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					
7/27/2017	\$ ALLOCATION NUMBER					
	7,220,77,107,70,000,000					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING 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
		NEP Datavision, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box D
		(Number, street, rural route, apartment, or suite number)
		Forest City, PA 18421 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:
	_	THE REPORT OF STATE O
	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.

Name N In: "a di: as Area	EGAL NAME OF OWNER OF CABLE SYSTEM: NEP Datavision, Inc. Instructions: List each separate community served by the cable system. A "community a separate and distinct community or municipal entity (including unincorporated con liscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list is the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile he dentified city. CITY OR TOWN Forest City Borough Forest City Ararat Township Benton Township Cherryridge Township Fell Township Franklin Township	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
D In: "a did as No idd Served idd First Community	nstructions: List each separate community served by the cable system. A "community a separate and distinct community or municipal entity (including unincorporated con liscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list is the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hot dentified city. CITY OR TOWN Forest City Borough Forest City Ararat Township Benton Township Bridgewater Township Cherryridge Township Fell Township	ty" is the same as a "community unit" as defined in FCC rules mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known ome parks should be reported in parentheses below the STATE PA
Area Served id:	a separate and distinct community or municipal entity (including unincorporated con liscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list is the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hotelentified city. CITY OR TOWN Forest City Borough Forest City Ararat Township Benton Township Bridgewater Township Cherryridge Township Fell Township	mmunities within unincorporated areas and including single, at will serve as a form of system identification hereafter known ome parks should be reported in parentheses below the STATE PA
Area No ide	Isscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lists the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hotelentified city. CITY OR TOWN Forest City Borough Forest City Ararat Township Benton Township Bridgewater Township Cherryridge Township Fell Township	STATE PA
Area No ide	s the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hotelentified city. CITY OR TOWN Forest City Borough Forest City Ararat Township Benton Township Bridgewater Township Cherryridge Township Fell Township	STATE PA
Area Served id:	CITY OR TOWN Forest City Borough Forest City Ararat Township Benton Township Cherryridge Township Fell Township Fell Township	STATE PA PA PA PA PA PA PA PA
Served id	CITY OR TOWN Forest City Borough Forest City Ararat Township Benton Township Bridgewater Township Cherryridge Township Fell Township	STATE PA PA PA PA PA PA PA PA
First Community	CITY OR TOWN Forest City Borough Forest City Ararat Township Benton Township Bridgewater Township Cherryridge Township Fell Township	PA PA PA PA PA PA PA PA PA
Community	Forest City Borough Forest City Ararat Township Benton Township Bridgewater Township Cherryridge Township Fell Township	PA PA PA PA PA PA PA PA PA
Community	Forest City Borough Forest City Ararat Township Benton Township Bridgewater Township Cherryridge Township Fell Township	PA PA PA PA PA PA PA PA PA
Community	Forest City Ararat Township Benton Township Bridgewater Township Cherryridge Township Fell Township	PA PA PA PA PA
	Ararat Township Benton Township Bridgewater Township Cherryridge Township Fell Township	PA PA PA PA
Rows as Necessary	Benton Township Bridgewater Township Cherryridge Township Fell Township	PA PA PA
Rows as Necessary	Bridgewater Township Cherryridge Township Fell Township	PA PA
	Cherryridge Township Fell Township	PA
	Cherryridge Township Fell Township	
	Fell Township	DA
		PA
	Gibson Township	PA
	Great Bend Township	PA
	Greenfield Township	PA
	Harford Township	PA
	Harmony Township	PA
	Herrick Township	PA
	Jackson Township	PA
	Lake Township	PA
	Lebanon Township	PA
	Lebanon Township	PA PA
	Lenox Township Mount Pleasant Township	PA PA
	Mount Pleasant Township New Milford Borough	PA PA
		PA PA
,	New Milford Township Oakland Township	
		PA
	Preston Township	PA
	Scott Township	PA BA
	South Canaan Township	PA BA
	Starrucca Borough	PA
	Thompson Borough	PA
	Thompson Township	PA
	Uniondale Borough	PA
	Vandling	PA
	Clinton Township	PA
<u> </u>		
<u> </u>		
·		

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEP Datavision, Inc.

