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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:							
-	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov						
General instru	ems (Short Form) actions are located of this workbook	2/28/22	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150							
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))							
	2021/2	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 t title of the subsidiary, not that of the par		idiary of another corporation, give the full c	orporate						
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 filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	30050						
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM								
	CABLE ONE, INC. d/b/a SPARKLIG	HT								
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	Γ)							
	MAILING ADDRESS OF OWNER OF 210 E EARLL DRIVE	CABLE SYSTEM								
	(Number, street, rural route, apartment, or suite number)									
	City, town, state, zip)									
С	<b>INSTRUCTIONS:</b> In line 1, give any busi names already appear in space B. In line									
System	IDENTIFICATION OF CABLE SYSTEM:			-						
	SPARKLIGHT									
	604 E. NATIONAL AVENUE									
	2 (Number, street, rural route, apartment, or suite n BRAZIL, IN 47834									
	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	300
	Instructions: List each separate community served by the cable system. A "community served by the cable system.	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including singl list will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	JASONVILLE	IN
Community	DUGGER	IN
Community	VIGO	IN
Add Rows as Necessary	VCOALMONT	IN
au nows as necessary	FARMERSBURG	IN IN
	WILFRED	IN IN
	GREEN(N)	IN IN
	HYMERA	
	WORTHINGTON	IN
	ROCKVILLE	
		IN N
	MARSHALL	
	PARKE COUNTY	IN
	GREEN(S)	IN
	SHELBURN	
	MONTEZUMA	IN
	BLOOMINGDALE	IN
	MECCA	IN

			FORM SA1-2E. PAGE 2 SYSTEM ID#								
Name	LEGAL NAME OF OWNER OF C							515	3005		
	CABLE ONE, INC. d/b/a SPARKLIGHT										
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES						
E	In General: The information in s										
Secondary	system, that is, the retransmission about other services (including r										
Transmission	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).										
Service: Sub-	Number of Subscribers: Both	-					•				
scribers and Rates	down by categories of secondar each category by counting the n	•				•					
Rutes	separately for the particular serv			•••		•		onargea			
	Rate: Give the standard rate of	-	-	•			-	-			
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	s within a	particular rate			
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servi	ce that cable			
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity			-		-					
	subscriber who pays extra for ca				••	•••	•				
	first set" and would be counted of										
	Block 2: If your cable system printed in block 1 (for example, t	0									
	with the number of subscribers a	,.									
	sufficient.										
	BLC			BLOCK	K 2 NO. OF						
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEE	RVICE	SUBSCRIBERS	RATI		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		493	\$42.00							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel		40	¢50.00							
	Commercial Converter		16	\$56.00							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s						
F	In General: Space F calls for ra		,			• •					
•	not covered in space E, that is, t service for a single fee. There ar						-				
Services	furnished at cost or (2) services	•			•		0.0	,			
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are cl	narged on a vari	able per-p	rogram basis,			
Secondary Transmissions:	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.										
Rates	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										
	brief (two- or three-word) description and include the rate for each.										
		BLO				DATE		BLOCK 2			
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RATE		
	• Pay cable	7.00-15.00		tel, hotel	aonna		EXPAN	IDED BASIC	52.5		
	• Pay cable—add'l channel			mmercial				L FAM PLUS	16.0		
	Fire protection		• Pay	/ cable			STARZ	SUPER PAK	19.0		
	•Burglar protection		• Pay	/ cable-add'l ch	annel			TIME UNLTD	19.0		
	Installation: Residential			e protection			CINEM	AX	19.0		
	• First set	100.00		glar protection			НВО		19.0		
	• Additional set(s)			services:							
	FM radio (if separate rate)			connect		\$30.00					
	Converter			connect tlet relocation		30.00					
				ve to new addr	000	\$30.00					

ounting Period: 2	-			FORM SA1-2E. PAG				
Name				SYSTEM I 300				
	CABLE ONE, INC. d/b/a SPARKLIGHT PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	<ul> <li>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, <i>except</i> (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.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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.</li> <li>Column 2: Give the channel number the FCC assigned to the television 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).</li> <li>For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.</li> <li>Column 4: Give the location of each station. For U.S. stations, list the community with which the station is licentified.</li> </ul>							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WAWV	18	Ν	TERRA HAUTE, IN				
	WTHI	10	Ν	TERRA HAUTE, IN				
Rows as Necessary	WTIU	33	Е	BLOOMINGTON, IN				
	wтwo	35	Ν	TERRA HAUTE, IN				
	WTHI-2	10	I-M	TERRA HAUTE, IN				
	WTHI-3	10	I-M	TERRA HAUTE, IN				
	WAWV-SIMUL	18	N	TERRA HAUTE, IN				
	WTHI-SUMUL	10	Ν	TERRA HAUTE, IN				
	WTHI-DT2-SIMUL	10	I-M	TERRA HAUTE, IN				
	WTWO-SIMUL	35	I-M	TERRA HAUTE, IN				
	WTTU-SIMUL	33	E	BLOOMINGTON, IN				

