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

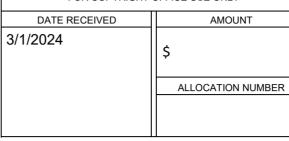
Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20232 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.	62970
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CCI Systems, Inc. (FKA Cable Constructors Inc)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Astrea	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 190 (Number, street, rural route, apartment, or suite number)	
		Iron Mountain, MI 49801	
		(City, town, state, zip)	
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or sulte 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 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.

Accounting Period:	2023/2	FORM SA1-2E. PAGE 1b.							
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CCI Systems, Inc. (FKA Cable Constructors Inc) 62970								
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
Served									
	CITY OR TOWN	STATE							
First Community	Bonduel Krakow	WI WI							
connunty	Nichols	WI							
Add Rows as Necessary									

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)								
	COI Systems, IIIC. (FRA		irucio	S IIIC)					6297
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission			-					
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and									
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c	-	-	•			-		
	unit in which it is generally billed. category, but do not include disc				ly standard		wumnapa		
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categor					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			•		•			
	subscriber who pays extra for ca								
	first set" and would be counted o						different for	and the sec	
	Block 2: If your cable system I printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.	2014			1		DI OOI	()	
	BLO			BLOCK	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		110	60.00		eferred Choice			80.
	Service to additional set(s)				Premie	r Plus		21	100.0
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC						emale eemi	and that want	
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 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.								
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.							form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEG	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			tion: Non-res			CATEG	SIT OF SERVICE	1.41
	• Pay cable	18.95	• Mot	el, hotel			Showti	me & TMC	14.9
	• Pay cable—add'l channel	11.95	• Con	nmercial			Stars 8	Encore Tier	12.9
	Fire protection		• Pay	cable			HBO &	Cinemax Tier	27.9
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set			glar protection					
	 Additional set(s) 			ervices:					ļ
	• FM radio (if separate rate)			onnect					
	• Converter			connect					
	1		• Out	et relocation					l
			4 -	e to new addr	~~~				

	LEGAL NAME OF OWNER O	DE CABLE SYSTEM		SYSTEM II					
lame	CCI Systems, Inc. (FKA Cable Constructors Inc)								
	CCI Systems, Inc. (FKA Cable Constructors Inc) 629 PRIMARY TRANSMITTERS: TELEVISION								
G smitters: evision	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), 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 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, or a noncommercial educational station, by entering the letter "N" (for network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network stations in the paper SA1-2 form. Column 4 : Give the location of each station. For U.S. stations, iist the community to which the station at licensed by the								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION								
	WBAY	8	N	Green Bay, WI					
	WBAY HD	642	N	Green Bay, WI					
lecessary	WBAY HD	<u>642</u>	N	Green Bay, WI					
	WFRV	5	N	Green Bay, WI					
ecessary									
lecessary	WFRV	5	N	Green Bay, WI					
lecessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
ecessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
lecessary	WFRV WFRV HD WCWF WCWF HD	5 640 10 644	N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI					
Necessary	WFRV WFRV HD WCWF WCWF HD WEUX	5 640 10 644 11	N N N N N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI					
s Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
s Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
s Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
is Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
s Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
s Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
is Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
s Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
is Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
as Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
is Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
as Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					
as Necessary	WFRV	5	N	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	N	Green Bay, WI					
	WCWF HD	644	N	Green Bay, WI					
	WEUX	11	N	Green Bay, WI					

Accounting F	Period: 2023	/2					FORM	M SA1-2E. PAGE 4
LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)						SYSTEM ID# 62970		
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
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: Co	i it is carried b monitoring, to ormation abou rm. dentify the call tate whether t the radio stat this by placing Sive the station	y the sys be recein at the Co sign of e the station ion's sign g a check n's location	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. hal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c uge (v) of the g system as a se sed by the FC) it can t ertain sta eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					· 			
					·			
					1	†		

Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5.			
Nama	LEGAL NAME OF OWNER OF			SYSTEM ID#							
Name	CCI Systems, Inc. (FKA	A Cable C	onstructors	Inc)				62970			
I	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac	fy every non ccounting pe	network televisi riod, under spe	<i>on program,</i> broadcast by a cific present and former FC	a <i>distant</i> statio C rules, regula	tions, or au	thorizations.	For a further			
Substitute 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	• During the accounting period, did your cable system carry, on a substitute basis, any poppetwork television program										
Statement and											
Program Log	broadcast by a distant station?										
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.		Me								
	clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad 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 to delete under FCC rules a	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									
		E PROGRAM	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS		7. REASON FOR						
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO				
		+					_				
							_				
							_				
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							_				
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Accounting Period:	2023/2	FORM SA1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 62970						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you parall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tr (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ansmission service						
L Copyright Royalty Fee								
	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 accounting period is \$52.00	r for this 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 \$137,100)							
	1. Base amount under statutory formula \$ 263,800	0.00						
	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	0.00						
	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	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 the See page i of the general instructions in the paper SA1-2 form for more info							

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Inc. (FKA Cable Construc	tors Inc)		SYSTEM ID# 62970
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system's	total nur ch the ca ns els on broade	cast stations	counting period.	4
N Individual to Be Contacted		O BE CONTACTED IF FURT t about this statement of acco		ORMATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name	Kelly Tuttle			Telephone	906-776-2662
	Address	105 Kent St. (Number, street, rural route, apar Iron Mountain, MI 49 (City, town, state, zip)		uite number)		
	Email	kelly.tuttle@cc	sytems.	com	Fax (optional 906-828-3289)
O	I, the undersign (Own (Ager X (Offic I have examine- are true, completed	ed, hereby certify that (Check of er other than corporation or p nt of owner other than corpor in line 1 of space B and that th cer or partner) I am an officer in line 1 of space B. d the statement of account and	ne, <i>but of</i> partnersh ation or p he owner (if a corpo hereby do hy knowle <u>X</u> Enter ar	ip) I am the owner of the cable system as partnership) I am the duly authorized ager is not a corporation or partnership; or pration) or a partner (if a partnership) of the eclare under penalty of law that all stateme dge, information, and belief, and are made /s/ Jacob Mulaikal n electronic signature on the line above to ce gnature using an "/s/ signature" (e.g., /s/ Jol	identified in line 1 of space B; nt of the owner of the cable sy legal entity identified as owner ints of fact contained herein in good faith.	stem as identified
		Typed or printe Title: (Т	CFO	Jacob Mulaikal		
		Date:			2/8/24	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Systems, Inc. (FKA Cable Constructors Inc)	62970
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? NO YES. Enter the total here and list the satellite carrier(s) below. Name	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum 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	_
* 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	

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