	l
							_	

Accounting Period:	2023/2		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC		SY	STEM ID# 6046
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ary transmis pute this am	sion service nount, see	,871.86 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 e • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		3,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	6		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must	t pay for this	six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period		\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more that	an \$137,10	00)	
	1. Base amount under statutory formula \$ 263	<u> </u>		
	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)	····· <u> </u>		
	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 the second secon	han \$527,6	600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula \$ 263	3,800.00		
	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)		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
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form for more			is!

Accounting Period:	2023/2									FOR	RM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Midwest	OWNER OF CABLE SYSTEM: LLC									SYSTEM ID# 6046
M Channels	to its subscribe	You must give (1) the numbe ers, and (2) the cable system tal number of channels on wh ied television broadcast statio	's total nun nich the cal	umber able	r of activated cha	annels during t	he accountin	g period.	ns	10	
	on which the	al number of activated channer e cable system carried televis adcast services	sion broado							66	
N Individual to Be Contacted		O BE CONTACTED IF FUR t about this statement of acc		FORM	MATION IS NEEI	DED (Identify a	an individual	to whom			
for Further Information	Name	Teri McMullen						Telepho	ne 814-26	0-0434	
mormation	Address	PO Box 665 (Number, street, rural route, apa Coudersport PA 16 (City, town, state, zip)		suite nu	number)						
	Email	teri.mcmullen	@zitomed	edia.co	com		Fax (optional			
•	CERTIFICATION	(This statement of account i	must be ce	certifie	ed and signed in	accordance w	ith Copyright	Office regulations	5)		
O Certification		ed, hereby certify that (Check							_		
		er other than corporation or	-			-					
		nt of owner other than corpo in line 1 of space B and that cer or partner) I am an officer	the owner i	r is not	ot a corporation or	partnership; or	r		-		
	are true, compl	in line 1 of space B. d the statement of account an ete, and correct to the best of tion 1001(1986)]	-						in		
			X	(/s	ˈs/James Riga	as					
					ctronic signature o sure using an "/s/ si						
		Typed or print	ed name:	: J	James Rigas						
		Title:	Presi		nt sition held in corpora	ation or partnershi	ip)				
		Date:					02	/27/2024			

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

Inting Period: 2023/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Midwest LLC	604
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. \$ Name Name Mailing Address Name	P Special Statement Concerning Gross Receipts Exclusion
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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