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							
8/27/24	\$							
	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
	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
	yondoo Broadband LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 22467 (Number, street, rural route, apartment, or suite number)
	Baltimore MD 21203 (City, town, state, zip)
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	1 IDENTIFICATION OF CABLE SYSTEM:
	yondoo Broadband Vandenberg
	MAILING ADDRESS OF CABLE SYSTEM:
	PO Box 22467 (Number, street, rural route, apartment, or suite number)
	Baltimore MD 21203 [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.

	I	FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	yondoo Broadband LLC	636
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter kno filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, cidentified city.	or mobile home parks should be reported in parentheses below the
First	CITY OR TOWN Vandenberg AFB	STATE CA
Community		
I Rows as Necessary		
rows as necessary		

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

63692

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

yondoo Broadband LLC

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:							
Service to first set	110	84.50	Starter	1	31.50		
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
					i		

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		Motel, hotel		L		
 Pay cable—add'l channel 		Commercial				
Fire protection		Pay cable				
•Burglar protection		Pay cable-add'l channel		Ī		
Installation: Residential		Fire protection				
First set		Burglar protection		L		
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect		ľ		
Converter		Disconnect		ľ		
		Outlet relocation		ľ		
		Move to new address		ľ		
				ľ		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63692

yondoo Broadband LLC

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KEYT	3	N	Santa Barbara, CA
KCOY	12	N	Santa Maria, CA
KSBY	6.2	N	San Luis Obispo, CA
KCAL	9	<u> </u>	Los Angeles, CA
KKFX	11	N	San Luis Obispo, CA
KPMR	38.3	N	Santa Barbara, CA
KSBY	6.3	N	San Luis Obispo, CA
KEYT	3.2	N	Santa Barbara, CA
KSBY	6.1	N	Santa Barbara, CA
KCET	28.1	N	Los Angeles, CA
KMPR	38.2	N	Santa Barbara, CA
KMPR	38	N	Santa Barbara, CA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

yondoo Broadband LLC

63692

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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ACCUINTING PARIS							F0D	M O M O E D A O E E		
Accounting Perio	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	yondoo Broadband L							63692		
	, o =							00002		
1	SUBSTITUTE CARRIAG	_	_			tion, that y	our cable sy	stem carried on a		
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and										
Program Log										
	log in block 2.									
	2. LOG OF SUBSTITUT In General: List each subs		_	ate line. Use abbreviations	s wherever n	ossible if	their meanin	ug ie		
	clear. If you need more sp				s wherever p	ossible, ii	tileli illealiii	ig is		
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re			•	•	•	•			
	Do not use general categor									
	"NBA Basketball: 76ers vs			, , , , , , , , , , , , , , , , , , ,			•			
				er "Yes." Otherwise enter ' casting the substitute progr						
		0		the community to which th		censed by	the FCC or	, in		
	the case of Mexican or Ca									
	first. Example: for May 7 g		when your sy	stem carried the substitute	e program. U	se numer	als, with the	month		
			e substitute pr	ogram was carried by you	r cable syste	m. List the	e times accu	rately		
	to the nearest five minutes	•	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.i	m. should be			
	stated as "6:00–6:30 p.m."		e listed program	n was substituted for prog	ramming that	vour svs	tem was reg	uired		
	to delete under FCC rules									
	was substituted for progra	•	your system w	as permitted to delete und	der FCC rules	and regu	ulations in			
	effect on October 19, 1976	Ď.								
		WHEN SUBSTITUTE								
	S	UBSTITUT	E PROGRAM	1		AGE OC	CURRED	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	7. REASON FOR DELETION		
				4. STATION'S LOCATION	CARRI	AGE OC	CURRED			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: yondoo Broadband LLC	51	STEM 636					
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.	\$ 20,853.00						
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	•					
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 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.	\$263,80(
	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 t accounting period is \$52.00	his six-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 \$137,1		02.00					
	1. Base amount under statutory formula							
	Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	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		0.00					
	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)						
	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) \$	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							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	EFT Trace # or TRANSACTION ID #							
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the excellent of the paper SA1 of the paper SA1 of the paper SA1 of the Excel instructions tab for more than the paper SA1 of the paper SA1 of the Excel instructions tab for more than the paper SA1 of the paper SA1 of the paper SA1 of the Excel instructions tab for more than the paper SA1 of the paper SA1 of the Excel instructions tab for more than the paper SA1 of the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the Excel instructions tab for more than the Excel instructions tab for more than the Excel instruction table that the paper SA1 of the Excel instructions tab for more than the Excel instruction table that the Excel instruction table the Excel instruction table that the Excel instruction table table the Excel instruction table ta							

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:				SYSTEM ID# 63692
M Channels	to its subscribers, and (2) th 1. Enter the total number of	e cable system's to channels on which proadcast stations. activated channels	the cable		ecounting period.	. 12
				Stations		193
N Individual to Be Contacted	we can contact about this st	atement of account		RMATION IS NEEDED (Identify an in		
for Further Information	Name Robert	Steffen			Telephone	410-727-8250 ext 121
	Address PO Box (Number, st	c 22467 reet, rural route, apartm	nent, or suite	e number)		
	Baltimo (City, town,	ore MD 21203 state, zip)				
	Email				Fax (optional)	
_	CERTIFICATION (This stater	ment of account mu	st be cert	tified and signed in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersigned, hereby of	certify that (Check or	ne, <i>but onl</i>	y one, of the boxes.)		
	(Owner other than	n corporation or pa	artnership	p) I am the owner of the cable system a	as identified in line 1 of space	B; or
		•		artnership) I am the duly authorized ag t a corporation or partnership; or	gent of the owner of the cable	system as identified
	X (Officer or partner in line 1 of spa		f a corpora	ation) or a partner (if a partnership) of t	the legal entity identified as ov	wner of the cable system
		ct to the best of my		clare under penalty of law that all state le, information, and belief, and are mad		n
			X	/s/Robert Steffen		
				electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/.		
		Typed or printed	name:	Robert Steffen		
				resident of Finance n held in corporation or partnership)		
		Date:		1941941941941941941941941941941941941941	08/26/2024	

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Accounting Period: 2024/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63692 vondoo Broadband LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 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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