

CONTROL #:

REMITTANCE #: 118028



\$ 12,109.00  
Total amount of remittance

1  
Number of SAs rec'd

C.G  
Initials

02 120/2019  
Date of remittance

Check

EFT

FILING FEE

Cable ID # 62469

Amount/Initials RIC

Examined by

CS

Reviewed by

Date examination completed

6-5-19

Allocation number

1011421

\$12,109.00

Space A  
Accounting  
Period

January 1 – June 30, 20 \_\_\_\_

July 1 – December 31, 20 \_\_\_\_

Letter sent

Information received

Accepted  Phone call/Date/Contact

Space B  
Owner

Letter sent

Information received

Accepted  Phone call/Date/Contact

Space D  
Area Served

Letter sent

Information received

Accepted  Phone call/Date/Contact

Space E  
Secondary  
Transmission  
Service  
Subscribers:  
and Rates

Letter sent

Information received

Accepted  Phone call/Date/Contact

Space G  
Primary  
Transmitters:  
Television

Letter sent

Information received

Accepted  Phone call/Date/Contact

Space H  
Primary  
Transmitters:  
Radio

Accepted  Phone call/Date/Contact

<p>2.2 1 00, 001, 51</p> <p><input type="checkbox"/> Letter sent <input type="checkbox"/> Information received</p> <p><input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact</p>	<p><b>Space I</b> Substitute Carriage</p>
<p>X X 0108 05 50</p> <p><input type="checkbox"/> Letter sent <input type="checkbox"/> Information received</p> <p><input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact</p>	<p><b>Space J</b> Part-time Carriage Log  (SA3 only)</p>
<p><input type="checkbox"/> Letter sent <input type="checkbox"/> Information received</p> <p><input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact</p>	<p><b>Space K</b> Gross Receipts</p>
<p><input type="checkbox"/> Royalty Fee should be \$ <input type="checkbox"/> Refund request to fiscal</p> <p><input type="checkbox"/> Letter sent <input type="checkbox"/> Information received</p> <p><input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact</p>	<p><b>Space L</b> Copyright Filing and Royalty Fees</p>
<p><input type="checkbox"/> Letter sent <input type="checkbox"/> Information received</p> <p><input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact</p>	<p><b>Space M</b> Channels</p>
<p><input type="checkbox"/> Letter sent <input type="checkbox"/> Information received</p> <p><input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact</p>	<p><b>Space O</b> Certification</p>
<p><input type="checkbox"/> Letter sent <input type="checkbox"/> Information received</p> <p><input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact</p>	<p><b>Space P</b> Statement of Gross Receipts</p>
<p><input type="checkbox"/> Letter sent <input type="checkbox"/> Info/add'l fee received</p> <p><input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact</p>	<p><b>Space Q</b> Interest Assessment</p>

**THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015**  
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA3  
 Long Form**

Return to:  
 Library of Congress  
 Copyright Office  
 Licensing Division  
 101 Independence Ave. SE  
 Washington, DC 20557-6400  
 (202)707-8150

For courier deliveries,  
 see page ii of the general  
 instructions.

**STATEMENT OF ACCOUNT**  
 for Secondary Transmissions by  
 Cable Systems (Long Form)

General instructions are at the  
 end of this form [pages i-viii].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT <i>CS</i>
<b>LICENSING DIVISION</b>	\$ <i>12,109.00</i>
FEB 21 2019	ALLOCATION NUMBER
<b>RECEIVED</b>	<i>1011425</i>

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)</b>			
	<input type="checkbox"/> January 1–June 30 ..... (Year)		<input checked="" type="checkbox"/> July 1–December 31 <i>2018</i> ..... (Year)	
<b>B</b> Owner	<b>INSTRUCTIONS:</b> Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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. <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <u>62469</u>			
	1	<b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b> Consolidated Telephone Company <span style="float: right;">62469</span>		
	2	<b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):</b>		
	3	<b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM:</b> 1102 Madison St PO Box 972 (Number, street, rural route, apartment, or suite number) Brainerd, MN 56401 (City, town, state, zip)		
<b>C</b> System	<b>INSTRUCTIONS:</b> 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.			
	1	<b>IDENTIFICATION OF CABLE SYSTEM:</b>		
	2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> ..... (Number, street, rural route, apartment, or suite number) ..... (City, town, state, zip code)		
<b>D</b> Area Served  First ► Community   Sample ►	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.			
	CITY OR TOWN		STATE	
	Randall		MN	
	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.			
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Alda	MD	A	1	
Alliance	MD	B	2	
Gering	MD	B	3	

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<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Telephone Company
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<b>E</b>  Secondary Transmission Service: Sub- scribers and Rates	<b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b> <b>In General:</b> 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). <b>Number of Subscribers:</b> 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). <b>Rate:</b> 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. <b>Block 1:</b> 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. <b>Note:</b> 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)." <b>Block 2:</b> 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.					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	<b>Residential:</b> • Service to first set ..... • Service to additional set(s) ..... • FM radio (if separate rate) ..... <b>Motel, hotel</b> <b>Commercial</b> <b>Converter</b> • Residential ..... • Non-residential .....	4,337	\$38.99			

