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							
8/25/2017	\$ ALLOCATION NUMBER							

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	ACC	OUNTING 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.	63454
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MILFORD COMMUNICATIONS LLC  BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		339 1ST AVE NE PO BOX 200 (Number, street, rural route, apartment, or suite number)	
		SIOUX CENTER IA 51250-0200 (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 ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System		IDENTIFICATION OF CABLE SYSTEM:	Брасс В.
	1		
		MAILING ADDRESS OF CABLE SYSTEM:	
	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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MILFORD COMMUNICATIONS LLC	634
	Instructions: List each separate community served by the cable system. A "con	
D	"a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ted communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno igs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or moidentified city.	obile home parks should be reported in parentheses below the
Serveu		
	CITY OR TOWN	STATE
First	MILFORD	IA
Community	FOSTORIA	IA
d Daniel and National		
d Rows as Necessary		

Accounting Period: 2017/1

FORM SA1-2E PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MILFORD COMMUNICATIONS LLC

SYSTEM ID# 63454

# E

#### 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, 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					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. CATEGORY OF SERVICE SUBSCE	-			
Residential:	00000.11.00		571125111 51 52111152				
Service to first set	723	36.20					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
1	ſ	T		T T			

# 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel	30.00	Basic	18.75
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	30.00	DBS/HD	17.95
<ul> <li>Fire protection</li> </ul>		• Pay cable	14.95		
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel	14.95	Stz/Enc Multiplex	12.95
Installation: Residential		Fire protection		HBO Multiplex	14.95
First set	30.00	Burglar protection		Cinemax Multiplex	10.95
<ul> <li>Additional set(s)</li> </ul>		Other services:		SH/MC Multiplex	12.95
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	14.95		
Converter		Disconnect		Digital box	4.95
		Outlet relocation	40.00	DVR box	8.95
		Move to new address	14.95		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63454

#### MILFORD COMMUNICATIONS 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
KCAU-DT	9	N	SIOUX CITY, IA
KELO-DT	11	N	SIOUX FALLS, SD
KELO-DT2 UTV	11.1	N-M	SIOUX FALLS, SD
KMEG-DT	39	N	SIOUX CITY, IA
KMEG-DT2 DECADES	39.1	N-M	SIOUX CITY, IA
KMEG-DT3 COMET	39.2	N-M	SIOUX CITY, IA
KPTH-DT	49	l	SIOUX CITY, IA
KPTH-DT2 MY NETW	49.1	I-M	SIOUX CITY, IA
KPTH-DT3 GRIT	49.2	I-M	SIOUX CITY, IA
KSIN-DT	28	E	SIOUX CITY, IA
KSIN-DT2 CREATE	28.1	E-M	SIOUX CITY, IA
KSIN-DT3 WORLD	28.2	E-M	SIOUX CITY, IA
KTIV-DT	41	N	SIOUX CITY, IA
KTIV-DT2 CW	41.1	N-M	SIOUX CITY, IA
KTIV-DT3 ME TV	41.2	N-M	SIOUX CITY, IA
KUSD-DT	34	E	VERMILLION, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### MILFORD COMMUNICATIONS LLC

63454

#### 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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Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 63454	
Substitute Carriage: Special Statement and Program Log	In special ement and ement ement and ement emen emen								
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.								
	SI  1. TITLE OF PROGRAM		E PROGRAM  3. STATION'S CALL SIGN	I 4. STATION'S LOCATIOI	5. MONTH	EN SUBST RIAGE OCC 6		7. REASON FOR DELETION	

