TI	his form is	s effect	ive be	eginning with the	January <sup>•</sup>	1 to June 30	), 2017 acco	unting period	(2017/1)
lf	you are fili	ng for a	n prior	accounting period,	, contact t	he Licensing	Division for	the correct forn	n.

## SA1-2E Short Form

for Secondary		FOR COPYRIGH DATE RECEIVED 8/27/2024	T OFFICE USE ONLY AMOUNT \$ ALLOCATION NUMBER	Return completed workbook by email to: <u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED BY	THIS STATEMENT: (YYYY/(Pe	eriod))	
	2024/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20241	Barcode Data Filing Period (optional - see	instructions)	
Accounting Period		-		
В	Instructions: Give the full legal name of the owner of the cal subsidiary, not that of the parent corporation.	ble system. If the owner is a subsidiary of and	other corporation, give the full corporate title of	f the
Owner	List any other name or names under which the	owner conducts the business of the cable sys	stem.	
	If there were different owners during the accor account and royalty fee payment covering the	- · · · ·	of the accounting period should submit a single	
	26805			

		account and royarty ree 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.	26805
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TDS Broadband Service LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Baja Broadband	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717-2152	
		(City, town, state, zip)	
С	INSTR names	<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		
	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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period: 2	024/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	26805
D Area Served	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	unity" is the same as a "community unit" as defined in FCC rules: "a munities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Cortez	CO
Community		
Add Rows as Necessary		

Accounting Period:	2024/1												
	LEGAL NAME OF OWNER OF CABL	E SYSTEM:							STEM ID				
Name	TDS Broadband Service L	LC							2680				
E Secondary Transmission Service: Sub- scribers and Rates	system, that is, the retransmission of about other services (including pay last day of the accounting period (Ju Number of Subscribers: Both blo down by categories of secondary tra each category by counting the numb separately for the particular service Rate: Give the standard rate char unit in which it is generally billed. (E category, but do not include discour Block 1: In the left-hand block in systems most commonly provide to that applies to your system. Note: W categories, that person or entity sho	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											
	subscriber who pays extra for cable first set" and would be counted once					count under "Serv	vice to the						
	Block 2: If your cable system has printed in block 1 (for example, tiers with the number of subscribers and sufficient.	of services that	for seco t include	ondary transmis one or more se	sion service condary tra	ansmissions), list t	hem, togeth						
		DCK 1					BLOCK	(2					
		NO. OF						NO. OF					
	CATEGORY OF SERVICE Residential:	CATEGORY OF SERVICE SUBSCRIBERS RATE		CA	ATEGORY OF SERVICE		SUBSCRIBERS	RATE					
	Service to first set		245	30.00									
	Service to additional set(s)												
	• FM radio (if separate rate)												
	Motel, hotel		17 17.97/mo.										
	Commercial												
	Converter												
	Residential		368	\$6/Mo.									
	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.												
		BLO	<u>CK 1</u>					BLOCK 2					
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE				
	Continuing Services:	8 00 45 00		tion: Non-resid	ential								
	Pay cable     Pay cable—add'l channel	8.00-15.00		el, hotel nmercial		\$0 - \$50							
	• Fire protection		-	r cable		φ <b>υ - φυυ</b>							
	•Burglar protection		· ·	cable-add'l cha	innel								
	Installation: Residential		• Fire	protection			••••••						
	• First set	\$0 - \$49.95	• Bur	glar protection									
	<ul> <li>Additional set(s)</li> </ul>	\$0 - \$49.95	Other s	ervices:									
	• FM radio (if separate rate)		• Rec	connect		0-25							
	Converter		-	connect									
			_	let relocation /e to new addre	SS	19.98-39.96							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM						
Name	TDS Broadband Service LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G 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, <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. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis are equilations, or authorizations: • 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 here in space G—but do list it in space I (the Special Statement and So 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. <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. 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, 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 station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KOAT	7.1	<u>N</u>	Albuquerque, NM						
	KOAT-DT2	7.2	N-M	Albuquerque, NM						
ld Rows as Necessary	KOAT-DT5	7.5	N-M	Albuquerque, NM						
	KBIM	10.1	N	Roswell, NM						
	KBIM-DT2	10.2	N-M	Roswell, NM						
	KOBF	12.1	N	Farmington, NM						
	KOB-DT2	4.2	N-M	Albuquerque, NM						
	KOB-DT3	4.3	N-M	Albuquerque, NM						
	KLUZ	14.1	I	Albuquerque, NM						
	KASA	2.1	I	Santa Fe, NM						
	KRMJ	18.1	Е	Grand Junction, CO						
	KASY	50.1		Albuquerque, NM						
	KWBQ	19.1	i	Santa Fe, NM						
	NWDQ	13.1								

ounting Period: 2	2024/1			FORM SA1-2E. PAGE					
N	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM II					
Name	TDS Broadband Service	2680							
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable system of	luring the accounting period, except (1) st	ator stations and low power television stat ations carried only on a part-time basis ur	nder					
Primary	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								
Transmitters: Television	substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:								
	<ul> <li>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.</li> </ul>								
	<ul> <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> </ul>								
	<b>Column 1:</b> 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.								
	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.								
	<b>Column 3:</b> 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.								
	<b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