<b>F</b>  Services Other Than Secondary Transmissions: Rates	<b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b> <b>In General:</b> 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. <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> 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
	<b>Continuing Services:</b> • Pay cable ..... • Pay cable—add'l channel ..... • Fire protection ..... • Burglar protection ..... <b>Installation: Residential</b> • First set ..... • Additional set(s) ..... • FM radio (if separate rate) ..... • Converter .....	\$0.00 \$0.00 \$0.00 \$0.00 \$49.95 \$0.00 \$0.00 \$0.00	<b>Installation: Non-residential</b> • Motel, hotel ..... • Commercial ..... • Pay cable ..... • Pay cable—add'l channel ..... • Fire protection ..... • Burglar protection ..... <b>Other services:</b> • Reconnect ..... • Disconnect ..... • Outlet relocation ..... • Move to new address .....	\$49.95 \$49.95 \$0.00 \$0.00 \$0.00 \$0.00 \$23.00 \$0.00 \$0.00 \$0.00	Expanded Basic ..... Big Value ..... HBO ..... Cinemax ..... HBO/Cinemax ..... Starz/Encore ..... Showtime ..... Movie Channel .....	\$84.69 \$10.95 \$16.95 \$13.95 \$22.95 \$13.95 \$14.95 \$17.95












LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Telephone Company	<b>Name</b>
<b>GROSS RECEIPTS</b> <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . . ▶ <span style="border: 1px solid black; padding: 2px;">\$ 1,069,924.59</span> <small>(Amount of gross receipts)</small> <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.	<b>K</b> <b>Gross Receipts</b>
<b>COPYRIGHT ROYALTY AND FILING FEES</b> <b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> <li>• Complete block 1, showing your minimum fee.</li> <li>• Complete block 2, showing whether your system carried any distant television stations.</li> <li>• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul> ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.	<b>L</b> <b>Copyright Royalty Fee</b>
Block 1 <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K . . . . . ▶ \$1,069,924.59 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. . . . . ▶ <span style="border: 1px solid black; padding: 2px;">\$ 11,384.00</span> This is your minimum fee. . . . . ▶	
Block 2 <b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete the DSE schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.	
Block 3 Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero . . . . . ▶ \$ Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero . . . . . ▶ Line 3. Add lines 1 and 2 and enter here . . . . . ▶ <span style="border: 1px solid black; padding: 2px;">\$</span>	
Block 4 Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger. . . . . ▶ \$ 11,384.00 Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. . . . . ▶ \$ 0.00 Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) . . . . . ▶ \$ 0.00 Line 4. <b>FILING FEE:</b> . . . . . ▶ \$ 725.00 <b>TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2, 3 and 4 of block 4 and enter total here . . . . . ▶ <span style="border: 1px solid black; padding: 2px;">\$ 12,109.00</span>  Remit this amount via <i>electronic payment</i> payable to <i>Register of Copyrights</i> . (See page (i) of the general instructions for more information.)	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Telephone Company	<b>Name</b>
<b>M</b>  Channels	<b>CHANNELS</b> <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations .....	19
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .....	350
<b>N</b>  Individual to Be Contacted for Further Information	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)	
	Name <u>Greg Springer</u> .....	Telephone <u>(218) 454-1128</u> <small>(Area code)</small>
	Address <u>1102 Madison St PO Box 972</u> <small>(Number, street, rural route, apartment, or suite number)</small>	
	<u>Brainerd, MN 56401</u> <small>(City, town, state, zip)</small>	
	Email (optional) <u>greg@goctc.com</u> .....	Fax (optional) .....
<b>O</b>  Certification	<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	
	<ul style="list-style-type: none"> <li>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li><input type="checkbox"/> <b>(Owner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or</li> <li><input type="checkbox"/> <b>(Agent of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li><input checked="" type="checkbox"/> <b>(Officer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> </ul>	
	<ul style="list-style-type: none"> <li>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C. sec. 1001]</li> </ul>	
		Handwritten signature: <u><i>Kristi Westbrook</i></u> .....
	Typed or printed name: <u>Kristi Westbrook</u> .....	
	Title: <u>CEO/GM</u> .....	
	<small>(Title of official position held in corporation or partnership)</small>	
	Date: <u>2/20/19</u> .....	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Consolidated Telephone Company</b>	<b>Name</b>								
<p><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b>                  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."                  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.                  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  <input type="checkbox"/> NO  <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. .... \$ _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">Name _____</td> <td style="width: 50%; padding: 2px;">Name _____</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Mailing address _____</td> <td style="width: 50%; padding: 2px;">Mailing address _____</td> </tr> <tr> <td style="width: 50%; padding: 2px;">_____</td> <td style="width: 50%; padding: 2px;">_____</td> </tr> <tr> <td style="width: 50%; padding: 2px;">_____</td> <td style="width: 50%; padding: 2px;">_____</td> </tr> </table>	Name _____	Name _____	Mailing address _____	Mailing address _____	_____	_____	_____	_____	<b>P</b>  <b>Special Statement Concerning Gross Receipts Exclusions</b>
Name _____	Name _____								
Mailing address _____	Mailing address _____								
_____	_____								
_____	_____								
<p><b>INTEREST ASSESSMENT</b>                  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.</p> <p>Line 1 Enter the amount of late payment or underpayment ..... \$ _____  <span style="float: right;">x _____ %</span></p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here ..... _____  <span style="float: right;">x _____ days</span></p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here ..... _____  <span style="float: right;">x 0.00274</span></p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) ..... \$ _____  <span style="float: right;">(interest charge)</span></p> <p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a>.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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, accounting period, and ID number as given in the original filing.</p> <p>Owner _____                  Address _____                  _____                  First community served _____                  Accounting period _____                  ID number _____</p>	<b>Q</b>  <b>Interest Assessment</b>								