	LEGAL	NAME OF OWN	ER OF CABLE	E SYSTEM:									SYSTEM	/ IC
Name	MILF	FORD COM	IMUNICA	TIONS	LLC								63	345
<b>K</b> Gross Receipts	Instru all am (as ide page	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)										smission se is amount, s	rvice see	
		during the acc											156,059.7 of gross receipt	
L Copyright Royalty Fee	<ul><li>Instruct</li><li>Comp</li><li>Use b</li><li>Use b</li><li>Use b</li></ul>	RIGHT ROYA tions: To corplete block 1, block 1 if the a block 2 if the a block 3 if the a te (vi) of the g	mpute the replace block 2, or amount of gamount of gamo	royalty feor block 3 gross receives gross receives gross receives	eipts in ceipts	space K is space K is space K is	s more the more the	an \$137,1 an \$263,8	00 but les	ss than \$5		\$263,800		
				BL	OCK 1:	GROSS I	RECEIP	TS OF \$1	37,100 C	R LESS				
		ctions: As a culting period is		n with gro	ss receip	ots of \$137,	,100 or le	ss, the roy	alty fee th	at you mu	st pay fo	r this six-mor	nth	
	Line 1	1. Royalty fee	for account	ing period	b							·		
	Line 2	2. Interest cha	rge. Enter	the amou	ınt from li	ine 4, spac	e Q, page	e 8					0.0	)0
	Line 3	3. TOTAL RO	VΔI TV FFI	F PAYAR	I F FOR	ACCOUN	TING PE	BIOD Add	lines 1 ar	nd 2				
	Line o	J. TOTAL NO				CEIPTS O								_
	1. Bas	se amount un	der statutor	y formula					. \$	263,	800.00	,		
	2. Ent	ter amount of	gross recei	pts from s	space K .				. \$	156,	059.75	_		
	3. Sub	btract line 2 fro	om line 1						\$	107,	740.25	_		
	4. Ent	ter the amoun	t of gross re	eceipts fro	om space	e K				\$		156,059.7	<u>5</u>	
	5. Ent	ter the amoun	t from line 3	3						\$		107,740.2	5_	
	6. Sub	btract line 5 fro	om line 4							\$		48,319.50	<u>)</u>	
	7. Mul	Itiply line 6 by	.005 (enter	r figure he	ere)							\$	241.6	0
	8. Inte	erest charge.	Enter the a	mount fro	om line 4,	, space Q,	page 8						0.0	)0
	9. <b>TO</b>	TAL ROYAL	TY FEE PA	YABLE F	OR ACC	COUNTING	PERIOD	. Add lines	7 and 8 .			\$	241.6	<b>30</b>
		BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)												
	1. Ent	ter the amoun	t of gross re	eceipts fro	om space	e K						_		
	2. Bas	se amount un	der statutor	y formula					\$	263,	800.00	_		
	3. Sub	btract line 2 fro	om line 1									_		
	4. Mul	Itiply line 3 by	.01											
	5. Roy	yalty due on th	he first \$263	3,800 of g	jross rec	eipts (unde	er statutor	y formula)		\$		1,319.00	<u>)</u>	
	6. Inte	erest charge.	Enter the a	mount fro	om line 4,	, space Q,	page 8			· ·		0.00	<u>)                                    </u>	
	7. <b>TO</b>	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6												
				FILING	FEE AN	ND TOTAL	L REMIT	TANCE D	UE					
Filing Fee and Fotal Remittance	1. Roy	yalty Fee Pay	able for Acc	counting F	Period (fr	rom Block 1	1, 2, or 3,	above)		<u>\$</u>		241.60	<u>)</u>	
Due	2. Filir	ng Fee (See t	he instruction	ons for mo	ore inforr	mation on f	filing fee o	calculations	s)	\$		20.00	<u>)</u>	
	3. TO	TAL AMOUN	T DUE FOF	R ACCOU	JNTING I	PERIOD. 1	Add lines	s 2 and 3 .				\$	261.6	50
		Important:						-	-	-	_		rights!	
			See pag	je i of the	genera	l instructio	ons in the	e paper SA	1-2 form	for more	informa	tion.		

Accounting Period:	2017/1									FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF MILFORD COMMUNICA									SYSTEM ID# 63454
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) to 1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast services.	he cable system's tot f channels on which to broadcast stations f activated channels m carried television b	the cable	ble	of activated channels during the state of th	ng the ac	counting period			16
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this s			ORMA	ATION IS NEEDED (Ident	tify an ind	dividual to whor	n		
for Further Information	Name CARO	L ROZEBOOM						Telephone	712-722-3451	1
		ST AVE NE, PO E			mber)					
		CENTER IA 5	1250-0	0200	0					
	Email	carolr@mypremi	ieronline	ne.con	m		Fax (optional	) 712-722-111	3	
	CERTIFICATION (This state	ment of account mus	st be cert	ertified	d and signed in accordance	ce with C	Copyright Office	regulations)		
O Certification	• I, the undersigned, hereby	certify that (Check one	e, <i>but onl</i> y	nly one	e, of the boxes.)					
	(Owner other tha	an corporation or par	rtnership	<b>ip)</b> I aı	am the owner of the cable s	system as	s identified in line	e 1 of space B	; or	
					ership) I am the duly autho		ent of the owner	of the cable sy	stem as identified	
	X (Officer or partn	ner) I am an officer (if a			corporation or partnership; or a partnership; or a partner (if a partnership)		e legal entity ide	ntified as own	er of the cable syst	tem
	in line 1 of sp  • I have examined the statem are true, complete, and corre [18 U.S.C., Section 1001(19	nent of account and he						ained herein		
			X	/s/	/Douglas A. Boone					
					tronic signature on the line re using an "/s/ signature" (			ment.		
		Typed or printed r	name:	DO	OUGLAS A. BOON	IE				
					ESIDENT  eld in corporation or partnership	p)				
		Date:					8-25-17	,		

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Accounting Period: 2017/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MILFORD COMMUNICATIONS LLC	63454
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?  X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 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	

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