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 COPYRIC	Return completed workbook by email to		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instructions are located in the first tab of this workbook.	1/29/24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period)) 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 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
		COMMUNICATION CONSTRUCTION SERVCES, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		4400 PGA BLVD. STE. 200
		(Number, street, rural route, apartment, or suite number)
		PALM BEACH GARDENS, FL 33410-6775 (City, town, state, zp)
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	(Number, street, rural route, apartment, or suite number)
	1	FORT JOHNSON (POLK), LA
	1	

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 filing, a determination that would be made by a court of law.

Name		SYSTEM ID#							
	COMMUNICATION CONSTRUCTION SERVCES, INC.	62120							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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 know 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 m identified city.	obile home parks should be reported in parentheses below the							
First	CITY OR TOWN FORT JOHNSON (POLK)	LA STATE							
Community									
ows as Necessary									

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	COMMUNICATION CONSTRUCTION SERVCES, INC.									
Е	SECONDARY TRANSMISSION									
_	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									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period	l (June 30 or D	ecemb	er 31, as the ca	ase may be	e).				
Service: Sub-	Number of Subscribers: Both	•								
scribers and Rates	down by categories of secondar each category by counting the n									
Nates	separately for the particular serv							scharged		
	Rate: Give the standard rate of									
	unit in which it is generally billed					ard rate variation	ns within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					condary transmi	esion servi	ce that cable		
	systems most commonly provide			-						
	that applies to your system. Not									
	categories, that person or entity									
	subscriber who pays extra for ca first set" and would be counted of					d in the count u	nder "Servi	ce to the		
	Block 2: If your cable system					service that are	e different f	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-l	nand block. A t	wo- or thre	e-word descript	tion of the	service is		
	sufficient.			BLOCK	(2					
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		20	39.50						
	Service to additional set(s)									
	• FM radio (if separate rate)		•							
	Motel, hotel Commercial		0							
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra									
•	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									
Services	5	•			•		0 (,		
Other Than	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,									
Secondary	enter only the letters "PP" in the rate column.									
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									
	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	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:		Install	ation: Non-res	sidential					
	• Pay cable	12.95	• Mo	tel, hotel						
	Pay cable—add'l channel	13.50	• Co	mmercial						
	 Fire protection 			y cable						
	•Burglar protection			y cable-add'l cl	nannel					
	Installation: Residential	_		e protection						
	• First set	50.00		rglar protection	I					
	 Additional set(s) FM radio (if separate rate) 			services:						
	In the second s		•Re	connect						
	,									
	Converter			connect						
	,		• Ou	connect tlet relocation ve to new addr						

	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM					
ne	COMMUNICATION CONSTRUCTION SERVCES, INC.								
	PRIMARY TRANSMITTERS: TELEVISION								
ary hitters: ision	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. 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 (iv) of the general instructions in the paper								
		adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION						
	1. CALL SIGN	2. B GAGT GHAMMEE NOMBER	0. THE OF OTATION	4. LOCATION OF STATION					
	1. CALL SIGN	29	N	4. LOCATION OF STATION					
≥cessary	КУНР	29	N	LAKE CHARLES, LA					
ecessary	KVHP KLAX	29 31	N	LAKE CHARLES, LA ALEXANDRIA, LA					
ecessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
Vecessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
lecessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
lecessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
lecessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					
Necessary	KVHP	29	N	LAKE CHARLES, LA					
	KLAX	31	N	ALEXANDRIA, LA					
	KLPA	25	N	ALEXANDRIA, LA					
	KLFY	10	N	LaFAYETTE, LA					

EGAL NAME OF			ICTION SERVCES, INC.					SYSTEM I 621
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t	it is carried by monitoring, to rmation about m. entify the call tate whether t the radio stat this by placing	y the sys be rece at the Co sign of the static ion's sig g a chec	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	t the system's he system's FM ant his point, see pa ed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a s	2) it can ærtain s eneral ir eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitters Radio
			the community with which the			,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
·							·	
·								

Accounting Perio	od: 2023/2						FORM	I SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	COMMUNICATION CO	NSTRUC	TION SERVO	CES, INC.				62120
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 	-			sis. anv nonr	etwork tel	levision proa	am
Statement and Program Log	broadcast by a distant sta		,	<i>,</i>	, ,		YES	× NO
Program Log	5				<i></i>		-	
	Note: If your answer is "No	," leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	plete the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subs			ate line. Use abbreviations	wherever po	ossible, if t	their meaning	ı is
	clear. If you need more spa					,		,
				/ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				1 /	,	
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		ensed by	the FCC or.	in
	the case of Mexican or Car							
		•	when your sy	stem carried the substitute	program. Us	se numera	als, with the m	nonth
	first. Example: for May 7 gr		e substitute pr	ogram was carried by your	cable eveter	n liettha	times accur	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."	·			•			
				n was substituted for progr				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	• •	, ,					
	S	UBSTITUT	E PROGRAM			N SUBST 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	6. FROM	TIMES — TO	DELETION
						-		
		+						
							_	
			<u> </u>					
				. <u>.</u>				

Accounting Period:	2023/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Hame	COMMUNICATION CONSTRUCTION SERVCES, INC.		62120
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	oss receipts)
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 \$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 the accounting period is \$52.00.	his six-month	
	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 than \$137,1		
	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		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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	
	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 # 27BDFNV7		
	Important: 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 mo		

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	CES, INC.			SYSTEM ID# 62120
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number of ch s, and (2) the cable system's total number of channels on which the television broadcast stations number of activated channels able system carried television bro ast services	Il number of a ne cable 	ctivated channels during the a	accounting period.	5 65
N Individual to		BE CONTACTED IF FURTHER about this statement of account.)	RINFORMAT		individual	
Be Contacted for Further Information	Name	Timothy Natole			Telephone	561-775-1208
	Address	4400 PGA Blvd., Ste 20 (Number, street, rural route, apartment	it, or suite numb			
		Palm Beach Gardens, F (City, town, state, zip)		6775		
	Email	thatole@corp.warr			Fax (optional)	
O Certification	I, the undersign X (Owne	ed, hereby certify that (Check one, r other than corporation or parti t of owner other than corporation	, <i>but only one</i> , nership) I am	of the boxes.) the owner of the cable system	n as identified in line 1 of space	e B; or
	(Offic in • I have examine	ine 1 of space B and that the owne er or partner) I am an officer (if a ine 1 of space B. I the statement of account and her e, and correct to the best of my kn on 1001(1986)]	corporation) o	or a partner (if a partnership) o under penalty of law that all sta	tements of fact contained here	
		Ent	iter an electror	m Evard nic signature on the line above to Ising an "/s/ signature" (e.g., /s/		
			xec. VP	Evard		
		(Title of officia Date:	al position held ir	corporation or partnership)	01/29/2024	

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ccounting Period: 2	2023/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID#
OMMUNICATIO	ON CONSTRUCTION SERVCES, INC.	62120
The Satellite He lowing sentence "In deter service of scribers For more inform	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of 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." nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
YES Enter	the total here and list the satellite carrier(s) below	
Name		
Mailing Address	Mailing Address	
For an explana	blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 1 Enter th	ne amount of late payment or underpayment	
Line 2 Multiply	<pre>/ line 1 by the interest rate* and enter the sum here</pre>	
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	
	e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community	/ served	
Accounting per	iod	

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