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# RA-1 Electronic Funds Transfer Remittance Advice for Cable/Satellite

[Reset Form](#)

[Email Form](#)

Complete and email this form to [licfiscal@copyright.gov](mailto:licfiscal@copyright.gov) or fax to (202) 707-0905 and attach a copy to the Statement(s) of Account.  
**NOTE:** For prior and current accounting periods, the appropriate interest fee(s) if applicable, *must* be added to the royalty fees.  
 Interest rate information is available at <http://www.copyright.gov/licensing/interest-rate.pdf>.

Remitter's (company) name Consolidated Telephone Company

Contact person Greg Springer

Telephone number (218) 454-1128 Email greg@gocdc.com

Date of EFT (actual or anticipated) 02/18/2019 Type of EFT  FedWire  ACH

Type of royalty payment  Cable  Satellite Type of SOA  Paper  Electronic (Cable only)

**NOTE:** Check both boxes if filing paper and electronic.  
 Indicate electronic (E) filing with ID # (ex. 12345E).

Total amount of EFT \$ 12,109.00

Legal name (See space B of Statement of Account) Consolidated Telephone Company

YEAR	PERIOD	ID # (AND ENTER E IF APPLICABLE)	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES
1 2019	2	62469	Randall, MN	\$ 725.00	\$ 11,384.00	\$ 0.00	\$ 12,109.00
2							\$ 0.00
3							\$ 0.00
4							\$ 0.00
5							\$ 0.00
6							\$ 0.00
7							\$ 0.00
8							\$ 0.00
9							\$ 0.00
10							\$ 0.00
11							\$ 0.00
12							\$ 0.00
13							\$ 0.00
14							\$ 0.00
15							\$ 0.00
16							\$ 0.00
17							\$ 0.00
18							\$ 0.00

(Form continued on back)

YEAR	PERIOD	ID # (AND ENTER E IF APPLICABLE)	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES
19							\$ 0.00
20							\$ 0.00
21							\$ 0.00
22							\$ 0.00
23							\$ 0.00
24							\$ 0.00
25							\$ 0.00
26							\$ 0.00
27							\$ 0.00
28							\$ 0.00
29							\$ 0.00
30							\$ 0.00
31							\$ 0.00
32							\$ 0.00
33							\$ 0.00
34							\$ 0.00
35							\$ 0.00
36							\$ 0.00
37							\$ 0.00
38							\$ 0.00
39							\$ 0.00
40							\$ 0.00
41							\$ 0.00
42							\$ 0.00
43							\$ 0.00
44							\$ 0.00
45							\$ 0.00
46							\$ 0.00
47							\$ 0.00
48							\$ 0.00
49							\$ 0.00
50							\$ 0.00

FILING FEES \$ 725.00

ROYALTY FEES \$ 11,384.00

INTEREST FEES \$ 0.00

TOTAL FEES \$ 12,109.00

Privacy Act Notice: Sections 111 and 119 of title 17, *United States Code*, authorize the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your payment. PII is any personal information that can be used to identify or contact an individual, such as names, addresses, and telephone numbers. The Copyright Office collects this PII in order to allocate your payment by electronic funds transfer (EFT). By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes being available for public inspection and being included in search reports prepared for the public. The effects of not providing the PII requested are that it may delay the allocation of your payment and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

NOVITEX GOVERNMENT SOLUTIONS  
CAPITOL HEIGHTS MAIL FACILITY  
5-6000

**LOC**

FROM: CONSOLIDATED TELECOMMUNICATION  
CARR: Federal Express  
TRK#: 876697298445  
DATE: 2/21/2019                      TIME: 1144

TO:                      COPY-MIX OFFICE  
OFFICE:                LICENSING DIVISION  
BUILDING:             MADISON  
MS:                     COPY-MIX  
ROUTE:                 LOC-COPY-MIX



9999010437564

### Helping the environment.

When you use envelopes that are part of our FedEx carbon-neutral envelope shipping program, you're helping support sustainable projects like wind farms and reforestation. Our investments in these projects help neutralize the carbon emitted when shipping, all at no extra cost to you. Now that's a breath of fresh air.

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