THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

Return to:

Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 General instructions are at the 3/4/2022 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2021 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. 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. 61959 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 Eagle Communications Inc. 61959 2021/2 **PO Box 817** Hays KS 67601 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE NE Fullerton First Community 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 Office's public indexes and in search reports prepared for the public. The effects 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.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2021/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Eagle Communications Inc.								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
P									
D									
continued)									
Area									
Served									

Name	LEGAL NAME OF OWNER OF C		SYS	TEM ID							
Nume	Eagle Communications			6195							
E Secondary Transmission Service: Sub- scribers and	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										
Rates	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										
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, to	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									
		DCK 1					BLOCK	(2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		107	25.00							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		28	64.95							
	Converter										
	Residential										
	Non-residential										
F Services Other Than Secondary ransmissions: 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 BLOCK 2										
	brief (two- or three-word) descrip			ate for each.				BLOCK 2			
	CATEGORY OF SERVICE	BLOO	CK 1 CATE	GORY OF SER		RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE		
	CATEGORY OF SERVICE Continuing Services:	BLOO RATE	CK 1 CATE Install	GORY OF SER ation: Non-res		RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO RATE 27.95	CK 1 CATEO Install • Mo	GORY OF SER ation: Non-res		RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOO RATE	CK 1 CATEO Install • Mo • Co	GORY OF SER ation: Non-res tel, hotel mmercial		RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOO RATE 27.95	CK 1 CATEO Install • Mo • Co • Pa	GORY OF SER ation: Non-res itel, hotel mmercial y cable	idential	RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOO RATE 27.95	CK 1 CATEO Install • Mo • Co • Pa • Pa	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	idential	RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE 27.95 52.50	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	idential nannel	RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE 27.95 52.50 15.00	CK 1 CATE Install • Mo • Co • Pa • Pa • Fir • Bu	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	idential nannel	RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE 27.95 52.50	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu Other	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	idential nannel		CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOO RATE 27.95 52.50 15.00 5.00	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	idential nannel	RATE	CATEGO		RATE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE 27.95 52.50 15.00	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re • Dis	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	idential nannel		CATEGO		RATE		

Name	LEGAL NAME OF OWN	IER OF CABLE SYSTE	M:	SY	STEM IC 6195				
Nume	Eagle Communications Inc.								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: elevision	carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis Sta basis under specifc FCC • Do not list the station h station was carried or • List the station here, ar basis. For further info Column 1: List each Column 2: Give the r This may be different fro associated with a station the same on the form. Column 3: Indicate in educational station, by e (for independent multicat For the meaning of these Column 4: Give the literation	term during the account as in effect on June 2 1(e)(2) and (4), or 76 , as explained in the tions: With respect to rules, regulations, or ere in space G—but of ally on a substitute base and also in space I, if the right of the channel mumber of the channel mumbe	Inting period, except 4, 1981, permitting .63 (referring to 76, next paragraph. o any distant station authorizations: do list it in space I (sis. ne station was carri ubstitute basis stat not report originati I on which the stati ch your cab;e syste -thje-air designation the station is a netw (for network), "N-M" ercial educational), of the general inst n. For U.S. stations	g translator stations and low power television stations) of (1) stations carried only on a part-time basis under the carriage of certain network programs [sections 61(e)(2) and (4))]; and (2) certain stations carried on a ns carried by your cable system on a substitute program the Special Statement and Program Log)—if the ed both on a substitute basis and also on some other ons, see page (v) of the general instructions. on program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream 1. For example, report multicast stream "WETA-2" as vork station, an independent station, or a noncommercial (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). ructions. s, list the community to which the station is licensed by the the community with which the station is identifed.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KSNB	3	N	Hastings NE					
	KFXL	51	N	Lincoln NE					
	KHNE	28	I	Hastings NE					
	KSBN MeTV	10	I	Lincoln NE					
	KGIN	11	N	Grand Island NE					
	KHGI	13	N	Grand Island NE					
	KNHL SonLife	5	1	Hastings NE					

ACCOUNTING PERIOD: 2021/2

FORM SA1-2. F LEGAL NAME OF		CABLE S	YSTEM:					SYSTEM ID#	Name
Eagle Comm	nunications	s Inc.						61959	
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 the Copyright Office regulations on this point, see page (v) of the general instructions. 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).							Primary Transmitters: Radio		
		1		; 5			I		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+							
		+							
		+							
		†		1					

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#		
Name	Eagle Communications	s Inc.						61959		
		000000			_					
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant stat							ХNо		
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	e program			
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is									
	 clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." 									
	Column 2: If the program									
	Column 3: Give the call s Column 4: Give the broa					nsed by the F(CC or in			
	the case of Mexican or Cana	adian statio	ns, if any, the	community with which the	station is ider	tified).				
	Column 5: Give the mon first. Example: for May 7 giv		when your syst	tem carried the substitute	program. Use	numerals, with	h the month	n		
	Column 6: State the time		substitute pro	gram was carried by your	cable system.	List the times	accurately			
	to the nearest five minutes.									
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system wa	s required			
	to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period	I; enter the let	ter "P" if the lis	sted pro			
	gram was substituted for pro effect on October 19, 1976.	ogramming	that your syste	em was permitted to delete	under FCC r	ules and regula	ations in			
					11					
						EN SUBSTITU		7. REASON		
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	6. TIN		FOR DELETION		
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то			
						_				
						_				
						_				
					-					
						_				
						_				
						_				

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 61959	Hamo
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. 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.	K Gross Receipts
 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 for more information. 	L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. 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 \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K	
2. Base amount under statutory formula	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$ 1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information.	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc. CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	SYSTEM ID# 61959
CHANNELS	61959
INSTRUCTIONS: You must give (1) the number of channels on which the cable system carried television broadcast stations	
to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels]
1. Enter the total number of channels on which the cable 7	
system carried television broadcast stations]
2. Enter the total number of activated channels	
on which the cable system carried television broadcast stations	
76	
and nonbroadcast services	
N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
we can write or call about this statement of account.)	
Individual to	
Be Contacted	
for Further Name Marie Censoplano Telephone 914-235-831	3
Information	
Address 4 International Dr Suite 330	
(Number, street, rural route, apartment, or suite number)	
Rye Brook, NY 10573	
(City, town, state, zip)	
Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations,	
as explained in the general instructions.)	
Certifcation • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Certification 1, 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 identifed 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 identiin line 1 of space B and that the owner is not a corporation or partnership; or	fied
in line i of space b and that the owner is not a corporation of partnership, of	
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable	system
in line 1 of space B.	
I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein	
are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
[18 U.S.C., Section 1001(1986)]	
Handwritten signature: /s/ Daniel J White	
Handwritten signature:	
Turned exprinted names Daniel I White	
Typed or printed name: Daniel J White	
Title: SVP Financial Planning	
(Title of official position held in corporation or partnership)	
Date: 02/26/2022	

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 effects 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: 2021/2

FORM SA1-2. PAG	E 8	3.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Eagle Communications Inc.	61959	Name
 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not indiscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	basic clude sub- ı 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	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	-	
xLine 3 Multiply line 2 by the number of days late and enter the sum here	days 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistanc 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 fling this worksheet covering a statement of account already submitted to the Copyright Offce list below the owner, address, first community served, ID number, and accounting period as given in the origina		
Owner Address		
ID number		
First community served Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying info 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 a		

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 effects 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 filing, a determination that would be made by a court of law.