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 COPYRIGH	HT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
7/30/2018	\$  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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	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.
a =	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.
4	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
	Western lowa Telephone Association
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
M = =	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
_	PO Box 38
	(Number, street, rural route, apartment, or suite number)  Lawton, IA 51030
	(City, town, state, zip)
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E, PAGE 16
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Western Iowa Telephone Association	23739
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commu- unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon city.	ne parks should be reported in parentheses below the identified
#Uma 4	CITY OR TOWN	STATE
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Accounting Period: 2018/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 23739 Western Iowa Telephone Association SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission

Service: Subscribers and Rates

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: • Service to first set	936	37.95						
Service to additional set(s)			***************************************					
FM radio (if separate rate)  Motel, hotel								
Commercial								
Residential								
Non-residential	* 0.410 % 0.410 % 0.410 % 0.410 % 0.410 %							

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
•Pay cable	A shill his	Motel, hotel			
Pay cable—add'l channel	Marian	Commercial			
Fire protection		"ray caule			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		◆ Burglar protection			
Additional set(s)	25.00	Other services:			
• FM radio (if separate rate)	14.5.44.55.0	-1/000111001	25.00		
Converter		Disconnect			
		Outlet relocation	75.00		
		Move to new address	25.00		1500544

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Western lowa Telephone Association 23739

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 KTIV N Sioux City, IA **KPTH** 44 N Hinton, IA **KCAU** 9 N Sioux City, IA **KMEG** 14 ı Sioux City, IA KMEG2 14-2 Sioux City, IA **KSIN** 27 1 Sioux City, IA KUSD 71 1 Vermillion, SD **KXNE** 19 E Norfolk, NE **KYNE** 19-1 E Omaha, NE

Add Rows as Necessary

Acco	untina	Period:	2018/1

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Western Iowa Telephone Association

23739

#### 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.

H

Special Instructions Concerning Ali-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	d: 2018/1 LEGAL NAME OF OWNER OF	CARLE SYS	TEM:			······································	FOR	M SA1-2E, PAGE 5.
Name	Western Iowa Telepho							SYSTEM ID# 23739
1	SUBSTITUTE CARRIAGE							
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							For a further
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting per				sis, anv nonn	etwork tel	evision progra	ım
Statement and Program Log	broadcast by a distant stat		<b>,</b>	,,	,,,		YES	X NO
r rogram Log	Note: If your answer is "No		e rest of this pa	ge blank. If your answer is	s "Yes," you π	ust comp		
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviations	wherever no	ssible ift	heir meaning	is
	clear. If you need more spa	ice, please	add additional	rows to the tables.			_	
	Column 1: Give the title period, was broadcast by a	of every no distant sta	onnetwork televition and that vi	vision program ("substitute our cable system substitut	program") the	iat, during gramming	the accounting	lg ation
	under certain FCC rules, re	gulations,	or authorization	ns. See page (v) of the ge	neral instructi	ons for ful	rther informati	on.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	m titles, for e	xample, "l	Love Lucy" o	r
			dcast live, ente	er "Yes." Otherwise enter "	No."			
	Column 3: Give the call	sign of the	station broadc	asting the substitute progr	am.			
	the case of Mexican or Can			he community to which the community with which the			the FCC or, in	
	Column 5: Give the mor	nth and day		stem carried the substitute			ls, with the mo	onth
	first, Example: for May 7 giv		e substitute nr	ogram was carried by your	cable eveten	ı liettha	timas accurat	olv
	to the nearest five minutes.	Example:	a program carr	ied by a system from 6:01	:15 p.m. to 6:	28:30 p.m	n. should be	uiy
	stated as "6:00-6:30 p.m."	or "D" if the	listed preserve	a waa ashatibulad far was sa				1
	to delete under FCC rules a	er K irthe and regulat	e listea progran ions in effect d	n was substituted for progr	amming that d: enter the le	your syste etter "P" if	em was <i>requir</i> the listed prod	ed Iram
	was substituted for program	nming that	your system wa	as permitted to delete und	er FCC rules	and regul	ations in	,, a,,,,
	effect on October 19, 1976.	•						
	The state of the s				WHE	EN SUBS	TITUTE	
	S	UBSTITU	TE PROGRAM	1	CARR	T	CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
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Name  K  Gross Receipts	Uestern lowa Telephone Association  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for th (as identified in space E) during the accounting period. For a further explan 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	e system's s ation of how	secondary transm	ter the total of					
	Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for th (as identified in space E) during the accounting period. For a further explan 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	e system's s ation of how	secondary transm	ission service					
				\$ 40	2,360.03 poss receipts)				
Copyright	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 \$137,11  Use block 3 if the amount of gross receipts in space K is more than \$263,81  See page (vi) of the general instructions located in the paper SA1-2 form for more	00 but less t	han \$527,600	263,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	lly fee that y	ou must pay for thi	s 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	lines 1 and 2	! <i></i>						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR I								
	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								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2	263,800 (bu	ut less than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	402,360.03	-					
	2. Base amount under statutory formula	\$	263,800.00	•					
	3. Subtract line 2 from line 1	\$	138,560.03						
	4. Multiply line 3 by .01		. \$	1,385.60					
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		\$	1,319.00					
	6, Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6.		\$	2,704.60				
	FILING FEE AND TOTAL REMITTANCE	DUE			WHEEL WARRANT				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,704.60					
Due	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	•••••		\$	2,724.60				
	Important: Your remittance must be in the form of an electronic p See page I of the general instructions in the paper S				nts!				

Accounting Period:	2018/1			FORM SA1-2E, PAGE 7.
Name		DWNER OF CABLE SYSTEM: Telephone Association		SYSTEM ID# 23739
M Channels	to its subscribe  1. Enter the tot system carri  2. Enter the tot on which the	rs, and (2) the cable system's total nu al number of channels on which the ca ed television broadcast stations al number of activated channels cable system carried television broad		9 65
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INI about this statement of account.)	FORMATION IS NEEDED (Identify an individual to whom _	
for Further Information	Name	Kim Steffen	Telep	ohone 712-944-5711
	Address	PO Box 38 (Number, street, rural route, aparlment, or street, rural route, aparlment, rural route, rural route, aparlment, rural route, rural ro	sulle number)	
	Email	Kim.Steffen@wiatel.co	om Fax (optional 712-9	44-5711
	CERTIFICATION	(This statement of account must be c	ertified and signed in accordance with Copyright Office regulat	ions)
O Certification		d, hereby certify that (Check one, but one)	nly one , of the boxes.)	ice B; or
	(Agen	of owner other than corporation or pin line 1 of space B and that the owner in	partnership) I am the duly authorized agent of the owner of the cat is not a corporation or partnership; or	ole system as identified
	X (Office	er or partner) I am an officer (if a corpo in line 1 of space B.	oration) or a partner (if a partnership) of the legal entity identified as	owner of the cable system
		te, and correct to the best of my knowled	eclare under penally of law that all statements of fact contained hen dge, information, and belief, and are made in good faith.	ein
		$\frac{X}{X}$		
			in electronic signature on the line above to certify this statement, ignature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name:	Kim Steffen	миничения принципациональная принцеприя на принцеприя на принцеприя на принцеприя на принцеприя на принцеприя н
			ness Manager ial position held in corporation or partnership)	
		Date:	7/30/2018	

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 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.

unting Period: 2018/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
stern lowa Telephone Association	23739
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	Special Statement Concerning Gross Receipts Exclusion
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.	
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	

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