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							
AMOUNT							
\$ ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@copyright.gov

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

A	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.	
	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.	154
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	MILFORD COMMUNICATIONS LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	339 1ST AVE NE, PO BOX 200 (Number, street, rural route, apartment, or suite number)	
	SIOUX CENTER IA 51250-0200	
	(City, town, state, zip)	
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	- (runnon, sueet, rurar route, apartirient, 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/1							
tocounting i criou.	2011/1	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	MILFORD COMMUNICATIONS LLC	63454						
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future fillings.	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.							
	CITY OR TOWN	STATE						
First	MILFORD	IA						
Community	FOSTORIA	IA						
Add Rows as Necessary								

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63454

MILFORD COMMUNICATIONS LLC

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				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	584	52.19					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
1		1		1			

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 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
• Pay cable		Motel, hotel	50.00	Basic	49.00		
Pay cable—add'l channel		Commercial	50.00	DBS/HD	17.95		
Fire protection		Pay cable	50.00				
•Burglar protection		Pay cable-add'l channel	50.00	Stz/Enc Multiplex	15.95		
Installation: Residential		Fire protection		HBO Multiplex	19.95		
• First set	50.00	Burglar protection		Cinemax Multiplex	15.95		
Additional set(s)		Other services:		SH/MC Multiplex	15.95		
• FM radio (if separate rate)		Reconnect	50.00				
Converter		Disconnect		Digital box	4.95		
		Outlet relocation	Labor cost	DVR box	8.95		
		Move to new address	50.00				

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
MILFORD COMMUNICATIONS LLC

SYSTEM ID#

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCAU-DT1	9.1	N	SIOUX CITY IA
KELO-DT1	11.1	N	SIOUX FALLS SD
KELO-DT2	11.2	N-M	SIOUX FALLS SD
KMEG-DT1	14.1	N	SIOUX CITY IA
KMEG-DT2	14.2	N-M	SIOUX CITY IA
KMEG-DT3	14.3	N-M	SIOUX CITY IA
KMEG-DT4	14.4	N-M	SIOUX CITY IA
KPTH-DT1	44.1	<u>l</u>	SIOUX CITY IA
KPTH-DT2	44.2	I-M	SIOUX CITY IA
KPTH-DT3	44.3	I-M	SIOUX CITY IA
KDIN-DT1	28.1	E	DES MOINES IA
KDIN-DT2	28.2	E-M	DES MOINES IA
KDIN-DT3	28.3	E-M	DES MOINES IA
KDIN-DT4	28.4	E-M	DES MOINES IA
KTIV-DT1	41.1	N	SIOUX CITY IA
KTIV-DT2	41.2	N-M	SIOUX CITY IA
KTIV-DT3	41.3	N-M	SIOUX CITY IA
KUSD-DT1	34.1	Е	VERMILLION SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63454

