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:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instruc	<i>ms (Short Form)</i> ctions are located of this workbook	02/20/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2017/2	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 th of the subsidiary, not that of the parent co		liary of another corporation, give the full cor	porate title
Owner	List any other name or names under whicl	h the owner conducts the business of th	e cable system.	
		accounting period, only the owner on th	ne last day of the accounting period should s	ubmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	2526
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	Price County Telephone Company			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 108 (Number, street, rural route, apartment, or suite n	umber)		
	Phillips, WI 54555 (City, town, state, zip)			
•	INSTRUCTIONS: In line 1, give any busin	less or trade names used to iden	tify the business and operation of the	e system unless these
С	names already appear in space B. In line	2, give the mailing address of the	e system, if different from the address	s given in space B.
System	1			
	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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Nume	Price County Telephone Company	25
	Instructions: List each separate community served by the cable system. A "commun	ity" is the same as a "community unit" as defined in FCC rul
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including singlist will serve as a form of system identification hereafter kn
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Phillips	WI
Community	Park Falls	WI
	Town of Eisenstein	WI
d Rows as Necessary	Town of Elk	WI
	Town of Emery	WI
	Town of Fifield	WI
	Town of Flambeau	WI
	Town of Hackett	WI
	Town of Harmony	
	Town of Lake	···· WI
	Town of Prentice	
	Town of Winter	
	Town of Worcester	WI WI
		WI
	Village of Prentice	
		***

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
Hamo	Price County Telephone	e Company							252
-	SECONDARY TRANSMISSION	I SERVICE: SU	IBSCRIB	ERS AND RA	TES				
E	In General: The information in s	-		-		•			
0	system, that is, the retransmission				••••••				
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period				,		those exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar	y transmission	service. I	n general, you	can com	pute the numb	er of subsc	ribers in	
Rates	each category by counting the n			0,1		•	5	charged	
	separately for the particular server Rate: Give the standard rate of							ro and the	
	unit in which it is generally billed	-	-	•					
	category, but do not include disc	•	,		y standa		is within a		
	Block 1: In the left-hand block	in space E, the	e form lis	s the categorie	es of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	tiers of services	that incl	ide one or moi	re secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A two	o- or thre	e-word descrip	tion of the	service is	
	sufficient.	OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	DS	RATE	САТЕ	GORY OF SE		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	_K3	NATE	CATE	GORT OF SE	<b>VICE</b>	SUBSCRIBERS	NAT
	Service to first set		80	35.00	PTV Ba	asic		173	50.9
	Service to additional set(s)			55.00		cpanded		1,113	58.9
	• FM radio (if separate rate)					ditional Se	•	1,113	4.9
	Motel, hotel				~		L	1,024	
	Commercial			·····		ommercial		17	43.0
	Converter					Jiiiieiciai			43.0
	Residential				Motel 1	L_10		26	2.4
	Non-residential					1-10 11+		36	1.9
	· Non-residentia							50	1.3
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATES					
-	<b>In General:</b> Space F calls for ra	-				ll your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
<b>.</b> .	service for a single fee. There an	•					• • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually b	illeu. Il ally lati		largeu on a vai	iable bei-b	logram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	system for eac	h of the	applicable servi	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a				hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	ption and includ	le the rate	e for each.		-			
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGO	RY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installat	on: Non-resid	lential				
	• Pay cable	17.50	<ul> <li>Mote</li> </ul>	, hotel					
	Pay cable—add'l channel		• Com	nercial					
	Fire protection		• Pay o	able					
	<ul> <li>Burglar protection</li> </ul>		• Pay o	able-add'l cha	nnel				
	Installation: Residential		• Fire p	rotection					
	First set	35.00	• Burg	ar protection					
	<ul> <li>Additional set(s)</li> </ul>	35.00	Other se	rvices:					
	<b>——</b> — — — — — — — — — — — — — — — — — —		• Reco	nnoot		20.00			1
	<ul> <li>FM radio (if separate rate)</li> </ul>		1,000	linect		20.00			
	• FM radio (if separate rate)     • Converter		• Disco			20100			
			• Disco			35.00			
			• Disco • Outle	nnect	SS				