Accounting Pe	Accounting Period: 2024/1 FORI									
LEGAL NAME OF	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
TDS Broadband Service LLC										
	every radio stat	ion carrie	d on a separate and discrete ba illy receivable by your cable sys			ied on an		Н		
receivable if (1) if on the basis of m For detailed infor paper SA1-2 form Column 1: Ide Column 2: Sta Column 3: If t signal, indicate th Column 4: Giv	t is carried by the mation about the mation about the n. entify the call signate whether the he radio station his by placing a we the station's	ne system received ne Copyri gn of each station is 's signal w check ma location (i	nd FM Carriage: Under Copyrig whenever it is received at the s at the headend, with the syster ght Office regulations on this po a station carried. AM or FM. was electronically processed by ark in the "S/D" column. the community to which the static	system's headend, n's FM antenna, du pint, see page (v) o the cable system a tion is licensed by t	and (2) it can b uring certain sta f the general in as a separate an	e expecte ited interv structions	ed, vals. /als. s in the. te	Primary Transmitters: Radio		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	-		
N/A								]		

Accounting Period:	: 2024/1						FO	RM SA1-2E. PAGE 5.			
Nama	LEGAL NAME OF OWNER OF CA	BLE SYSTEM	:					SYSTEM ID#			
Name	TDS Broadband Service LLC										
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
	basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Substitute	2 form.										
Carriage: Special Statement and	1. SPECIAL STATEMENT (										
Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
• •	broadcast by a distant station?										
	broadcast by a distant station? YES										
	log in block 2.										
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS										
	In General: List each substitu				ever possible, if	their meaning	is				
	clear. If you need more space										
	Column 1: Give the title of period, was broadcast by a di										
	under certain FCC rules, regu										
	Do not use general categories										
	"NBA Basketball: 76ers vs. Bu										
	Column 2: If the program v										
	Column 3: Give the call sig Column 4: Give the broad				on is licensed by	the FCC or in	n				
	the case of Mexican or Canad						•				
	Column 5: Give the month	and day whe				als, with the mo	onth				
	first. Example: for May 7 give		1								
	<b>Column 6:</b> State the times to the nearest five minutes. E						eiy				
	stated as "6:00–6:30 p.m."	Auripie. u pi	ogram oarnea b	y a system nom e.e n ro p.r	n. to 0.20.00 p.i						
	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 CARRIAGE OCCURRED			7. REASON FOR DELETION						
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		DELETION			
						_					
						_					
						_					
					-						
		+			-1						
		L		L		L					

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM						
Name	TDS Broadband Service LLC		268						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the ta all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	service see \$ 7	4,119.26						
		(Amount of gro	ss 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 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 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- accounting period is \$52.00	month							
	Line 1. Royalty fee for accounting period	\$	52.00						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)								
	1. Base amount under statutory formula \$ 263,800.0	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								
	0. 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	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							
		0.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8								
	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								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  FILING FEE AND TOTAL REMITTANCE DUE  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  \$	52.00	67.00						
lling Fee and Total Remittance Due	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6     FILING FEE AND TOTAL REMITTANCE DUE     1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	67.00						

Accounting Period: 2	024/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CAE TDS Broadband Service LL					SYSTEM ID# 26805
<b>M</b> Channels	to its subscribers, and (2) the 1. Enter the total number of c	cable system's to hannels on which t oroadcast stations ctivated channels i carried television	the cable			13 146
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this sta			ATION IS NEEDED (Identify an individual to whom		
for Further Information	Name Zaneta I	_ewis		т	[elephone	(608) 664-8517
	(Number, stre	ction Rd et, rural route, apartmo n, WI 53717 ate, zip)	nent, or suite n	umber)		
	Email	finance@tdstelec	com.com	Fax (optional)		
O Certification	I, the undersigned, hereby certi     (Owner other than of     (Agent of owner other in line 1 of     X (Officer or partner)     in line 1 of     I have examined the statement	fy that (Check one, corporation or par her than corporation space B and that the space B. of account and her to the best of my k	, <i>but only on</i> rtnership) I : on or partm he owner is a corporation reby declare	and signed in accordance with Copyright Office regulations) e, of the boxes.) am the owner of the cable system as identified in line 1 of space B ership) I am the duly authorized agent of the owner of the cable sy not a corporation or partnership; or n) or a partner (if a partnership) of the legal entity identified as own under penalty of law that all statements of fact contained herein information, and belief, and are made in good faith.	ystem as ide	
				electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or printed	d name:	Sharon V. Tisdale		
		Title:		tant Treasurer		
		Date:		August 23, 2024	4	
Privacy Act Notice:	I Section 111 of title 17 of the United S	tates Code authorize	es the Copyr	ight Office to collect the personally identifying information (PII) request	ted 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.

Accounting Period: 2024/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TDS Broadband Service LLC	26805
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	
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	
* 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 Accounting period	

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