CABLE ONE	FOWNER OF ( . INC. d/b/a							SYSTEM ID# 30050
	.,							5005
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.								
receivable if (1) on the basis of For detailed info paper SA1-2 fo	it is carried by monitoring, to ormation abou rm.	y the sys be rece It the Co	II-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the opyright Office regulations on the each station carried.	t the system's he system's FM ant	eadend, and (2 enna, during c	2) it can certain s	be expected, tated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stat this by placing Give the station	he statio ion's sig g a chec n's locati	on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which th	ne station is licen	sed by the FC			
		-	the community with which the		-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC. d/b/	a SPARK	LIGHT					30050
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM I O	G			
<b>I</b> Subatituta	<b>In General:</b> In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televi eriod, under sp	sion program, broadcast by ecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, o	r authorizati	ons. For a further
Substitute Carriage:	1. SPECIAL STATEMEN				ne general me			0A1-2 10111.
Special	During the accounting per	-			sis anv nonr	network te	levision pro	aram
Statement and	broadcast by a distant sta		al cable system	i carry, on a substitute ba	515, any nom			
Program Log	,						YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust com	plete the pro	ogram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ato lino. Lico obbroviation	whorovor p	osciblo if	thoir mooni	ag is
	clear. If you need more spa				s wherever po	JSSIDIE, II		ig is
	Column 1: Give the title	of every no	onnetwork telev	/ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, c ries like "mo	or authorization ovies" or "bask	is. See page (v) of the ge ethall " List specific progra	neral instruct	ions for fu	rther inform	ation. " or
	"NBA Basketball: 76ers vs.					xumpie,	I LOVE LUDY	01
				er "Yes." Otherwise enter '				
				asting the substitute progr he community to which th		oncod by	the ECC of	· in
	the case of Mexican or Car							, 111
				stem carried the substitute			als, with the	month
	first. Example: for May 7 giv					1:-44	4:	
	to the nearest five minutes.			ogram was carried by you ied by a system from 6:01				
	stated as "6:00–6:30 p.m."		a program can			.20.00 p.		-
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							orogram
	effect on October 19, 1976.		your system w	as permitted to delete und		and regu		
		UBSTITUT	E PROGRAM		CARRI		CURRED	7. REASON FOR
			E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OC		7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	

Accounting Period:	2021/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT			S	YSTEM ID# 30050
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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	system's se on of how t	econdary transm to compute this a	ission service amount, see	7,871.22 Dss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 l • Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less than nformation	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				0.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				· · · · ·
	1. Base amount under statutory formula				
	2. Enter amount of gross receipts from space K	\$	187,871.22		
	3. Subtract line 2 from line 1	\$	75,928.78		
	4. Enter the amount of gross receipts from space K		. \$	187,871.22	
	5. Enter the amount from line 3		. \$	75,928.78	
	6. Subtract line 5 from line 4		\$	111,942.44	
	7. Multiply line 6 by .005 (enter figure here)			\$	559.71
	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		\$	559.71
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1				
	- 4. Multiply line 3 by .01				
	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	559.71	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	ı
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	579.71
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		hts!

unting Period: 2021/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
BLE ONE, INC. d/b/a SPARKLIGHT	300
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	_
Name     Name       Mailing Address     Mailing Address	
II 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.	(.)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SAT-2 form.	×.
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Linterest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Lange

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Accounting Period:	2021/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE CABLE ONE, INC.	ER OF CABLE SYSTEM: d/b/a SPARKLIGHT					SYSTEM ID# 30050
M Channels	<ul> <li>to its subscribers, and</li> <li>1. Enter the total num system carried telev</li> <li>2. Enter the total num on which the cable s</li> </ul>	ust give (1) the number d (2) the cable system's aber of channels on which vision broadcast stations aber of activated channe system carried television vervices	total numl ch the cab c ls n broadcas	ber of activated of le	hannels during the		11 271
N Individual to Be Contacted		CONTACTED IF FURT		DRMATION IS N	EEDED (Identify an	individual to whom	
for Further Information	Name JE	NAE HECK				Telephone	602-364-6092
	(Nur PH	0 E. EARLL DRIVI mber, street, rural route, apar IOENIX, AZ 85012 y, town, state, zip)	tment, or su	ite number)			
	Email	JENAE.HECK	@CABLE	ONE.BIZ		Fax (optional) 602-364-601	3
O Certification	<ul> <li>I, the undersigned, h</li> <li>(Owner oth</li> <li>(Agent of o in line 1</li> <li>X</li> <li>(Officer or in line 1</li> <li>I have examined the</li> </ul>	ereby certify that (Check er than corporation or woner other than corpor of space B and that the partner) I am an officer of space B. statement of account and d correct to the best of m	one, <i>but or</i> partnersh ration or p owner is n (if a corpo d hereby d	nly one, of the bo <b>ip)</b> I am the owner <b>partnership)</b> I am ot a corporation of ration) or a partner eclare under pen	xes.) It of the cable system the duly authorized a It partnership; or er (if a partnership) o alty of law that all sta	Copyright Office regulations) n as identified in line 1 of space agent of the owner of the cable f the legal entity identified as o itements of fact contained here ade in good faith.	B; or system as identified wner of the cable system
			Enter an			o certify this statement. / John Smith)	
		Typed or printe	d name:	RAYMOND	STORCK		
		Title: (Title of c		PRESIDENT on held in corporatio	n or partnership)		
		Date:				February 28, 2022	

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