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.

Γ

SA1-2E Short Form

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ry Tra	nsmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@loc.gov
Cable Syste General instru- in the first tab	ctions	are located	02/20/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCC		BY THIS STATEMENT: (YY	YYY/(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 owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	h the owner conducts the business of th	ne cable system.	
				he last day of the accounting period should s	submit a
		single statement of account and royalty fe			24108
		Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		NORTHWEST COMMUNITY COMMU	NICATIONS		
		BUSINESS NAME(S) OF OWNER OF			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		116 HARRIMAN AVE N (Number, street, rural route, apartment, or suite n	umber)		
		AMERY, WI 54001 (City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	NORTHWEST COMMUNITY COMMUNICATIONS	241
	Instructions: List each separate community served by the cable system. A "communit	
Р	"a separate and distinct community or municipal entity (including unincorporated cor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	as 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	ome parks should be reported in parentheses below the
Area	identified city.	
Served		
		07475
F ired	CITY OR TOWN AMERY	STATE WI
First Community		
Community	CLAYTON	WI
	DEER PARK	WI
dd Rows as Necessary	TURTLE LAKE	WI
		-

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID
Name	NORTHWEST COMMUN			TIONS					2410
	SECONDARY TRANSMISSION		IBSCRI		ATES				
E	In General: The information in s			-	-	ry transmission	service of	the cable	
	system, that is, the retransmission	on of television	and rac	lio broadcasts	by your sy	ystem to subscri	bers. Give	e information	
Secondary	about other services (including p						those exis	sting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	blo cyctor	n brokon	
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 standa	ird rate variation	s within a	i particular rate	
	Block 1: In the left-hand block				ies of sec	condary transmis	sion serv	rice that cable	
	systems most commonly provide	•		•		-			
	that applies to your system. Not			0		•			
	categories, that person or entity					0,	•		
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	ider "Serv	lice to the	
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	iers of services	s that ind	clude one or m	ore secon	dary transmissio	ons), list tl	hem, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1					BLOC	К 2	
		NO. OF		DATE	0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
			1,509	21.66					
	Service to first set		1,509	31.66					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		220	e 00					
	Converter		220	8.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services		,		0		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions:	Block 1: Give the standard rat Block 2: List any services that								
Rates	-				-	-			
	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.								
	brief (two- or three-word) descrip						1		
	brief (two- or three-word) descri		CK 1					BLOCK 2	
	CATEGORY OF SERVICE	BLOOR		ORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
		BLOO RATE	CATEG	ORY OF SER		RATE	CATEG		RATE
	CATEGORY OF SERVICE	BLOO RATE	CATEG			RATE	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services:	BLOO RATE	CATEG Installa • Mot	tion: Non-res		RATE	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO RATE	CATEG Installa • Mot • Cor	ttion: Non-res el, hotel		RATE	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOO RATE	CATEG Installa • Mot • Cor • Pay	t ion: Non-res el, hotel nmercial	idential	RATE	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO	CATEG Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-res el, hotel nmercial r cable r cable-add'l ch protection	idential	RATE	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	t ion: Non-res el, hotel nmercial ^r cable r cable-add'l ch	idential	RATE	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO0 RATE 50.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE	CATEG		RATE
	CATEGORY OF SERVICE 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)	BLO0 RATE 50.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential	RATE	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO0 RATE 50.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential		CATEG		RATE
	CATEGORY OF SERVICE 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)	BLO0 RATE 50.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burn Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential		CATEG		RATI

ccounting Period: 2	2017/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
	NORTHWEST COMM	UNITY COMMUNICATIONS		24108				
G	carried by your cable syster	entify every television station (including m during the accounting period, <i>except</i>	t (1) stations carried only on a part-t	ime basis under				
Primary Transmitters: Television	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:							
	station was carried <i>only</i> on • List the station here, and a basis. For further informatio	also in space I, if the station was carried on concerning substitute basis stations,	d both on a substitute basis and also , see page (v) of the general instructi	o on some other ions.				
	multicast stream associated "WETA-2" as the same on the strength of the streng	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	e-air designation. For example, repo	ort multistream				
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	a case whether the station is a network : ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- in of each station. For U.S. stations, list dian stations, if any, give the name of th	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station	endent), "I-M" onal multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	ТРТ	2	E	ST PAUL, MN				
	wcco	4	Ν	MINNEAPOLIS, MN				
dd Rows as Necessary	KSTP	5	N	ST PAUL, MN				
Ju nows as necessary	KMSP	9		MINNEAPOLIS, MN				
	KARE	11	N	MINNEAPOLIS, MN				
	WEAU	13	N	EAU CLAIRE, WI				
	TPT	17	E	ST PAUL, MN				
	WQOW	18	N	EAU CLAIRE, WI				
	WUCW	23	l	MINNEAPOLIS, MN				
	WHWC	28	E	MENOMONIE, WI				
	WFTC	29		MINNEAPOLIS, MN				
	КРХМ	41	-	MINNEAPOLIS, MN				
	KSTC	48	······	CHIPPEWA FALLS, WI				
			•					

LEGAL NAME O			OMMUNICATIONS					SYSTEM I 241
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether the radio stat this by placing Sive the station	y the sys be recein to the Co sign of of the static ion's sign g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received at ived 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 pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
			·					

Accounting Perio	od: 2017/2						FOR	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NORTHWEST COMMU		MMUNICAT	IONS				24108
	SUBSTITUTE CARRIAG							
					-			
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					no gonorar m			
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	ul cable system	in carry, on a substitute ba	sis, any noni		levision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	plete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviation	s wherever p	ossible, if t	their meaning	g is
	clear. If you need more spa							
				vision program ("substitute				
	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				
				the community to which th			the FCC or,	in
	the case of Mexican or Car			stem carried the substitute			als with the n	oonth
	first. Example: for May 7 gi		when your sy		program. O	Se numero		Iontri
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accura	ately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	••• "D" :f the						
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regu		
	,				1			1
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
	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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							_	
							_	
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							_	
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							_	

Accounting Period:	2017/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHWEST COMMUNITY COMMUNICATIONS		Ş	8YSTEM ID# 24108
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ama all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see \$ 29	
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 th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more informatio	an \$527,600	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 accounting period is \$52.00	you must pay for	this six-mon	
	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 LESS (but m	ore 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	· · <u> </u>		
	5. Enter the amount from line 3	· · <u> </u>		
	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	296,565.63		
	2. Base amount under statutory formula \$	263,800.00		
	3. Subtract line 2 from line 1 \$	32,765.63		
	4. Multiply line 3 by .01	. \$	327.66	
	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		\$	1,646.66
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	1,646.66	
Due	2. 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		\$	1,666.66
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHWEST COMMUNITY COMMUNICATIONS	SYSTEM ID# 24108
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	14 76
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name SCOTT JENSEN	(715) 268-7101
Information	Address Address 116 HARRIMAN AVE N (Number, street, rural route, apartment, or suite number) AMERY, WI 54001 (City, town, state, zip) Email SJENSEN@AMERYTEL.NET Fax (optional) (715) 268-91-4	
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, <i>but only one</i>, 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 cable sin 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)] 	system as identified ner of the cable system
	X /s/ SCOTT JENSEN 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: SCOTT JENSEN	
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
	Date: 2/20/2018	

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unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
THWEST COMMUNITY COMMUNICATIONS	2410
 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? 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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
I ne i Enter the amount of late payment or lindernayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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