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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/28/2017	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED F	RV THIS STATEMENT: (V)	(VV/(Period))	

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20171 Barcode Data Filing Period (optional - see instructions)
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.
		1
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (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 s 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	PINE GROVE STATE CORRECTIONAL INSTITUTION
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	l	

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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	061706
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis known as the "first community." Please use it as the first community on all future filir	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hour identified city.	ome parks should be reported in parentheses below the
First	CITY OR TOWN INDIANA	STATE PA
Community	(PINE GROVE SCI)	
-		
dd Rows as Necessary		

									I-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
	CEQUEL COMMUNICAT	IONS LLC							06170
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny stanuai		within a p		
	Block 1: In the left-hand block				ies of sec	ondary transmiss	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-h	and block. A tv	vo- or thre	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF		DATE	0.47			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		0						
	Service to additional set(s)		0	- 0					
	. ,		v	v					
	• FM radio (if separate rate) Motel, hotel								
	Commercial		178	41.89					
	Converter		170	41.05					
	Residential								
	Non-residential								
	• NON-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services				•		• • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
Fransmissions: Rates	Block 1: Give the standard rat							woro not	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip	1 0							
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	Pay cable	-	• Mot	el, hotel					
	Pay cable—add'l channel	-	• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	nannel				
	Installation: Residential		• Fire	protection					
	First set	-	• Bur	glar protection					
	 Additional set(s) 	-	Other s	services:					
	• FM radio (if separate rate)		• Rec	connect		-			
	• Converter		• Dise	connect					
				let relocation		-			
				/e to new addr	ess	-			
			• Out	let relocation	ess	- - -			

me	LEGAL NAME OF OWNER OF			SYSTEM ID# 061706
	CEQUEL COMMUNIC			001700
hary hitters: ision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on ti Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form. the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA-TV	25	N	PITTSBURGH, PA
	KDKA-TV	25	N	PITTSBURGH, PA
	WQED	13	E	PITTSBURGH, PA
cessary				
essary	WQED	13	E	PITTSBURGH, PA
issary	WQED WTAE-TV	13 51	E	PITTSBURGH, PA PITTSBURGH, PA
essary	WQED WTAE-TV WPCW	13 51 19	E	PITTSBURGH, PA PITTSBURGH, PA JEANNETTE, PA
cessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
cessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
cessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
cessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
ecessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
ecessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
ecessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
Necessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
Necessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
Necessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
Necessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
Necessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
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	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
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	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA
Necessary	WQED	13	E	PITTSBURGH, PA
	WTAE-TV	51	N	PITTSBURGH, PA
	WPCW	19	I	JEANNETTE, PA
	WPGH-TV	43	I	PITTSBURGH, PA

EGAL NAME O								SYSTEM 061
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the cal state whether the radio stat this by placin Sive the statio	y the sy be rece ut the C I sign of the stati tion's sig g a chee n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which th , the community with which th	at the system's h e system's FM ar this point, see p used by the cable the station is lice	neadend, and Itenna, during page (v) of the e system as a nsed by the F	(2) it ca certain genera separat	in be expected, stated intervals. Il instructions in the. e and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		5/D	LOCATION OF STATION	
							·	
							·	
							·	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					061706
					^			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT						r - r	-
Special	During the accounting peri				is any nonne	twork televisi	ion program	1
Statement and	broadcast by a distant stat	-		ourry, on a substitute bus	io, any nonne			
Program Log	-						YES	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more space				wherever pos	sible, if their	meaning is	
	Column 1: Give the title				program") that	at during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ns for further	information	
	Do not use general categori		vies" or "baskel	ball." List specific prograr	n titles, for ex	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva antar	"Voo" Othonwigo optor "I	do "			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa					nsed by the I	FCC or, in	
	the case of Mexican or Can						,	
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	e numerals, w	ith the mor	nth
	first. Example: for May 7 giv					1		L .
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example. a	program came	eu by a system nom 0.01.	15 p.m. to 0.2	.o.ou p.m. sn		
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system w	vas require	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	ind regulatior	ns in	
	effect on October 19, 1976.							
					WHE	EN SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM			IAGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						_	_	
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Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 061706
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this 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 receipts.	mission servic s amount, see	e 1,752.51
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.	\$263,800	
	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 accounting period is \$52.00	this 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,	100)	
	1. 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		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)	
	1. 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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		¢	67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: MUNICATIONS LLC		SYSTEM ID# 061706
M Channels	to its subscribers1. Enter the total system carried2. Enter the total on which the carried	s, and (2) the cable system's I number of channels on whic I television broadcast stations I number of activated channel able system carried television	s	
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	SARAH BOGUE		Telephone (903) 579-3121
	Address	3015 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		
	Email	SARAH.BOGU	E@ALTICEUSA.COM Fax (optional)	
O Certification	I, the undersigned (Owne (Agentian (Agentian (Affic in X (Offic in I have examined	ed, hereby certify that (Check o er other than corporation or p t of owner other than corpora line 1 of space B and that the c er or partner) I am an officer (line 1 of space B. d the statement of account and e, and correct to the best of my	ust be certified and signed in accordance with Copyright Office r ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line tion or partnership) I am the duly authorized agent of the owner of wner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity ident hereby declare under penalty of law that all statements of fact conta knowledge, information, and belief, and are made in good faith.	1 of space B; or f the cable system as identified tified as owner of the cable system nined herein
		Title: (Title of d	VICE PRESIDENT OF ACCOUNTING	
		Date:	08/18/2017	

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	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0617
 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." 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? NO 	P Special Statemen Concerning Gros Receipts Exclusio
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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