This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/24/2025	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

	1							
Α	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	[2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
		nstructions:						
В	(Sive 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	ι	ist 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						
	ı	Midcontinent Communications						
	ı	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	l l	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 5040 Number, street, rural route, apartment, or suite number)						
		Sioux Falls, SD 57117-5040						
	(City, town, state, zip)						
С		JCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	4 I	DENTIFICATION OF CABLE SYSTEM:						
		Canby, MN						
	ľ	MAILING ADDRESS OF CABLE SYSTEM:						
		PO Box 5040 Number, street, rural route, apartment, or suite number)						
	,	Sioux Falls, SD 57117-5040						
	. (City, town, state, zip code)						

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

Accounting Period:	2024/2						
		FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Midcontinent Communications	453					
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						
Area	ity.						
Served	CITY OR TOWN	OTATE					
 .		STATE					
First Community	Canby	MN					
Community	Ghent	MN					
	Minneota	MN					
Add Rows as Necessary	Porter	MN					
	Taunton	MN					
	St Leo	MN					
	Clarkfield	MN					
	Sacred Heart	MN					
	Renville	MN					

Accounting Period: 2024/2 FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

SYSTEM ID# 453

E

Secondary

Transmission Service: Sub-

scribers and

Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient

BLG	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	597	30.00	Business Accounts	36	30.00
Service to additional set(s)			High Def Converter	710	3.00
• FM radio (if separate rate)			Nursing Homes	10	83.00
Motel, hotel	30	9.00			
Commercial	44	83.00			
Converter	711	3.00			
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RA1		
Continuing Services:		Installation: Non-residential			
Pay cable	16.00	Motel, hotel	499.00	Cinemax	16
 Pay cable—add'l channel 		Commercial	499.00	Digital 1	10
 Fire protection 		• Pay cable		Showtime	16
 Burglar protection 		Pay cable-add'l channel		Starz!&Encore	16
Installation: Residential		Fire protection		TMC	16
• First set	50.00	Burglar protection		Digital Variety	4
 Additional set(s) 	25.00	Other services:		Digital Espanol	5
 FM radio (if separate rate) 		Reconnect	150.00	Dig Sports&Variety	11
Converter		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications PRIMARY TRANSMITTERS: TELEVISION

453

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
KELO-DT	11	N	SIOUX FALLS, SD (CBS)
KMSP-DT	9	l	MINNEAPOLIS, MN (FOX)
KSTP-DT	35	N	ST PAUL, MN (ABC)
KSFY-DT	13	N	SIOUX FALLS, SD (ABC)
KWCM-DT	10	E	APPLETON, MN (PBS)
WCCO-DT	32	N	MINNEAPOLIS, MN (CBS)
WFTC-DT	9.2	l	MINNEAPOLIS, MN (MNT)
WUCW-DT	22	l	MINNEAPOLIS, MN (CW)
KMSP-DT4	9.4	I-M	MINNEAPOLIS, MN (BUZZR)
WFTC-DT4	9.3	I-M	MINNEAPOLIS, MN (MOVIES)
WFTC-DT7	9.7	I-M	MINNEAPOLIS,MN(WEATHER)
WCCO-DT3	32.3	I-M	MINNEAPOLIS, MN (DABL)
KARE-DT3	11.3	I-M	MINNEAPOLIS, MN (TrueCrime)
WCCO-DT2	32.2	I-M	MINNEAPOLIS, MN (START TV)
KSTP-DT7	35.7	I-M	MINNEAPOLIS, MN (HEROES)
KARE-DT4	11.4	I-M	MINNEAPOLIS, MN (QUEST)
KEYC-DT	12.1	N	MANKATO, MN (CBS)
KTCA-DT2	34	E	ST PAUL, MN (PBS)
WUCW-DT2	23.2	I-M	MINNEAPOLIS, MN (COMET)
WUCW-DT3	23.3	I-M	MINNEAPOLIS, MN (CHARGE)
WUCW-DT4	23.4	I-M	MINNEAPOLIS, MN (TBD TV)
KSTC-DT	30	l	MINNEAPOLIS, MN (IND-45)
KMSP-DT5	9.5	I-M	MINNEAPOLIS, MN(THE GRIO)
KMSP-DT6	9.6	I-M	MINNEAPOLIS, MN (CATCHY COM)

