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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
-	ary Transmissions by	DATE RECEIVED	AMOUNT		
Cable Syste	ems (Short Form)		\$	For additional information,	
General instru	uctions are located	02/19/2024		contact the U.S. Copyright Office Licensing Division at:	
in the first tab	o of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
				1	
Α					
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (	YYY/(Period))		
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	2023/2				
		Barcode Data Filing Period (option	al - see instructions)		
Accounting		1			
Period					
	Instructions:				
В	Give the full legal name of the owner of title of the subsidiary, not that of the particular title of the subsidiary.		osidiary of another corporation, give the full	corporate	
Owner	List any other name or names under whi	ch the owner conducts the business o	f the cable system.		
	If there were different owners during the single statement of account and royalty		n the last day of the accounting period shoul	d submit a	
				63172	
	Check here if this is the system's first fili	ng. If not, enter the system's ID numb	er assigned by the Licensing Division.		
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	М		
	FARMERS MUTUAL COOPERATIV	E TELEPHONE COMPANY OF M	OULTON IA		
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	IT)		
	FARMERS MUTUAL COMMUNICAT	TIONS			
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM			
	PO BOX 38 (Number, street, rural route, apartment, or suite i	number)			
	MOULTON, IA 52572	-			
	INSTRUCTIONS: In line 1, give any busi	iness or trade names used to id	entify the business and operation of t	he system unless these	
С	names already appear in space B. In line		,		
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	FARMERS MUTUAL COM				
	MAILING ADDRESS OF CABLE SYSTEM	л:			
	2 PO BOX 38 Number, street, rural route, apartment, or suite	number)			
	MOULTON, IA 52572 (City, town, state, zip code)				
1	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF	
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated con- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
First	CITY OR TOWN MOULTON	STATE IA
First Community	BLOOMFIELD	
,	UDELL	IA III
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	
Name	FARMERS MUTUAL CO			EPHONE C			τον ια	010	6317
Е	SECONDARY TRANSMISSION						<b>.</b>		
	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-	Number of Subscribers: Bot	•							
scribers and Rates	down by categories of secondar each category by counting the n								
	separately for the particular serv							e enalgea	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc					rd rate variatior	ns within a	particular rate	
	Block 1: In the left-hand block					ondary transmi	ssion servi	ice that cable	
	systems most commonly provide	e to their subso	ribers.	Give the numb	er of subse	cribers and rate	for each li	sted category	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca					•••	•		
	first set" and would be counted of						idel Selv		
	Block 2: If your cable system	0			· · ·	service that are	e different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-r	hand block. A t	wo- or thre	e-word descrip	tion of the	service is	
		OCK 1					BLOC	٢2	
		NO. OF		RATE	CAT			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RAIE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		147	95.00					
	Service to additional set(s)		167	6.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cable sv	stem's ser	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There a	re two exceptio	ons: you	do not need to	o give rate	information cor	cerning (1	) services	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any f	ates are cr	larged on a var	lable per-p	orogram basis,	
ransmissions:	Block 1: Give the standard rat	te charged by							
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a brief (two- or three-word) description	• •			ished. List	these other ser	vices in th	e form of a	
		BLO RATE				DATE		BLOCK 2 ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:	RAIE		GORY OF SER		RATE	CATEG	ORT OF SERVICE	RAT
	Pay cable			tel, hotel	naemua				
	Pay cable—add'l channel			mmercial					
	Fire protection			/ cable					
	•Burglar protection		-	/ cable-add'l cł	nannel				
	Installation: Residential		• Fire	e protection					
	• First set		• Bur	glar protection	I				
	<ul> <li>Additional set(s)</li> </ul>		Other	services:					
		1	• Red	connect					
	<ul> <li>FM radio (if separate rate)</li> </ul>			Johneot					
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect					
	, , ,		• Dis						

nting Period: 2	-			FORM SA1-2E. PAG				
Name				SYSTEM 631				
	PRIMARY TRANSMITTERS:		MPANY OF MOULION IA					
G rimary ismitters: levision	<ul> <li>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 76.63(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</li> <li>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:</li> <li>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.</li> <li>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.</li> <li>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</li> <li>"WETA-2" as the same on the form.</li> <li>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.</li> <li>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"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li></ul>							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KTVO	3.1	N	KIRKSVILLE MO/OTTUMWA IA				
	ктуо	3.2	N	KIRKSVILLE MO/OTTUMWA IA				
Necessary	KCCI	8	N	DES MOINES IA				
vcccssa.,	KCCI	8.1	N	DES MOINES IA				
	KCCI	8.2	N-M	DES MOINES IA				
	KDIN	11		DES MOINES IA				
	KDIN	11.1	I-M	DES MOINES IA				
	KDIN	11.2	I-M	DES MOINES IA				
	KDIN	11.3	I-M	DES MOINES IA				
	KDIN	11.4	I-M	DES MOINES IA				
	WHO	13	N	DES MOINES IA				
	WHO	13.1	N-M	DES MOINES IA				
	KDSM	17	N	DES MOINES IA				
	KDSM	17.1	N	DES MOINES IA				
	KDSM	17.2	N-M	DES MOINES IA				
	KDSM	17.3	N-M	DES MOINES IA				
	KDMI	19	N-M	DES MOINES IA				
	KFPX	39	N	DES MOINES IA				

