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								
02/27/2018	\$ 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

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20172 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
С		RUCTIONS: 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	1	IDENTIFICATION OF CABLE SYSTEM:
	-	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite 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 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 sufficiency of the fling, a determination that would be made by a court of law.

	I	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	TDS Broadband Service LLC	36
_	Instructions: List each separate community served by the cable system. A "con	
D	"a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	obile home parks should be reported in parentheses below the
Served	identified city.	
	OLTIV OR TOWN	OTATE
-	CITY OR TOWN MADRAS	STATE
First Community		OR
Community	METOLIUS	OR
	CULVER	OR
Rows as Necessary	CROOKED RIVER RANCH	OR
	I	

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID# 3651

Е

Secondary Transmission Service: Subscribers 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:	SUBSURIBERS	RAIE	CATEGORT OF SERVICE	SUBSURIBERS	RAIL				
 Service to first set 	1,103	29.49							
Service to additional set(s)									
 FM radio (if separate rate) 									
Motel, hotel	45	29.49							
Commercial	46	29.49							
Converter									
Residential	1,103	1.95							
Non-residential	91	1.95							
		T			T				

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	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
 Pay cable 	16.15	Motel, hotel	32.00			
 Pay cable—add'l channel 	8.60	Commercial	32.00			
 Fire protection 		• Pay cable				
Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection		ĺ		
 First set 	32.00	Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	19.20	ĺ		
Converter		Disconnect				
		Outlet relocation	29.00			
		Move to new address	15.00			

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3651

4. LOCATION OF STATION

TDS Broadband Service LLC

1. CALL SIGN

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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.

2. B'CAST CHANNEL NUMBER

II O/IEE OIOII	21 B ONOT OTHER REPORTED	611112 61 611111611	41 200/(1101) 01 01/(1101)
KATU	2.1	N	Portland, OR
KATU-DT2	2.2	N-M	Portland, OR
KATU-DT3	2.3	N-M	Portland, OR
KATU-DT4	2.4	N-M	Portland, OR
KOHD	51.1	N	Bend, OR
KOIN	6.1	N	Portland, OR
KOIN-DT2	6.2	N-M	Portland, OR
KOIN-DT3	6.3	N-M	Portland, OR
KPTV	12.1	N	Portland, OR
KPTV-DT2	12.2	N-M	Portland, OR
KPTV-DT3	12.3	N-M	Portland, OR
KGW	8.1	N	Portland, OR
KGW-DT2	8.2	N-M	Portland, OR
KGW-DT3	8.3	N-M	Portland, OR
KTVZ	21.1	N	Bend, OR
KTVZ-DT2	21.2	N-M	Bend, OR
KPDX	49.1	<u> </u>	Portland, OR
KPDX-DT2	49.2	I-M	Portland, OR
KPDX-DT3	49.3	I-M	Portland, OR
KPDX-DT4	49.4	I-M	Portland, OR
KOAB	3.1	E	Bend, OR
KOAB-DT2	3.2	E-M	Bend, OR
KOAB-DT3	3.3	E-M	Bend, OR
KQRE-LD	19.1	<u> </u>	Bend, OR
KUNP-LD	47.1	l	Portland, OR

3. TYPE OF STATION

Add Rows as Necessary

Name	TDS Broadband Serv	ice LLC			365					
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Transmitters: Television	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.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KUNP-DT2	47.2	I-M	Portland, OR						
	KUNP-DT3	47.3	I-M	Portland, OR						

FORM SA1-2E. PAGE 3.

SYSTEM ID#

Accounting Period: 2017/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

3651

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
N/A							
IN/A	 						
	 						
							
	 						