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Midcontinent Communications** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KONC-DT **ALEXANDRIA, MN (TCT)**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

453

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

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 Period: 2024/2 FORM SA1-2E. PAGE 5.								
Name	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID# 453
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							For a further 2 form. NO T X NO T tion n.
	effect on October 19, 1976. S 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		URRED TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	TO	

Accounting Period:	2024/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications			S	YSTEM ID# 453
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ystem's seen of how to	condary transmi compute this a	ssion service mount, see	6,910.27
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than formation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	ı must pay for thi	is six-month	
	Line 1. Royalty fee for accounting period				
	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 lin-	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			-	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	\$	156,910.27		
	3. Subtract line 2 from line 1	\$	106,889.73		
	Enter the amount of gross receipts from space K		\$ 1	56,910.27	
	5. Enter the amount from line 3		\$ 1	06,889.73	
	6. Subtract line 5 from line 4		\$	50,020.54	
	7. Multiply line 6 by .005 (enter figure here)			\$	250.10
	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		\$	250.10
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but I	ess than \$527,	,600)	
	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				
	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 DUI	F			
	TENOTE TOTAL NEWTHANGE DU	_			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	250.10	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	270.10
			· = = = =	T	
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-				nts!

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.	
Name		WNER OF CABLE SYSTEM: Communications				SYSTEM ID# 453	
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.						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services						
N Individual to Be Contacted		about this statement of accor		RMATION IS NEEDED (Identify an ind			
for Further Information	Name	Rachel Meyer	• CTE 7	00	Telephone	952-844-2655	
	Address	3600 Minnesota Driv (Number, street, rural route, apart Edina, MN 55435	ment, or suite	number)			
	Email	(City, town, state, zip) rachel.meyer@	midco.com	1	Fax (optional		
	CERTIFICATION (This statement of account m	ust be certif	fied and signed in accordance with Co	pyright Office regulations)		
O Certification	• I, the undersigne	d, hereby certify that (Check o	ne, <i>but only</i>	one, of the boxes.)			
	(Owne	r other than corporation or p	artnership)) I am the owner of the cable system as	identified in line 1 of space E	3; or	
				rtnership) I am the duly authorized ager not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified	
		er or partner) I am an officer (in line 1 of space B.	if a corporat	tion) or a partner (if a partnership) of the	legal entity identified as owr	ner of the cable system	
		te, and correct to the best of m		are under penalty of law that all stateme e, information, and belief, and are made			
	l		X	/s/ Rachel Meyer			
				lectronic signature on the line above to ce ature using an "/s/ signature" (e.g., /s/ Jo			
		Typed or printed	d name:	Rachel Meyer			
		Title:		or of Programming position held in corporation or partnership)			
		Date:			2/13/2025		

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counting Period: 2024/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communications	453
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXC The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), lowing sentence: "In determining the total number of subscribers and the gross amounts posservice of providing secondary transmissions of primary broadcast transmissioners and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmissioners and amounts collected from subscribers receiving secondary transmissions of primary broadcast tra	paid to the cable system for the basic mitters, the system shall not include subansmissions pursuant to section 119." Special Statement Concerning Gross Receipts Exclusion e (vii) of the general instructions sess receipts for secondary transmissions
Name Mailing Address Mailing Address	SS
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a reference of interest assessment, see page (viii) of the general instruction.	tions located in the paper SA1-2 form.
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays
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	(interest charge)
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 slist below the owner, address, first community served, ID number, and accounting Owner Address	
ID number	
First community served Accounting period	

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