Accounting F	Period: 2023	6/					FORM	SA1-2E. PAGE 4
LEGAL NAME (	OF OWNER O	F CABLE	E SYSTEM:					SYSTEM ID#
FARMERS	MUTUAL C	COOPE	RATIVE TELEPHONE	COMPANY C	OF MOULT	ON IA		63172
PRIMARY TR								
			n carried on a separate and					н
all-band basis	whose signa	als were	e generally receivable by yo	our cable syste	m during the	accour	nting	
Special Instru	uctions Con	cerning	g All-Band FM CarriageUr	nder Copyright	Office regula	ations, a	n FM signal is general	Primary
			system whenever it is rece					Transmitters:
			eceived at the headend, wi					Radio
paper SA1-2 f		out the	Copyright Office regulation	ons on this point	t, see page (	v) of th	e general instructions	
		call sign	of each station carrie					
Column 2:	State whethe	er the st	tation is AM or F					
			signal was electronically p		e cable syste	em as a	separate and d	
			heck mark in the "S/D" colu			h., 4h a 1	TOO on in the	
			cation (the community to w iny, the community with wh			by the I	-CC or, in the (	
Mexican of Ca	anaulan stati	0115, 11 6	ing, the continuinty with with					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio	d: 2023/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	FARMERS MUTUAL C	OOPERA	TIVE TELEF	HONE COMPANY OF		AI A		63172
	SUBSTITUTE CARRIAG	-	-					
Substitute	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	authorization	ns. For a further
Carriage: Special	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syster	n carry, on a substitute ba	asis, any nonr	network telev	vision progr	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comple	ete the prog	
	log in block 2.							
	2. LOG OF SUBSTITUTE			ate line. Use abbreviation	s wherever n	ossible if th	eir meaning	ı ie
	clear. If you need more spa				s wherever p			J 15
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitut				
	"NBA Basketball: 76ers vs.			List speeine progr		Mampio, 11		
				er "Yes." Otherwise enter				
						anaad by th		in .
							s, with the m	nonth
	first. Example: for May 7 gi							
								ately
	stated as "6:00–6:30 p.m."	Example.	a program can	ned by a system norm o.0	1. 15 p.m. to d	.20.30 p.m.	should be	
		er "R" if the	listed prograr	n was substituted for prog	ramming that	your syster	m was <i>requ</i> i	ired
					stitute program") that, during the accounting patituted for the programming of another station are general instructions for further information.         inter "No."         program.         ch the station is licensed by the FCC or, in ch the station is identified).         stitute program. Use numerals, with the month         / your cable system. List the times accurately         16:01:15 p.m. to 6:28:30 p.m. should be         programming that your system was <i>required</i> period; enter the letter "P" if the listed program e under FCC rules and regulations in         WHEN SUBSTITUTE         CARRIAGE OCCURRED         5. MONTH         6. TIMES			
	effect on October 19, 1976	•	your system w	as permitted to delete une	der FCC rules	and regula	tions in	
		•			y, on a substitute basis, any nonnetwork television program YES NO ank. If your answer is "Yes," you must complete the program e. Use abbreviations wherever possible, if their meaning is to the tables. program ("substitute program") that, during the accounting able system substituted for the programming of another station are page (v) of the general instructions for further information. " List specific program titles, for example, "I Love Lucy" or s." Otherwise enter "No." g the substitute program. mmunity to which the station is licensed by the FCC or, in nunity with which the station is identified). carried the substitute program. Use numerals, with the month a was carried by your cable system. List the times accurately y a system from 6:01:15 p.m. to 6:28:30 p.m. should be substituted for programming that your system was <i>required</i> the accounting period; enter the letter "P" if the listed program rmitted to delete under FCC rules and regulations in WHEN SUBSTITUTE CARRIAGE OCCURRED 5. MONTH 6. TIMES 7. REASON FOR DELETION			
	S	UBSTITUT	E PROGRAM	1				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION				DELETION
							_	
						_		
					] [	-	_	
						_	_	
							_	
							_	

Accounting Period:	2023/2 FORM SA1-2E. PAGE 6
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA         63172
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
	COPYRIGHT ROYALTY FEE
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$ 263,800.00
	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
	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
	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
	EFT Trace # or TRANSACTION ID # 76639202352
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2023/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA	SYSTEM ID# 63172
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations	112
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	222
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name TAMMY WHEELER Telephone	641-642-3249
	Address 208 S MAIN ST; PO BOX 38 (Number, street, rural route, apartment, or suite number) MOULTON, IA 52572 (City, town, state, zip)	
	Email tammywheeler@fmcfiber.com Fax (optional) 641-642-396	6
•	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	1
	X /s/ Tammy S. Wheeler	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: <b>Tammy S. Wheeler</b>	
	Title: General Manager (Title of official position held in corporation or partnership)	
	Date: 2/19/24	

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	2023/2	FORM SA1-2E. PAGE
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID
RMERS MUT	UAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA	6317
The Satellite H lowing sentend "In dete service scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS lome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- be: prmining 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- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
	paper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
YES. Ente	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name       Mailing Address	
INTEREST	ASSESSMENT	
	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter	the amount of late payment or underpayment	Interest Assessmen
	y line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multipl	x	Interest Assessmer
Line 2 Multipl Line 3 Multipl Line 4 Multipl	y line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multipl Line 3 Multipl Line 4 Multipl in spac * To view t	y line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th	y line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th NOTE: If you a	y line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th NOTE: If you a	y line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th NOTE: If you a list below the co Owner	y line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th NOTE: If you a list below the o Owner Address	x	Interest Assessmer

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 th 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.