

In the Matter of

Distribution of 1990, 1991
and 1992 Cable Royalty Funds

Docket No. 94-3 CARP CD90-92



DISTRIBUTION ORDER

On June 26, 1998, the United States Court of Appeals for the District of Columbia Circuit issued its decision in National Ass'n of Broadcasters v. Librarian of Congress, 146 F.3d 907 (D.C. Cir. 1998), affirming the distribution order of the Librarian in the above-captioned proceeding. Now that the mandate has issued from the court, the Register determines that it is appropriate to make a final distribution of the royalties remaining in the 1990, 1991 and 1992 cable royalty funds.

Wherefore, IT IS ORDERED that the royalties in the 1990, 1991 and 1992 cable royalty funds SHALL BE DISTRIBUTED on or after September 24, 1998, in accordance with the distribution percentages specified in the Librarian's final order, 61 FR 55653 (October 28, 1996).

SO ORDERED.

A handwritten signature in cursive script, reading 'David O. Carson', is written over a horizontal line.

David O. Carson,
General Counsel.

DATED: September 9, 1998

LIBRARY
OF
CONGRESS

x 70977
West
on
Washington
D.C. 20024

LIBRARY OF CONGRESS
COPYRIGHT OFFICE, LICENSING DIVISION



September 9, 1998

Dear Parties:

The Copyright Office is preparing to make a distribution of undistributed cable royalties for the years 1990-1992, on September 24, 1998.

Please complete the enclosed Electronic Funds Transfer Authorization Form and return it via facsimile to the attention of Vincent Murzinski at (202) 707-0905, by the close of business on Thursday, September 17, 1998.

Please distribute copies of this letter to the appropriate parties of this cable distribution.

Sincerely

A handwritten signature in black ink, appearing to read "Walter D. Sampson, Jr.", written over the typed name and title.

Walter D. Sampson, Jr.
Chief, Licensing Division

Distribution: Service List

Enclosure
By Facsimile
cc: Vincent Murzinski

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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

LC ORIGINATING OFFICE Licensing Division		LC CONTACT PERSON NAME		TELEPHONE NO. ()	DATE
INSTRUCTIONS: The Debt Collection Improvement Act of 1996 requires Federal agencies to pay individual and corporate vendor invoices through Electronic Fund Transfer (EFT) after July 26, 1996. The following information is required by the Library of Congress to enable a form of EFT payment called Automated Clearing House (ACH). The information will be kept in an automated vendor database and used only for official Library business. Mail or FAX this survey to the Library of Congress as soon as possible. Keep a copy of this form for your files and notify the Library if changes occur. See verso for additional information.				MAIL TO: Library of Congress Copyright Office Licensing Division 101 Independence Ave., S.E. Washington, DC 20557-6403	
				OR FAX TO: (202) 707-0905 VOICE: (202) 707-8150	
VENDOR CODE		<input type="checkbox"/> Corporations or partnerships use Federal Taxpayer Identification Number (TIN). <input type="checkbox"/> Independent contractors or sole proprietor use Social Security Number (SSN). <input type="checkbox"/> Foreign firms without TIN, do not enter number. The Library of Congress will assign number.			
TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor or Independent Contractor <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Government Agency <input type="checkbox"/> University					
VENDOR NAME			ALTERNATE NAME (doing business as)		
ORDERING ADDRESS LINE 1 (P.O. Box, or Number and Street)			ORDERING ADDRESS LINE 2 (Building, Suite, etc.)		
CITY		STATE	ZIP CODE	COUNTRY	
TELEPHONE NUMBER ()		FAX NUMBER ()		CEC/DUNS NO. (9 digit contractor establishment code)	
CONTACT NAME		TELEPHONE NUMBER ()		TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Financial <input type="checkbox"/> Other	
BUSINESS STATUS (Check all appropriate blocks)					
<input type="checkbox"/> 1. Small Disadvantaged Business		<input type="checkbox"/> 7. Other Nonprofit Organization		<input type="checkbox"/> 13. Federal Government - Within Bureau	
<input type="checkbox"/> 2. Other Small Business		<input type="checkbox"/> 8. State/Local Government Education		<input type="checkbox"/> 14. Foreign Contractor	
<input type="checkbox"/> 3. Large Business		<input type="checkbox"/> 9. State/Local Government Hospital		<input type="checkbox"/> 15. Domestic Contractor	
<input type="checkbox"/> 4. Sheltered Workshop		<input type="checkbox"/> 10. Other State/Local Government		<input type="checkbox"/> 16. Woman Owned Business	
<input type="checkbox"/> 5. Nonprofit Educational Org.		<input type="checkbox"/> 11. Federal Government - Non Dept.		<input type="checkbox"/> 17. Minority Owned Business	
<input type="checkbox"/> 6. Nonprofit Hospital		<input type="checkbox"/> 12. Federal Government - Within Dept.		<input type="checkbox"/> 18. Emerging Small Business	
THE LIBRARY OF CONGRESS MAKES ACH PAYMENTS IN THE CCD PLUS FORMAT. DO YOU HAVE ELECTRONIC DATA INTERCHANGE (EDI) CAPABILITY? <input type="checkbox"/> yes <input type="checkbox"/> No If "yes" describe EDI System on a separate sheet.					
ACH FINANCIAL INSTITUTION INFORMATION (See Verso) ***You may request a waiver from Automated Clearing House (ACH) payment upon certifying below that you do not currently maintain an account with a financial institution or payment agent.					
FINANCIAL INSTITUTION NAME			ROUTING TRANSMIT NUMBER		
ACCOUNT NUMBER			TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
CITY		STATE	ZIP CODE		
ACCOUNT TITLE (if different from vendor name)					
CERTIFICATION OF SURVEY DATA					
1. <input type="checkbox"/> I understand that the Library will make payments by ACH and have provided ACH financial institution information.					
2. <input type="checkbox"/> ***I certify that I/we do not possess an account with a financial institution or payment agent. Send payment by check.					
NAME		TITLE/POSITION		TELEPHONE NUMBER ()	
SIGNATURE				DATE	
FOR LIBRARY OF CONGRESS USE ONLY					
C&L: INPUT BY	DATE	DATE ROUTED TO FSD	VIA <input type="checkbox"/> Mail - FSD/AD (9110) <input type="checkbox"/> Fax - x74261		
FSD: Waiver from ACH Payment <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		DIRECTOR'S SIGNATURE			DATE
FSD/AD: V TYPE	ISSUE IRS FORM 1099 <input type="checkbox"/> Yes <input type="checkbox"/> No	INPUT BY	DATE	REVIEWED BY	DATE
FOR LICENSING DIVISION USE ONLY					
LEGAL NAME (AS ON STATEMENT OF ACCOUNT)			ID#	PERIOD	TYPE