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

Return completed workbook

coplicsoa@loc.gov

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

		6371520171
	1	
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		
		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
В		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. 63715
		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
		Skitter Cable TV, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Skitter Cable TV-GRM
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3230 Peachtree Corners Circle, Ste H (Number, street, rural route, apartment, or suite number)
		Norcross, GA 30092
		(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	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	: Sectior	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

8/2/2018

\$67.48

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

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

by email to:

General instructions are located

Cable Systems (Short Form)

STATEMENT OF ACCOUNT for Secondary Transmissions by

in the first tab of this workbook

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Skitter Cable TV, Inc. Instructions: List each separate community served by the cable system. A "community	SYSTEM I 637
	Skitter Cable TV, Inc. Instructions: List each separate community served by the cable system. A "community	
	Instructions: List each separate community served by the cable system. A "community	
	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Allerton	IA
Community	Clio	A
	Sewal	IA
dd Dawe as Nassann	Chariton	IA
dd Rows as Necessary		
	Corydon	A
	Decatur	A
	Garden Grove	A
	Grand River/Westerville	IA
	Lamoni	IA
	Leon	IA
	Lineville	IA
	Lorimor	IA
	Millerton	IA
	Murray	IA
	Russell	A
	Thayer	IA
	Weldon	IA
	Meirose	IA
	Plano	IA
	Promise City	IA III
	Albany	MO
	Denver	MO
	Lathrop	MO
	Martinsville	MO
	New Hampton	MO
	Ridgeway	MO
	Mercer	ΜΟ
	Princeton	MO

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	
Name	Skitter Cable TV, Inc.								6371
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p	space E should on of television oay cable) in sp	l cover all and radio bace F, no	categories o broadcasts t here. All th	f secondar by your sy e facts you	stem to subscri state must be	ibers. Give	information	
Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondar 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 Block 1: In the left-hand block systems most commonly provide that applies to your system. Not	h blocks in spa y transmission umber of billin rice at the rate tharged for eac ((Example: "\$ counts allowed t in space E, the to their subso	ce E call f service. I gs in that o indicated- ch categor 20/mth"). S for advan the form list cribers. Gi	or the numb n general, yo category (the —not the nur y of service. Summarize a ce payment. s the catego we the numb	er of subse ou can con e number of nber of se Include bo any standa ries of sec er of subse	ribers to the ca npute the number of persons or orgonal ts receiving servent th the amount of rd rate variation condary transmis- cribers and rate	er of subsc ganizations vice). of the charg ns within a p ssion servio for each lis	ribers in charged ge and the particular rate ce that cable sted category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	able service to once again und has rate categ iers of service and rates, in th	additional ler "Servic ories for s s that inclu	sets would l te to addition econdary tra ude one or m	be included al set(s)." nsmission ore secon	d in the count un service that are dary transmission	nder "Servi e different f ons), list th tion of the s	ce to the rom those em, together service is	
	BLC	DCK 1 NO. OF	:				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		205	32.99	DVR			62	-
	Service to additional set(s) FM radio (if separate rate) Motel, hotel								
	Commercial Converter								
	Residential Non-residential		405	-					
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscri hose services re two exception or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge	ber) inform that are n ons: you d nished to n susually b the cable s stem furni ge was ma de the rate	nation with re ot offered in o not need to nonsubscribe illed. If any r system for e shed or offer ide or establ	espect to a combination give rate ers. Rate in ates are ch ach of the red during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary tran acerning (1) Ild include l iable per-pl ces listed. period that	esmission) services both the rogram basis, were not	
	CATEGORY OF SERVICE	RATE		RY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installati	on: Non-res					
	Pay cable Pay cable—add'l channel Fire protection	81.99 90.99	• Motel • Comr • Pay c	nercial			STARZ Encore		12. 5.
	•Burglar protection Installation: Residential		• Pay c • Fire p	able-add'l cl protection					
	First set		 Burgl 	ar protection					
	 Additional set(s) FM radio (if separate rate) 		Other se • Reco						

counting Period:	2017/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
Hamo	Skitter Cable TV, Inc.			6371
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations.	at (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program and both on a substitute basis and also	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other
		n's call sign. <i>Do not</i> report origination d with a station according to its over-the		•
	"WETA-2" as the same on	the form.	C 1 1 1	
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), « erms, see page (iv) of the general instru- on of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or (for network multicast), "I" (for indej or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station	a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	кссі	8	N	Des Moines, IA
	KCWE-TV	23	I	Ames, IA
dd Rows as Necessary	KDIN-TV	11	E	Des Moines, IA
,	KDMI	56		Des Moines, IA
	KDSM-TV	17	I	Des Moines, IA
	KFPX-TV	39	I.	Newton, IA
	WHO-DT	13	Ν	Des Moines, IA
	WOI-DT	5.1	Ν	Ames, IA
	WOI-DT-2	5.2	N-M	Ames, IA
	KCPT	18	E	Kansas City, MO
	KCTV	24	N	Kansas City, MO
	KCWE-TV	31	l	Kansas City, MO
	KMBC-TV	29	N	Kansas City, MO
	KMCI-TV	25		Lawrence, KS
	KSHB-TV	36	N	Kansas City, MO
	KSMO-TV	32		Kansas City, MO
	WDAF-TV	34	N	Kansas City, MO
			· · · · · · · · · · · · · · · · · · ·	

Skitter Cable	• OWNER OF (• TV, Inc.	C, IDLL 0	. . . Em.					SYSTEM 637
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. 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	
						·		
				p			1	

Accounting Perio	od: 2017/1						FORM	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Skitter Cable TV, Inc.							63715
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork telev	<i>ision program</i> . broadcast b	v a <i>distant</i> sta	tion. that vo	our cable svs	tem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorization	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer i	s "Ves " vouu	must comp	_	
	-			age blank. If your answer i	3 103, your	nust comp		jram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa	ice, please	add additional	l rows to the tables.				-
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.					, ·	,	
				er "Yes." Otherwise enter				
				casting the substitute prog			H 500	·
	the case of Mexican or Car			the community to which the community with which the			the FCC or,	IN
				stem carried the substitut			ls, with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to t	5:28:30 p.m	i. should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program	•	your system w	as permitted to delete une	der FCC rules	s and regul	ations in	
	effect on October 19, 1976	•						
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
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							_	
1							-	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Skitter Cable TV, Inc.		63715
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	5,204.00 ss receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Compute 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 \$2 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-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
			52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.48
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.48
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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		
	2. 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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.48	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.48
	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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Skitter Cable TV, Inc.	SYSTEM ID# 63715
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	17 25
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		704-576-7323
	Address Address 3230 Peachtree Corners Circle, Ste H (Number, street, rural route, apartment, or suite number) Norcross, GA 30092	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables s in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. • 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., Section 1001(1986)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Steve R. Hughes Title: Treasurer	system as identified ner of the cable system
	Title: Treasurer (Title of official position held in corporation or partnership) Date: 27 July 2018	

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 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 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.

ounting Period: 2017/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
tter Cable TV, Inc.	6371
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	.00 Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	.00 Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	.00 Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	.52
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	.52 .20
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	.52 .20

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