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	T 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	07/26/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Barcode Data Filing Period (optional - see instructions)	
Period	
B 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.	
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
Midcontinent Communications	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	_
MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
PO Box 5040 (Number, street, rural route, apartment, or suite number)	
Sioux Falls, SD 57117-5040 (City, town, state, zip)	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:	
South Heart, ND MAILING ADDRESS OF CABLE SYSTEM:	
PO Box 5040	
2 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040	
(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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	Midcontinent Communications	29666
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or i identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	South Heart	ND
Community	Belfield	ND
	Dickinson	ND
Add Rows as Necessary	Dickinson-outs	ND

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM						FORM SA1	TEM ID
Name	Midcontinent Communie							010	2966
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 secondary each category by counting the misseparately for the particular serv Rate: Give the standard rate c 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. Note	SERVICE: SL pace E should on of television way cable) in sp of blocks in spare y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the e to their subsc	cover a and rac pace F, r ecember ce E cal service. gs in tha indicate h categ 20/mth") for adva e form li ribers. (Il categories of tio broadcasts not here. All the r 31, as the ca I for the numbe In general, yo t category (the d—not the num ory of service. Summarize a ance payment. ists the categor Give the numbe	secondary by your system a facts your se may be r of subscr u can component number of aber of sets include both ny standar ies of secco er of subscr	stem to subscrib state must be th). ribers to the cab pute the numbe persons or org s receiving servi th the amount or d rate variations ondary transmise ribers and rate f	pers. Give i hose existin ole system, r of subscri anizations ice). f the charg s within a p sion service for each list	nformation ng on the broken ibers in charged e and the articular rate e that cable ted 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 I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a once again und has rate catego iers of services and rates, in the	addition er "Serv ories for s that ind	al sets would b vice to additiona secondary trai clude one or me	e included al set(s)." nsmission ore second	in the count un service that are lary transmissio	der "Servic different fro ns), list the on of the se	e to the om those em, together ervice is	
	BLC	OCK 1 NO. OF					BLOCK	2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:					_			
	Service to first set		733	19.95		ss Accounts	30	19.9	
	Service to additional set(s) EM radio (if sonarato rato)				High De	ef Converter		267	8.0
	• FM radio (if separate rate) Motel, hotel		71	7.00					
	Commercial		196	69.95					
	Converter		801	3.00					
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un 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 subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) info that are ns: you hished to usually he cable stem fur le was n de the ra	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to all combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco nformation cond formation should arged on a varia pplicable servic he accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that y	smission services oth the ogram basis, were not	
		BLO				D : 75	0.775	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable	16.00		tel, hotel	luentiai	50.00	Digital	1	12.0
	Pay cable—add'l channel			mmercial		50.00	Digital		3.
	Fire protection		• Pay	y cable			The second se	orts & Vareity	9.0
	 Burglar protection 		-	y cable-add'l ch	annel		Starz!&		16.0
	Installation: Residential			e protection			Cinema	X	16.0
	First set	35.00		rglar protection			TMC	Econol	16.0
	Additional set(s)	25.00		services:		75.00	Digital	Espanol	4.0
			- RP						
	FM radio (if separate rate) Converter			connect connect		-			
	• FM radio (if separate rate) • Converter		• Dis	connect connect tlet relocation		- 25.00			

ting Period:	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	Midcontinent Commu			2966
	PRIMARY TRANSMITTERS:		· · · · · · · · · · · · · · · · · · ·	
G rimary nsmitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(entify every television station (including to m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph.	(1) stations carried only on a part- e carriage of certain network progr	time basis under rams [sections
levision	Substitute Basis Stations basis under specific FCC ru • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station	: With respect to any distant stations car ules, regulations, or authorizations: e in space G—but do list it in space I (the	e Special Statement and Program I both on a substitute basis and als see page (v) of the general instruc rogram services such as HBO, ES	Log)—if the so on some other tions. .PN, etc. Identify each
	"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 te Column 4: Give the location	5	vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the statior	r the air in its community a noncommercial bendent), "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
	KBMY-DT	17	N	BISMARCK, ND (ABC)
	KBMY-DT2	17.2	I-M	BISMARCK, ND (TJN)
	KBMY-DT3	17.2	I-M	BISMARCK, ND (WDAY XTRAHD)
Necessary	KDSE-DT	9	E	DICKINSON, ND (PBS)
lêcessai y	KDSE-DT2	9.2	E-M	DICKINSON, ND (PBS)
	KDSE-DT2	9.3	E-M	DICKINSON, ND (PBS MN CHL)
	KDSE-DT3	9.3	E-M	
	KDSE-DT4	24	<u> </u>	DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES)
	KFYR-DT2	31.2	I-M	BISMARCK. ND (FOX-KNDX)
	KQCD-DT	7		DICKINSON, ND (NBC)
			Ν	
		7.0		
	KQCD-DT3	7.3	I-M	DICKINSON, ND (ME TV)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
			I-M I N-M	DICKINSON, ND (ME TV)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)
	KXMA-DT	19	<u>l</u>	DICKINSON, ND (ME TV) DICKINSON, ND (CW)

