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
08/29/2018	\$ 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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20181 Barcode Data Filing Period (optional - see instructions)
Accounting 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
		TELECOMMUNICATIONS MANAGEMENT, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MONTGOMERY PLAZA, 4TH FLOOR (Number, street, rural route, apartment, or suite number)
		SIKESTON, MO 63801 (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:
	-	TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS
		MAILING ADDRESS OF CABLE SYSTEM: 210 E. EARLL DRIVE
	2	(Number, street, rural route, apartment, or suite number)
		PHOENIX, AZ 85012 (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.

Accounting Period:	2018/1	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
	TELECOMMUNICATIONS MANAGEMENT, LLC	30004
Area Served	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lists 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 hidentified city.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First	CAIRO	IL
Community		
Add Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

TELECOMMUNICATIONS MANAGEMENT, LLC

30004

Ε

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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	COBCONIBLINO	TOTTE	SATEGORY OF SERVICE	COBCONIBLINO	TOTTE
Service to first set	136	\$36.30			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	10	\$36.30			
Converter					
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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$9-\$18.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
 First set 	\$40.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	\$25.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	\$25.00		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30004

TELECOMMUNICATIONS MANAGEMENT, LLC

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KBSI** 22 Ν **CAPE GIRARRDEAU, MO KFVS** 11 Ν CAPE GIRARRDEAU, MO **WDKA** 49 PADUCAH, KY **WPSD** 19 Ν PADUCAH, KY **WSIL** 34 Ν HARRISBURG, IL 8 WSIU Ε CARBONDALE, IL WTCT 17 ı MARION, IL

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TELECOMMUNICATIONS MANAGEMENT, LLC

30004

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 Perio	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FOI	SYSTEM ID#	
Name	TELECOMMUNICATIO			LC				30004	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identification in space I identification in spa	fy every nor counting pering that must reconcern for counting pering that must reconcern for counting pering that must reconcern for counting that must reconcern for counting that the prograde, please a coff every nor distant static gulations, on es like "more Bulls." In was broad sign of the sign of the sign of the sign of the sex static adian static than day the "5/7." The sex when the Example: a cer "R" if the not regulation regulation reconcern for counting the sex sex sex sex sex sex sex sex sex se	AL STATEMENT IN THE PROPERTY OF THE PROPERTY O	NT AND PROGRAM Losion program, broadcast becific present and former Fathis log, see page (v) of transcription of the logistic program, on a substitute base blank. If your answer is the line. Use abbreviations tows to the tables. It is is program ("substitute ur cable system substitute ur cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter is is the substitute program of the community with which the community with which the community with substitute gram was carried by you are do you as substituted for program the accounting period in the substituted for program the su	by a distant stare CC rules, regulate the general instruction of the program") that the for the program titles, for example, e station is lice at	at station, that your cable system carried on a regulations, or authorizations. For a further linstructions in the paper SA1-2 form. Onnetwork television program YES NO Du must complete the program er possible, if their meaning is programming of another station ructions for further information. Or example, "I Love Lucy" or its licensed by the FCC or, in sidentified). Use numerals, with the month stem. List the times accurately to 6:28:30 p.m. should be that your system was required			
	was substituted for program effect on October 19, 1976. S 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN		WHI CARR 5. MONTH	EN SUBST	TITUTE	7. REASON FOR DELETION	