		 					
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ccounting Period: 2017/2 FORM SA1-2E. PAGE 5.												
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#				
- Humo	TDS Broadband Service	ce LLC						3651				
 Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or a	uthorizations.	For a further				
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork 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.											
	2. LOG OF SUBSTITUTE PROGRAMS 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 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in											
					1 14/11/	TN CURCT	ITLITE					
	S	SUBSTITUT	TE PROGRAM	1		EN SUBST RIAGE OCC		7. REASON FOR				
	TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>					
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nting Period: 201	EGAL NAME OF OWNER OF CABLE SYSTEM:					SA1-2E. PAGE SYSTEM II							
Namo	TDS Broadband Service LLC					36							
K a	GROSS RECEIPTS nstructions: The figure you give in this space determines the feall amounts (gross receipts) paid to your cable system by subscas identified in space E) during the accounting period. For a fur page (vii) of the general instructions located in the paper SA1-2 Gross receipts from subscribers for secondary transmission	ribers for the ther explanat form.	system's	secondary tran	smission serv	ice							
ı	during the accounting period					36,329.51 gross receipts)							
L Ins	DPYRIGHT ROYALTY FEE structions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Jse block 1 if the amount of gross receipts in space K is \$137,1 Jse block 2 if the amount of gross receipts in space K is more the block 3 if the amount of gross receipts in space K is more the page (vi) of the general instructions located in the paper SA1-2 for	han \$137,100 han \$263,800) but less t	than \$527,600	o \$263,800								
	BLOCK 1: GROSS RECEIF	PTS OF \$137	7,100 OR	LESS									
	nstructions: As a cable system with gross receipts of \$137,100 or leaccounting period is \$52.00	ess, the royalt	y fee that y	you must pay fo	r this six-month	า							
ı	ine 1. Royalty fee for accounting period												
ι	ine 2. Interest charge. Enter the amount from line 4, space Q, pag	ge 8				0.00							
ı	ine 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PE	ERIOD Add lir	nes 1 and 2	2									
	BLOCK 2: GROSS RECEIPTS OF \$263	,800 OR LES	SS (but m	ore than \$137	',100)								
	Base amount under statutory formula	· · · · · · · · - <u>-</u>	\$	263,800.00	<u> </u>								
2	2. Enter amount of gross receipts from space K	· · · · · · · · · <u>-</u>	\$	236,329.51	_								
5	3. Subtract line 2 from line 1		\$	27,470.49	_								
4	4. Enter the amount of gross receipts from space K			\$	236,329.51	-							
	5. Enter the amount from line 3			. \$	27,470.49	-							
	S. Subtract line 5 from line 4				208,859.02	-							
7	7. Multiply line 6 by .005 (enter figure here)				\$	1,044.30							
8	3. Interest charge. Enter the amount from line 4, space Q, page 8.					0.00							
ę	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8												
	BLOCK 3: GROSS RECEIPTS OF MORE	THAN \$263	3,800 (but	t less than \$52	27,600)								
	Enter the amount of gross receipts from space K	<u>.</u>			_								
2	2. Base amount under statutory formula		\$	263,800.00	_								
(3. Subtract line 2 from line 1				_								
2	4. Multiply line 3 by .01					<u>-</u>							
Ę	5. Royalty due on the first \$263,800 of gross receipts (under statuto	ory formula)		. \$	1,319.00	_							
6	6. Interest charge. Enter the amount from line 4, space Q, page 8.				0.00	_							
7	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIO	D. Add lines 4	, 5, and 6										
	FILING FEE AND TOTAL REMI	TTANCE DU	ΙE										
g Fee and													
Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3	, above)		. \$	1,044.30	=							
	2. Filing Fee (See the instructions for more information on filing fee	calculations) .		. \$	20.00	-							
į	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add line	es 2 and 3			\$	1,064.30							
	Important: Your remittance must be in the form of an ele			_		ights!							
	Important: Your remittance must be in the form of an ele See page i of the general instructions in the			_		ights							

Accounting Period:	2017/2																									FC	RM S	\1-2E	. PA	GE 7
Name	LEGAL NAME OF OWNER TDS Broadband Serv																										,	SYS		1 ID# 8651
M Channels	Enter the total number on which the cable system	2) the cable system's to r of channels on which on broadcast stations.	otal numb	mber ble	e	er of	of acti	ivate	ed cl	nann	els d	uring	g the		our	ntin	ıg pe	eriod	l.		ns					35]
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about the			ORM	RMA	MA	ATIO	ON IS	S NE	EDE	D (Id	entif	fy an	indi	ivid	lual	to w	vhon	n											
for Further Information	Name Pego	gy Smykal																	Te	lepho	one (802	2) 48	35-9	748	3				
	(Number	epot Square, Uniter, street, rural route, apartm	nent, or suit	suite n	te nui	e nun	mber))																						
	Email	finance@tdstele	com.cor	om	n	l									Fa	ax ((opti	onal)											
O Certification	(Agent of own in line 1 of	than corporation or partier other than corporation or partier other than corporation and that the ownertner) I am an officer (if space B. Itement of account and heariest to the best of my k (1986)]	artnership tion or pa wher is no a corpora hereby decknowledge Enter an Enter sign	partnnot a poration declar dige, in the star dige, in the star dige, in the star dige declar dige, in the star dige, in	y one y one intree it a containent /sa electronatur An	one I ar I ar I tner a cc ion) are , info	e, of mm the ership corpor) or a underformat // An tronic re usi	e ow p) I a parration a parration mar	wner then or there and the natural mature.	of the of the partre (if a sy of I d belief	e cab lly au nershi partne aw th ef, ar	re	zed a r r iip) of I statue ma	as in as in agent the literature the literature to ce	legents n go	ntific	ed in	n line ner o	e 1 of the ntified	space cabl	e B; e e sys	tem				m				
		Date:													26	6 F	ebru	ıary	2018	3										

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 the 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 telephon 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 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

counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OS Broadband Service LLC	3651
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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.	Q
Line 1 Enter the amount of late payment or underpayment	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	
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	
ID number	
First community served	
Accounting period	

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.