8YSTEM ID# 61662

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, broker 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 charge 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 categor 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 residentia 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, togethe 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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	4,197	20.50					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
 Residential 							
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 no 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					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel		NEP Plus	55.00	
 Pay cable—add'l channel 		Commercial		NEP Popcorn	6.95	
Fire protection		Pay cable		Nep Nite	9.95	
•Burglar protection		Pay cable-add'l channel		Nep Movie One	17.95	
Installation: Residential		Fire protection		Nep Cinema	12.95	
First set		Burglar protection		Nep Six	12.95	
 Additional set(s) 		Other services:		NEP HBO/Max	24.95	
 FM radio (if separate rate) 		Reconnect		NEP Movie Pass	45.95	
Converter		Disconnect		Nep Explorer	49.10	
		Outlet relocation		STARZ Super Pk	14.99	
		Move to new address		Showtime	16.99	
				HBO/MAX (6)	26.99	

ENCORE (7) 7.99
Movie Pass 51.99
Expanded TV 50.49
Expanded TV Plus 63.49

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61662

NEP Datavision, Inc.

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
WNEP	16.1	N	Scranton, PA
WYOU	22.1	N	Scranton, PA
WBRE	28.1	N	Wilkes-Barre, PA
WOLF	56.1	N	Hazelton, PA
WSWB	38.1	<u> </u>	Scranton, PA
WQMY	53.1	I	Williamsport, PA
WVIA	44.1	E	Scranton, PA
WSKG	46.1	Е	Binghamton, PA
WQPX	64.1	l	Scranton, PA
WBNG	12.1	N	Binghamton, PA
WNEP1	16.2	l	Scranton, PA
WSWB2	38.2	I	Scranton, PA

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NEP Datavision, Inc.

61662

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
	 						
		ļ				 	
	 	 					
	 	 				}	
	 	 					
							
	†						
	 	 					
	 	 					
							
						[
	†						
	 	 					
		 					
		ļ					
	†						
	 	 					
	 	 					
		ļ					
						L	
	 	 					
	 	 					
		 					
							
	T						
	 	 					
	_	ļ					
	 		 				
							

Accounting Perio	d: 2017/1 LEGAL NAME OF OWNER OF	^^DI E 6V6	rem.				FOR	SYSTEM ID#
Name	NEP Datavision, Inc.	OADLL 313	i Livi.					61662
Substitute Carriage: Special Statement and Program Log	01012							
	effect on October 19, 1976. SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH			7. REASON FOR DELETION

Accounting Period:	2017/1			FORM	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#				
	NEP Datavision, Inc.				61662				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's ation of hov	secondary trans w to compute this	mission serves amount, se	ice				
	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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	00 but less	than \$527,600	\$263,800					
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	Ity fee that	you must pay for	this six-month	1				
	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 LE	SS (but m	nore than \$137,	100)					
	Base amount under statutory formula	\$	263,800.00						
	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								
	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)								
	Enter the amount of gross receipts from space K	\$	489,640.00						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	225,840.00						
	4. Multiply line 3 by .01		. \$	2,258.40	-				
	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		-	0.00	-				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6		\$	3,577.40				
	FILING FEE AND TOTAL REMITTANCE DI	UE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,577.40	-				
Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,597.40				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ights!				

Accounting Period:	2017/1					FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF OWNER OF NEP Datavision, Inc.	CABLE SYSTEM:				SYSTEM ID# 61662			
M Channels	CHANNELS Instructions: 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. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 171								
N Individual to Be Contacted									
for Further Information	Name Miche	е			Telephone	570-785-2255			
	(Number,	ain Street street, rural route, apartme		ber)					
	(City, town	, state, zip) mkotcho@nep.ne	et		Fax (optional) 570-785-929	9			
O Certification	Owner other that (Agent of owner in line 1 of sp X (Officer or partrression in line 1 of sp I have examined the staten	other than corporation are B and that the own are B. nent of account and he ect to the best of my kr	e, but only one, rtnership) I am on or partners oner is not a con a corporation) of ereby declare u	and signed in accordance with of the boxes.) In the owner of the cable system a ship) I am the duly authorized agrporation or partnership; or or a partner (if a partnership) of the time of the penalty of law that all state remation, and belief, and are made	as identified in line 1 of space B; gent of the owner of the cable system the legal entity identified as owner ments of fact contained herein	stem as identified			
		Typed or printed r	Enter an electro Enter signature name: Ste	Steven D. Tourje onic signature on the line above to using an "/s/ signature" (e.g., /s/					
		Date:			7/27/17				

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 the 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 telephon 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 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

ounting Period: 2017/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
P Datavision, Inc.	61662
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."	Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
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@loc.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.