This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

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

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
8/28/2024	\$				
	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	ACC(	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	ACC	JUNIING PERIOD COVERED BY THIS STATEMENT: (TTTT/(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.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		MCC Illinois, LLC (Marshall, IL)						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)						
		MEDIACOM PARK, NY 10918						
		(City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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 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.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MCC Illinois, LLC (Marshall, IL)	25649
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community or municorporated 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.	unities within unincorporated areas and including single, discrete re as a form of system identification hereafter known as the "first
rea rved	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	ome parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
irst itu	Marshall	IL 
nunity	MARTINSVILLE CLARK CTY	IL IL
Necessary	CASEY	IL
iecessary	OAOL1	

Accounting Period: 2024/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

25649

MCC Illinois, LLC (Marshall, IL)

# 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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	365	40.49-74.49					
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	0	40.49-74.49					
Converter							
<ul> <li>Residential</li> </ul>							
Non-residential							
		[""""					

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	(	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel		F	Family Cable	#####
Pay cable—add'l channel	PP	Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	109.99	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
• FM radio (if separate rate)		Reconnect	49.00			
Converter	9.99	Disconnect				
		Outlet relocation	49.00			
		Move to new address				

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

### MCC Illinois, LLC (Marshall, IL)

1. CALL SIGN

SYSTEM ID# 25649

4. LOCATION OF STATION

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.

2. B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B CAST CHANNEL NUMBER	3. THE OF STATION	4. LOCATION OF STATION
WAWV/WAWV(HD) ABC	39	N	TERRE HAUTE, IN
WAWV-DT Grit	39.1	I-M	TERRE HAUTE, IN
WAWV-DT3 Bounce TV	39.3	I-M	TERRE HAUTE, IN
WCIX-DT MYNET	13	I	Springfield, IL
WEIU/WEIU(HD) PBS	50	Е	Charleston, IL
WEIU-DT2 PBS FNX	50.2	E-M	Charleston, IL
WILL/WILL(HD) PBS	9	E	URBANA, IL
WILL-DT2 PBS World	9.2	E-M	Charleston, IL
WILL-DT3 PBS Create	9.3	E-M	Charleston, IL
WTHI/WTHI(HD) CBS	10	N	Terre Haute, IN
WTHI-DT2/WTHI-DT2(HD) FO	10.2	I-M	Terre Haute, IN
WTHI-DT3/WTHI-DT3(HD) CW	10.3	I-M	Terre Haute, IN
WTWO/WTWO(HD) NBC	36	N	Terre Haute, IN
WTWO-DT2 Laff	36.2	I-M	Terre Haute, IN
WTWO-DT3 ION Mystery	36.3	I-M	Terre Haute, IN
WTWO-DT4 Antenna TV	36.4	I-M	Terre Haute, IN
WUSI/WUSI(HD) PBS	19	E	Olney, IL
WUSI-DT2 (PBS) World	19.2	E-M	Olney, IL
WUSI-DT3 (PBS) Create	19.3	E-M	Olney, IL
WUSI-DT4 (PBS) KIDS	19.4	E-M	Olney, IL

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2	ccounting Period: 2024/1						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Name	MCC Illinois, LLC (Ma	rshall, IL)		25649			
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	carried by your cable systen FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	In during the accounting period, except in effect on June 24, 1981, permitting the proof of the period of the peri	translator stations and low power televications carried only on a part-time to (1) stations carried only on a part-time to (2) stations carried only on a part-time to carriage of certain network program 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute basis and also on see page (v) of the general instruction program services such as HBO, ESPN, e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a not for network multicast), "I" (for independent elements in the paper SA1-2 form. It the community to which the station is the community with which the station is	e basis under s [sections ns carried on a itute program g)—if the on some other ns. etc. Identify each multistream e air in its community concommercial dent), "I-M" al multicast). licensed by the			
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Illinois, LLC (Marshall, IL)

25649

### 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	d: 2024/1						FORM SA1-2E. PAGE 5.
Name	MCC Illinois, LLC (Mar		EM:				SYSTEM ID# 25649
Substitute Carriage: Special Statement and Program Log	Name  MCC Illinois, LLC (Marshall, IL)  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 carries substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fexplanation 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  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program					e system carried on a zations. For a further our SA1-2 form.  program  YES  NO e program  eaning is counting other station formation. Lucy" or  C or, in the month	
	to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  WHEN SUBSTITUTE  SUBSTITUTE PROGRAM  CARRIAGE OCCURRED  7. REASON FOR						ed program in  TE RED 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. TIMES	то

Accounting Period:	2024/1			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Illinois, LLC (Marshall, IL)			S	YSTEM ID# 25649
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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.	stem's sec	condary transmi compute this a	ssion service mount, see	6,428.26 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 bt  Use block 3 if the amount of gross receipts in space K is more than \$263,800 bt  See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR L	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty faccounting period is \$52.00  Line 1. Royalty fee for accounting period			s six-month	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line				0.00
				-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS  1. Base amount under statutory formula		263,800.00	00)	
	2. Enter amount of gross receipts from space K	\$	176,428.26		
	3. Subtract line 2 from line 1		87,371.74		
	4. Enter the amount of gross receipts from space K		. \$ 1	76,428.26	
	5. Enter the amount from line 3		\$	87,371.74	
	6. Subtract line 5 from line 4		\$	89,056.52	
	7. Multiply line 6 by .005 (enter figure here)			\$	445.28
	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 a	and 8		\$	445.28
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but I	less than \$527	600)	
	Enter the amount of gross receipts from space K				
	<u>-</u>				
	2. Base amount under statutory formula	<del>-</del>	263,000.00		
	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				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	445.28	
Due	2. 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			\$	465.28
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				nts!

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:  _C (Marshall, IL)			SYSTEM ID# 25649
M Channels	to its subscribers  1. Enter the tota system carrie  2. Enter the tota on which the	s, and (2) the cable system's to I number of channels on which d television broadcast stations I number of activated channels cable system carried television		ng the accounting period.	72
N Individual to Be Contacted		BE CONTACTED IF FURTH	ER INFORMATION IS NEEDED (Iden	tify an individual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm	ent, or suite number)		
		Mediacom Park, NY 1 (City, town, state, zip)	0918		
	Email	Copyrights@med	liacomcc.com	Fax (optional	
0	CERTIFICATION (	This statement of account mus	at be certified and signed in accordance	e with Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check one	e, but only one, of the boxes.)		
	(Owner	r other than corporation or pa	rtnership) I am the owner of the cable	system as identified in line 1 of space B	3; or
			on or partnership) I am the duly autho owner is not a corporation or partnersh		ystem as identified
		er or partner) I am an officer (if in line 1 of space B.	a corporation) or a partner (if a partners	thip) of the legal entity identified as own	er of the cable system
		e, and correct to the best of my	ereby declare under penalty of law that a knowledge, information, and belief, and		
	· 		X /s/ Kenneth J. Kohrs		
			Enter an electronic signature on the line a Enter signature using an "/s/ signature" (α		
		Typed or printed i	name: Kenneth J. Kohrs		
			Group Vice President, Finar of official position held in corporation or partr		
		Date:		8/8/2024	

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.

ccounting Period: 2024/1	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ICC Illinois, LLC (Marshall, IL)	25649
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 add lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmise by satellite carriers to satellite dish owners?	the basic of include sub-ction 119."  Special Statement Concerning Gross Receipts Exclusion
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 un  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S.	A1-2 form.
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	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	days -
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	0.00274  rest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	tance please
** 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 C list below the owner, address, first community served, ID number, and accounting period as given in the ori	•
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 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.

1	1.00
N	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25