Accounting Period:	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Price County Telepho	one Company		2526
	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 <b>Substitute Basis Stations</b>	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 s explained in the next paragraph. :: With respect to any distant stations c	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat	me basis under ms [sections ions carried on a
	<ul> <li>Do not list the station here</li> <li>station was carried only on</li> <li>List the station here, and</li> </ul>	also in space I, if the station was carrie	d both on a substitute basis and also	on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann	on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th- the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	program services such as HBO, ESP e-air designation. For example, repo	N, etc. Identify each rt multistream
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	a case whether the station is a network pring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatic uctions in the paper SA1-2 form. t the community to which the station i	ndent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSAW	7	N	Wausau, WI
	WLEF	36	Е	Park Falls, WI
Add Rows as Necessary	WAOW	9	Ν	Wausau, WI
	WJFW	12	Ν	Rhinelander, WI
	WEAU	13	Ν	Eau Claire, WI
	WZAW	7.3	N	Wausau, WI

EGAL NAME OF								SYSTEM I 25
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of it for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein to the Co sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C stem 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 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 le station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) 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	
CALL OIGH		0.0		ON LE OIGIN		0,0		
							·	

Accounting Perio	od: 2017/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Price County Telephon	ne Compa	any					2526
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv every no	nnetwork telev	ision program broadcast b	, a distant sta	tion that you	ir cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo the	rest of this na	aa blank If your answer i	e "Vee " vouu	must comple	-	
		, leave life		ige blatik. It your answer t	s res, your	nust compit		yrann
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if th	eir meaning	a is
	clear. If you need more spa				F	,,		5
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I l	Love Lucy"	or
	"NBA Basketball: 76ers vs.	Bulls."				• *	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by t	he FCC or	in
	the case of Mexican or Car							
			when your sy	stem carried the substitut	e program. U	se numerals	s, with the n	nonth
	first. Example: for May 7 gr		o cubetituto pr	ogram was carried by you	r cable evete	m lietthat	imes accur	ately
	to the nearest five minutes.							alery
	stated as "6:00-6:30 p.m."				·	•		
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	•	your system w			o una regula		
					WHE	N SUBSTI		
	S	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						-		
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Accounting Period:	2017/2		FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
Naille	Price County Telephone Company			2526
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the am 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.	secondary transm to compute this a	ission service amount, see \$ 40	
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 t Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less t See page (vi) of the general instructions located in the paper SA1-2 form for more information	han \$527,600 on.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	, , ,		
	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 n	nore 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			
	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 (bu	t less than \$527	,600)	
	1. Enter the amount of gross receipts from space K \$	402,564.05		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1\$	138,764.05		
	4. Multiply line 3 by .01	\$	1,387.64	
	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		\$	2,706.64
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Francis				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	2,706.64	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,726.64
	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 f	-		ghts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: elephone Company	SYSTEM ID# 2526
<b>M</b> Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	nu must give (1) the number of channels on which the cable system carried television broat , and (2) the cable system's total number of activated channels during the accounting per number of channels on which the cable television broadcast stations	
N Individual to Be Contacted	we can contact a	BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whe bout this statement of account.)	
for Further Information	Name	John Mess	Telephone 715-339-2154
	Address	PO Box 108 (Number, street, rural route, apartment, or suite number) Phillips, WI 54555 (City, town, state, zip)	
	Email	messj@pctcnet.net Fax (option	nal) 715-339-4512
O Certification	I, the undersign     (Owned)     (Agen     in     X     (Office     in     I have examine	(This statement of account must be certified and signed in accordance with Copyright Offi ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) r other than corporation or partnership) I am the owner of the cable system as identified in a of owner other than corporation or partnership) I am the duly authorized agent of the ow ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ine 1 of space B. I the statement of account and hereby declare under penalty of law that all statements of fact e, and correct to the best of my knowledge, information, and belief, and are made in good fait on 1001(1986)]	n line 1 of space B; or mer of the cable system as identified y identified as owner of the cable system : contained herein
		X       John Mess         Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       John Mess         Title:       Sec/Treasurer         (Title of official position held in corporation or partnership)       02/16/2	

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ounting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ce County Telephone Company	252
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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 Interest Assessmen
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