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					
8/16/24	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20241 Barcode Data Filing Period (optional - see instructions)
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
	WideOpenWest, Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	ITC Globe Inc.
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	7887 E. Belleview Ave., Ste. 1000 (Number, street, rural route, apartment, or suite number)
	Englewood, CO 80111-6007
	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
System	IDENTIFICATION OF CABLE SYSTEM:
	Knology of the Valley
	MAILING ADDRESS OF CABLE SYSTEM:
	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.

Name WideO Instruction "a separate discrete as the "fi	ME OF OWNER OF CABLE SYSTEM: nenWest, Inc. ns: List each separate community served by the cable system. A "comm te and distinct community or municipal entity (including unincorporate nincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo st community." Please use it as the first community on all future filings ities and properties such as hotels, apartments, condominiums, or mob city. CITY OR TOWN Chambers County Harris County Lanett Valley West Point	ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno ys.
D Instructi "a separa discrete as the "f Note: En identifier First Community	ns: List each separate community served by the cable system. A "comn te and distinct community or municipal entity (including unincorporated nincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you st community." Please use it as the first community on all future filings ities and properties such as hotels, apartments, condominiums, or mobicity. CITY OR TOWN Chambers County Harris County Lanett Valley	munity" is the same as a "community unit" as defined in FCC rule ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter knows. State bile home parks should be reported in parentheses below the STATE AL GA AL AL
D "a separadiscrete as the "f Note: En identified First Community	te and distinct community or municipal entity (including unincorporated nincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you st community." Please use it as the first community on all future filings ities and properties such as hotels, apartments, condominiums, or mobicity. CITY OR TOWN Chambers County Harris County Lanett Valley	ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter knows. State STATE AL GA AL AL AL
Area Served discrete as the "f Note: En identified dentified denti	nincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you st community." Please use it as the first community on all future filings ities and properties such as hotels, apartments, condominiums, or mobicity. CITY OR TOWN Chambers County Harris County Lanett Valley	you list will serve as a form of system identification hereafter knows. By the state of the sta
Area Served Area Served First Community	st community." Please use it as the first community on all future filings ities and properties such as hotels, apartments, condominiums, or mob city. CITY OR TOWN Chambers County Harris County Lanett Valley	ss. bile home parks should be reported in parentheses below the STATE AL GA AL AL AL
Area Served Note: En identified First Community	ities and properties such as hotels, apartments, condominiums, or mob city. CITY OR TOWN Chambers County Harris County Lanett Valley	STATE AL GA AL AL
Area Served identifies First Community	CITY OR TOWN Chambers County Harris County Lanett Valley	STATE AL GA AL AL
First Community	CITY OR TOWN Chambers County Harris County Lanett Valley	AL GA AL AL
Community	Chambers County Harris County Lanett Valley	AL GA AL AL
Community	Chambers County Harris County Lanett Valley	AL GA AL AL
Community	Chambers County Harris County Lanett Valley	AL GA AL AL
Community	Harris County Lanett Valley	GA AL AL
	Lanett Valley	AL AL
I Rows as Necessary	Valley	AL
l Rows as Necessary		
	West Point	

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61052

WideOpenWest, Inc.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	571	35.00	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial			
Converter			
 Residential 	622	2.00-30.00	
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	10.99-17.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial		Expanded Basic	65.00
Fire protection		• Pay cable		Digital	10.00
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	10.00-99.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	40.00		
Converter		Disconnect	50.00		
		Outlet relocation	20.00		
		 Move to new address 	30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61052

PRIMARY TRANSMITTERS: TELEVISION

WideOpenWest, Inc.

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, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WCIQ	7	E	Mount Cheaha, AL
WCIQ-simulcast	7	E	Mount Cheaha, AL
WGBP-TV	17		Opelika, AL
WGBP-TV-simulcast	17	l	Opelika, AL
WJSP	28	E	Columbus, GA
WLTZ	35	N	Columbus, GA
WLTZ-simulcast	35	N	Columbus, GA
WLTZ-2	35	N	Columbus, GA
WLTZ-2-simulcast	35	N	Columbus, GA
WLTZ-3	35	N-M	Columbus, GA
WRBL	15	N	Columbus, GA
WRBL-2	15	N-M	Columbus, GA
WRBL-4	15	N-M	Columbus, GA
WRBL-simulcast	15	N	Columbus, GA
WTVM	11	N	Columbus, GA
WTVM-2	11	N-M	Columbus, GA
WTVM-3	11	N-M	Columbus, GA
WTVM-4	11	N-M	Columbus, GA
WTVM-simulcast	11	N	Columbus, GA
WXTX	24	N	Columbus, GA
WXTX-2	24	N-M	Columbus, GA
WXTX-3	24	N-M	Columbus, GA
WXTX-simulcast	24	N	Columbus, GA

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61052

WideOpenWest, Inc.

