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>
General instructions are located in the first tab of this workbook	2/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD CO	OVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting			Barcode Data Filing Period (optional - see instructions)	
Period				
В		Instructions: Give the full legal name of the of the subsidiary, not that of	e owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title the parent corporation.	
Owner		List any other name or names	s under which the owner conducts the business of the cable system.	
			rs during the accounting period, only the owner on the last day of the accounting period should submit a and royalty fee payment covering the entire accounting period.	
		Check here if this is the system	m's first filing. If not, enter the system's ID number assigned by the Licensing Division.	10964
		T		
		LEGAL NAME OF OWNE	ER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC		
		BUSINESS NAME(S) OF	OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media		
			DWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartr	ment, or suite number)	
		Coudersport, PA 1 (City, town, state, zip)	6915	
<u>^</u>	INST		e any business or trade names used to identify the business and operation of the system	unless these
С			e B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE		
		Zito Media - Gretna MAILING ADDRESS OF CAE		
	2	(Number, street, rural route, apartr	ment, 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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	10964
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Gretna	NE
Jonninumity	Elkhorn Valley	NE NE
Rows as Necessary	Sarpy County	NE NE
ows as necessary	Douglas County	NE
	Waterloo	NE

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	-2E. PAGE TEM IC
Name	Zito Midwest LLC							0.0	1096
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p 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	pace E should on of television hay cable) in sp I (June 30 or Do b blocks in space y transmission umber of billing ice at the rate i harged for eacl . (Example: "\$2 ounts allowed to	cover all and radi ace F, no ecember ce E call service. s in that ndicated h catego 20/mth"). for advar	categories of o broadcasts l ot here. All the 31, as the ca- for the number in general, you category (the —not the num ry of service. I Summarize a nee payment.	secondar by your sy facts you se may be r of subsc u can com number o ber of set nclude bo ny standar	stem to subscril state must be t b). ribers to the cat pute the numbe f persons or org s receiving serv th the amount o rd rate variations	bers. Give hose existi ole system of subscr anizations ice). f the charg s within a p	information ing on the , broken ribers in charged Je and the particular rate	
	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 or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	to their subscr where an inc should be cour ble service to a once again und has rate catego iers of services and rates, in the	ribers. G dividual c additiona er "Servi ories for s that incl	ive the number or organization subscriber in I sets would b ce to addition secondary tran ude one or mo	r of subsc is receivi each appl e included al set(s)." nsmission ore second	ribers and rate in ng service that f licable category. I in the count un service that are dary transmissic	for each lis falls under Example: der "Servio different fr ons), list the on of the s	ted category different a residential ce to the rom those em, together ervice is	
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		62	17.79					
	Service to additional set(s) FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	• Residential • Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat 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	e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) inform hat are r ns: you c ished to usually to ne cable stem furm e was m te the rat	nation with re- not offered in c lo not need to nonsubscribe billed. If any ra system for ea ished or offere ade or establis	spect to al combination give rate in rs. Rate in tes are ch ch of the a ed during f	n with any seco information cond formation shoul arged on a varia applicable servio the accounting p	ndary tran cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not form of a	
								BLOCK 2	
		BLO0 RATE		ORY OF SER	VICF	RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:		CATEG	ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable		CATEG Installat • Mote	t ion: Non-res el, hotel		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installat • Mote • Corr	t ion: Non-res el, hotel imercial		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installat • Mote • Com • Pay	t ion: Non-res el, hotel Imercial cable	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	RATE	CATEG Installat • Mote • Com • Pay • Pay	t ion: Non-res el, hotel mercial cable cable-add'l ch	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installat • Mote • Com • Pay • Pay • Fire	t ion: Non-res el, hotel Imercial cable	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	RATE 17.50	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg	tion: Non-res el, hotel Imercial cable cable-add'l ch protection	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.50	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res hotel mercial cable cable-add'l ch protection protection protection protection cable-add'l ch protection	idential	RATE		ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.50	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc	tion: Non-res el, hotel mercial cable cable-add'l ch protection plar protection ervices:	idential			ORY OF SERVICE	RAT

	LEGAL NAME OF OWNER OF			SYSTEM
ne	Zito Midwest LLC	F CABLE STSTEM.		109
	PRIMARY TRANSMITTERS:	TELEVISION		
ary itters: sion	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 ru- Do <i>not</i> list the station her station was carried <i>only</i> or List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations on's call sign. <i>Do not</i> report origination ed with a station according to its over-th	<i>bt</i> (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a subs the Special Statement and Program L ed both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPI re-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a ful (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMTV	3.1	Ν	Omaha NE
	KPTM	42.1	Ν	Omaha NE
ssary	WOWT	6.1	N	Omaha NE
	KETV	7.1	N	Omaha NE
	KETV KSNB	4.2	N	Omaha NE Lincoln NE
	KSNB	4.2	I	Lincoln NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE
	KSNB KXVO	4.2 15.1	1	Lincoln NE Omaha NE

Accounting P							FORM	/I SA1-2E. PAGE
LEGAL NAME OF Zito Midwes		CABLE SY	/STEM:					SYSTEM ID
								1096
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
ecceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the call tate whether f the radio stat this by placing tive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < 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 this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain si jeneral i eparate	be expected, tated 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	
	·							
						L		

Accounting Perio	od: 2017/2						FORM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Zito Midwest LLC						10964
	SUBSTITUTE CARRIAGI						
I	In General: In space I, identi					ion that your oak	nle system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	program
Program Log	broadcast by a distant sta	tion?					
i rogiani 20g	Note: If your answer is "No'	' leave the	rest of this pac	e blank. If your answer is '	Yes " vou mi		
	log in block 2.	, 10010 110	root of the pag		roo, you me		program
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their me	aning is
	clear. If you need more spa						
	period, was broadcast by a			ision program ("substitute p ur cable system substitute			
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further info	ormation.
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love L	ucy" or
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	lo "		
				sting the substitute progra			
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		C or, in
	the case of Mexican or Can						the menth
	first. Example: for May 7 giv		when your sys	tem carried the substitute p	ologiani. Use	numerais, with	
			substitute pro	gram was carried by your o	cable system.	List the times a	accurately
	to the nearest five minutes.	Example: a	i program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should	d be
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	was substituted for progra	mming that y	our system was	required
	to delete under FCC rules a						
	was substituted for program	ming that y					
	effect on October 19, 1976.						
					WHE	N SUBSTITUT	E
	S	UBSTITUT	E PROGRAM	1		AGE OCCURF	RED 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
						_	
						_	
						·	
						_	
						_	
						_	
						_	
						_	
1		1				·	

Accounting Period:	2017/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID: 10964
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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.	smission servic s amount, see	9,379.73
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 \$52)	7,600)	
	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 For and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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	\$	67.00
	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 information		ghts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito Midwes	F OWNER OF CABLE SYSTEM: t LLC	SYSTEM ID# 10964
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	7 42
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814	4-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersi (Ow (Ag X (Of I have examinare true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, but only one, of the boxes.) uner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. uction 1001(1986)] X /s/James Rigas 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: James Rigas Title: President	
		(Title of official position held in corporation or partnership) Date: 02/28/2018	

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	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	1090
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
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 1%	
x 1% 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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