SRECEIPTS tions: The figure you give in this space determines the form you file and the amount you pay. units (gross receipts) paid to your cable system by subscribers for the system's secondary transitified in space E) during the accounting period. For a further explanation of how to compute the ijo of the general instructions located in the paper SA1-2 form. Sos receipts from subscribers for secondary transmission service(s) ing the accounting period. TANT: You must complete a statement in space P concerning gross receipts. SHT ROYALTY FEE mis: To compute the royalty fee you owe: te block 1, block 2, or block 3. ck 1 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to ck 3 if the amount of gross receipts in space K is more than \$263,800 but less than or equal to ck 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS ons: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for ing period is \$52.00 Royalty fee for accounting period BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 amount under statutory formula BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 amount under statutory formula amount of gross receipts from space K act line 2 from line 1 the amount of gross receipts from space K the amount from line 3 act line 5 from line 4 bly line 6 by .005 (enter figure here) set charge. Enter the amount from line 4, space Q, page 8	nsmission service his amount, see \$ 7 (Amount of ground) oo \$263,800 or this six-month \$ 7,100)	52.00 0.00					
tions: The figure you give in this space determines the form you file and the amount you pay. units (gross receipts) paid to your cable system by subscribers for the system's secondary transitified in space E) during the accounting period. For a further explanation of how to compute the ground of the general instructions located in the paper SA1-2 form. In the general instructions located in the paper SA1-2 form. In the general instructions located in the paper SA1-2 form. In the general instructions located in the paper SA1-2 form. In the accounting period. In the accounting period. In the accounting period. In the accounting period. In the accounting period of the you owe: It is block 1, block 2, or block 3. It is more than \$137,100 but less than or equal to ack 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to ack 3 if the amount of gross receipts in space K is more than \$23,800 but less than \$527,600 but of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS In the amount of gross receipts in \$137,100 or less, the royalty fee that you must pay for ling period is \$52.00 Royalty fee for accounting period. Interest charge. Enter the amount from line 4, space Q, page 8. In the amount of gross receipts from space K. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 amount under statutory formula \$263,800.00 amount of gross receipts from space K. In the amount from line 1. In the amount from line 4. In	nsmission service his amount, see \$ 7 (Amount of ground) oo \$263,800 or this six-month \$ 7,100)	52.00 0.00					
ons: To compute the royalty fee you owe: te block 1, block 2, or block 3. ck 1 if the amount of gross receipts in space K is \$137,100 or less ck 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to ck 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS ons: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for ing period is \$52.00 Royalty fee for accounting period nterest charge. Enter the amount from line 4, space Q, page 8 FOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 amount under statutory formula	\$	52.00					
ons: To compute the royalty fee you owe: te block 1, block 2, or block 3. ck 1 if the amount of gross receipts in space K is \$137,100 or less ck 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to ck 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS ons: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for ing period is \$52.00 Royalty fee for accounting period nterest charge. Enter the amount from line 4, space Q, page 8 FOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 amount under statutory formula	\$	52.00					
ons: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for ing period is \$52.00 Royalty fee for accounting period	\$\$\$\$	52.00					
Ing period is \$52.00 Royalty fee for accounting period	\$\$\$\$	52.00					
Interest charge. Enter the amount from line 4, space Q, page 8	7,100))	52.00					
Interest charge. Enter the amount from line 4, space Q, page 8	7,100))	52.00					
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 amount under statutory formula	7,100))						
amount under statutory formula	<u>.</u>	0.00					
amount of gross receipts from space K	- - - - - - - - -	0.00					
the amount of gross receipts from space K	- 	0.00					
the amount of gross receipts from space K the amount from line 3		0.00					
the amount from line 3		0.00					
act line 5 from line 4		0.00					
oly line 6 by .005 (enter figure here)		0.00					
est charge. Enter the amount from line 4, space Q, page 8		0.00					
		0.00					
	·						
AL 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)							
the amount of gross receipts from space K							
amount under statutory formula	_)						
act line 2 from line 1	_						
oly line 3 by .01	_						
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est charge. Enter the amount from line 4, space Q, page 8	0.00						
AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	· · <u> </u>						
FILING FEE AND TOTAL REMITTANCE DUE							
Ity Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Fee (See the instructions for more information on filing fee calculations)	15.00						
	\$	67.00					
4	est charge. Enter the amount from line 4, space Q, page 8	est charge. Enter the amount from line 4, space Q, page 8					

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7		
Name	LEGAL NAME OF OWNER OF CABLES TELECOMMUNICATIONS MAN				SYSTEM ID# 30004		
M Channels	to its subscribers, and (2) the cable 1. Enter the total number of channel	system's total numbers on which the cablest stations	st stations	counting period.	58		
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED we can contact about this statemen		PRMATION IS NEEDED (Identify an ind	ividual to whom			
for Further Information	Name EMERSON Y	EARWOOD		Telephone 6	602-364-6195		
	Address 210 E. EARL (Number, street, rura PHOENIX, AZ	l route, apartment, or sui	ite number)				
	(City, town, state, zip						
	Email <u>EME</u> F	RSON.YEARWOO	D@CABLEONE.BIZ	Fax (optional) 602-364-6013			
O Certification	I, the undersigned, hereby certify that (Check one, but only one, 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 system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system						
	in line 1 of space B. I have examined the statement of ac	count and hereby de	clare under penalty of law that all statements, information, and belief, and are made in	ents of fact contained herein	of the cable system		
			/s/ RAYMOND STORCK electronic signature on the line above to consture using an "/s/ signature" (e.g., /s/ Jo				
	Турес	d or printed name:	RAYMOND STORCK				
	Title:		PRESIDENT ion held in corporation or partnership)				
	Date:			08/28/2018			

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

ccounting Period: 2018/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM: ELECOMMUNICATIONS MANAGEMENT, LLC	SYSTEM ID# 30004
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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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 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	
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	

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