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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						ļ	
						[
						 	
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A	- J. 2024 /4								500	101105 01055
Accounting Perio	od: 2024/1 LEGAL NAME OF OWNER OF	CARLE SYS	STEM:						FORI	SYSTEM ID#
Name	WideOpenWest, Inc.	CABLE OTC) I LIVI.							61052
	videOpenivest, inc.									01032
ı	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the	tify every no accounting p	nnetwork telev period, under sp	<i>isioi</i> oeci	n program, broadcast by fic present and former Fo	a <i>distant</i> sta CC rules, reg	gulations,	or aut	horizatio	ns. For a further
Substitute	explanation of the programm					ne general in	struction	s in the	paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	_			-	ē				
Statement and	During the accounting per	•	ur cable systei	m ca	arry, on a substitute bas	sis, any non	network	televis	1	
Program Log	og broadcast by a distant station?									
	Note: If your answer is "No	o", leave the	e rest of this pa	age	blank. If your answer is	"Yes," you	must cor	nplete	the prog	gram
	log in block 2.									
	2. LOG OF SUBSTITUT		-	4_	Dar Herricker			: e 41 :		_ :_
	In General: List each subsclear. If you need more sp					s wnerever p	ossible,	it their	meanin	g is
	Column 1: Give the title					program")	that, duri	ng the	account	ing
	period, was broadcast by a		,		•		•	_		
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs		SVICS OF BUSIN	CLD	un. List specific progra	iii uuoo, ioi	схатрю	, 120	ve Eddy	OI
	Column 2: If the progra									
	Column 3: Give the call Column 4: Give the bro	0					icensed l	ny the	ECC or	in
	the case of Mexican or Ca								1 00 01,	
	Column 5: Give the mo		when your sy	/stei	m carried the substitute	program. L	Jse nume	rals, v	vith the r	nonth
	first. Example: for May 7 g Column 6: State the tim		a substituta nr	oar	am was carried by your	rahla svete	m liett	ne time	es accur	ately
	to the nearest five minutes									atory
	stated as "6:00-6:30 p.m."						_			
	Column 7: Enter the let to delete under FCC rules									
	was substituted for program									ogram
	effect on October 19, 1976	S								
						\/\L	EN SUBS	TITLI	TC	
	S	UBSTITUT	E PROGRAM	1			IAGE O			7. REASON FOR
	TITLE OF PROGRAM	1	3. STATION'S			5. MONTH 6. TIMES			DELETION	
	1. THE OF PROGRAM	Yes or No	CALL SIGN	4.	STATION'S LOCATION	AND DAY	FROM		TO	
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accounting Period:	2024/1 FORM SA1-2E	. PAGE 6.							
Name		EM ID# 61052							
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 total c 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, se 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. \$227,08* IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross rec								
		ceipts)							
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-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	0.00							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)								
	1. Base amount under statutory formula								
	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)	1.87							
		0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	1.87							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	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 receipts (under statutory formula)								
	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								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	1.87							
	EFT Trace # or TRANSACTION ID #								
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.								

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: st, Inc.			SYSTEM ID# 61052
M Channels	to its subscribers 1. Enter the total		al number of activated chann he cable	ystem carried television broadcast stations els during the accounting period.	23
	on which the ca	I number of activated channel able system carried television ast services			329
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accoun		D (Identify an individual to whom	
for Further Information	Name Address	7887 E. Belleview Av	Ste. 1000	Telephone 72	20-238-2844
		(Number, street, rural route, apart Englewood, CO 801 (City, town, state, zip)	nt, or suite number)		
	Email	Bill.lam@wowi	.com	Fax (optional)	
O Certification	I, the undersign (Owne	ed, hereby certify that (Check or other than corporation or p	e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the	cordance with Copyright Office regulations) e cable system as identified in line 1 of space B; of the cable system as identified in line 1 of the	
	in X (Office	line 1 of space B and that the o	ner is not a corporation or part		
		e, and correct to the best of m		law that all statements of fact contained herein lief, and are made in good faith.	
			/s/ Teresa Elde	the line above to certify this statement.	
		Typed or printed	name: Teresa Elder		
		Title: (Title of c	Chief Executive Office		
		Date:		August 16, 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.

Accounting Period: 2024/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
WideOpenWest, Inc.	61052
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	·
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	-
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	

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 th 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.