MILFORD COMMUNICATIONS LLC

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		ADLE OVOT	EM.						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF C									SYSTEM ID# 63454
	SUBSTITUTE CARRIAGE	· SPECIA	STATEMEN	T AND PROGRAM I C	ng.					
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis	ion program, broadcast b	oy a FCC	rules, regula	ations, or a	uthoriz	zations. F	or a further
Carriage:	1. SPECIAL STATEMENT									
Special					asis	any nonne	twork telev	ision	nrogram	,
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?									
Program Log	broadcast by a distant stat Note: If your answer is "No"		rest of this pag	e blank If vour answer	is "\	es " vou mu	ıst comple		YES program	
		, icave tric	rest of this pag	e blank. If your anower	10 1	co, you me	act comple		program	''
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, recall to period, was broadcast by a under certain FCC rules, recall to period, was broadcast by a under certain FCC rules, recall to period, was general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so Column 4: Give the broat the case of Mexican or Canace Column 5: Give the monifirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program	tute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." I was broad cign of the s dcast static adian statio th and day e "5/7." s when the Example: a	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the cowhen your syst substitute proprogram carried listed program ons in effect du	ows to the tables. sion program ("substitu ur cable system substitus. See page (v) of the gotball." List specific program ("Yes." Otherwise enter sting the substitute program was carried by young and by a system from 6:00 was substituted for progring the accounting period program was carried for progring the accounting period program was carried for progring the accounting period substituted for program was carried to program was carried by young the accounting period substituted for program was carried to program was carried to program was carried to program was carried by young the accounting period was substituted for program was carried to program was	te pruted ener ram r "Not gram he s te prur cas o'1:15 gran iod; c	rogram") that for the program instruction titles, for exp." a. tation is liceration is ider rogram. Use able system 5 p.m. to 6:2 mming that yenter the let	at, during the content of the conten	ne according another info er info ove L e FC0 , with mes a should n was e liste	counting ther stat ormation Lucy" or C or, in the monaccurated be required ed progra	i. th y
	effect on October 19, 1976.)A/LIF	EN SUBST	17117		
	SUBSTITUTE PROGRAM						IAGE OCC	_		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY		TIMES		DELETION
								_		
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Accounting Period: 2	2021/1		FORM SA	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#			
Name	MILFORD COMMUNICATIONS LLC			63454			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system' (as identified in space E) during the accounting period. For a further explanation of ho 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.	s secondary transr w to compute this	mission service amount, see	2,456.24 pss receipts)			
	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 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.						
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	OR LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at you must pay for	this 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 ar	nd 2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but						
	Base amount under statutory formula	263,800.00	,				
	Enter amount of gross receipts from space K	•	_				
			_				
	3. Subtract line 2 from line 1	81,343.76	-				
	4. Enter the amount of gross receipts from space K	\$	182,456.24				
	5. Enter the amount from line 3	\$	81,343.76				
	6. Subtract line 5 from line 4	\$	101,112.48				
	7. Multiply line 6 by .005 (enter figure here)		\$	505.56			
	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.		\$	505.56			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out less than \$527	7,600)				
	4						
	1. Enter the amount of gross receipts from space K	200 000 00	_				
	2. Base amount under statutory formula	263,800.00	-				
	3. Subtract line 2 from line 1		_				
	4. Multiply line 3 by .01	• • • • • • • • • • • • • • • • • • • •					
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00				
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	6	·				
	FILING FEE AND TOTAL REMITTANCE DUE						
Filler F							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	505.56				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	525.56			
	EFT Trace # or TRANSACTION ID #	26T4UVKM					
	<u>Important:</u> Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form and the Excel in						

Accounting Period: 2	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 63454
M Channels	to its subscribers 1. Enter the total system carried	ou must give (1) the number of and (2) the cable system's to number of channels on which dielevision broadcast stations number of activated channel	18			
		cable system carried television cast services				298
N Individual to Be Contacted		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name	CAROL ROZEBOOM			Telephone	712-722-3451
	Address	339 1ST AVE NE, PO (Number, street, rural route, apartn SIOUX CENTER, IA (City, town, state, zip)	nent, or suite	number)		
	Email	carolr@myprem	ieronline.c	com	Fax (optional 712-722-345	51
•	CERTIFICATION (This statement of account mu	ust be certifi	fied and signed in accordance with Co	ppyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but only</i>	one, of the boxes.)		
	(Owner	other than corporation or pa	artnership)) I am the owner of the cable system as	identified in line 1 of space E	3; or
		in line 1 of space B and that the	e owner is n	tnership) I am the duly authorized agen not a corporation or partnership; or		
	į	in line 1 of space B.		tion) or a partner (if a partnership) of the		er of the cable system
		e, and correct to the best of my		are under penalty of law that all stateme e, information, and belief, and are made		
			X	/s/Douglas A. Boone		
				lectronic signature on the line above to ce ature using an "/s/ signature" (e.g., /s/ Jol	•	
		Typed or printed	name:	DOUGLAS A. BOONE		
		Title:		RESIDENT position held in corporation or partnership)		
		Date:			8/30/21	

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.

ounting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
FORD COMMUNICATIONS LLC	63454
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."	Special Statement Concerning Gross Receipts Exclusion
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	
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
x	
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	
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	
(interest charge) * 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@copyright.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	

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