EGAL NAME O								SYSTEM ID
Midcontiner	nt Commun	ication	S					2966
	t every radio s	station ca	arried on a separate and discronerally 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) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat	y the sys be recein at the Co sign of e the static ion's sign	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.	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during co ge (v) of the g	2) it can ertain st Jeneral ii	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D		CALL SIGN	AM or FM	9/D	LOCATION OF STATION	
GALL SIGN		S/D	LOCATION OF STATION	CALL SIGN	AIVI OF FIM	S/D	LOCATION OF STATION	
						L		

Accounting Perio						FO	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Midcontinent Commur	nications					29666
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
l Dubailtura	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	. For a further
Substitute Carriage:					e general insu		1-2 10111.
Special	1. SPECIAL STATEMEN					twork tolovision progra	~
Statement and	During the accounting per	-	i cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant sta					YES	X NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the progra	ım
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever pos	sible if their meaning i	s
	clear. If you need more spa						•
				ision program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.	Bulls."		r "Yes." Otherwise enter "N		- - - -	
				sting the substitute progra			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			
				tem carried the substitute			nth
	first. Example: for May 7 giv	/e "5/7."			_		
				gram was carried by your			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. snouid be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system was requir	ed
	to delete under FCC rules a						ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
					1.1		1
	s	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
			1				
						_	
						_	
						_	
						_	
						_	

	: 2018/1 LEGAL NA	AME OF OWN	NER OF CABL	LE SYSTEM	л :									A1-2E. PAG
Name	Midco	ntinent (Commun	ication	s									296
K Gross Receipts	Instruc all amou (as ider page (v Gro	unts (gros: ntified in sp ii) of the g oss receip	e figure you s receipts) bace E) du eneral inst ts from sub	paid to y ring the a ructions oscribers	your cab accounti located i for seco	ole system ing period in the pap ondary tra	by subs For a fuer SA1- nsmission	cribers for Irther expl 2 form. In service	r the sys lanation (s)	tem's : of how	nount you p secondary t v to compute	ransmissio e this amo	on servio ount, see	ce
			counting p u must cor									\$ (Ar		6,215.63 ross receipts)
L Copyright Royalty Fee	Instruction • Comple • Use blo • Use blo • Use blo	ons: To co te block 1 ick 1 if the ick 2 if the ick 3 if the	, block 2, o amount of amount of	royalty f or block f gross re f gross re f gross re	3. eceipts ir eceipts ir eceipts ir	n space K n space K n space K	is more is more	than \$137 than \$263	7,100 bu 3,800 bu	t less t	than or equa than \$527,6 on.		800	
				В	LOCK 1	1: GROSS	S RECE	PTS OF	\$137,10	00 OR	LESS			
		ons: As a c ing period		m with gr	oss rece	ipts of \$13	87,100 or	less, the r	oyalty fe	e that y	you must pa	y for this si	x-month	
	Line 1. H	Royalty fee	for accour	nting perio	od bc							· · · · ·		
	Line 2. I	nterest cha	arge. Enter	r the amo	unt from	line 4, spa	ace Q, pa	ige 8				···		0.00
	Line 3.	TOTAL RO	YALTY FE	E PAYA	BLE FO	R ACCOU	NTING F	ERIOD A	dd lines	1 and 2	2			
											ore than \$			
	1. Base	amount un	ider statuto	ory formul	a				\$		263,800.	00		
	2. Enter	amount of	gross rece	eipts from	space K	.			\$		176,215.	63		
	3. Subtr	act line 2 fi	rom line 1.						\$		87,584.	37		
	4. Enter	the amour	nt of gross i	receipts f	rom spac	се К					\$	176,2	15.63	
	5. Enter	the amour	nt from line	3							\$	87,5	84.37	
	6. Subtr	act line 5 fi	rom line 4 .								\$	88,6	31.26	
	7. Multip	bly line 6 by	/ .005 (ente	er figure h	1ere)							\$		443.16
	8. Intere	est charge.	Enter the	amount fr	rom line ·	4, space C), page 8					· · · · <u> </u>		0.00
	9. TOTA	AL ROYAL	TY FEE P#	AYABLE	FOR AC	COUNTIN	IG PERI	DD. Add lir	nes 7 and	d 8		\$		443.16
			BLOCK	3: GRO	SS REC	CEIPTS C	of Mor	E THAN S	\$263,80)0 (but	less than S	\$527,600)		
	1. Enter	the amour	nt of gross i	receipts f	from space	ce K								
			ider statuto								263,800.	00		
			/ .01											
	5. Roya	Ity due on f	he first \$26	63,800 of	gross re	eceipts (un	der statu	ory formul	a)		. \$	1,3	19.00	
	-	-			-			-					0.00	
				FILING	J FEE A	AND TOT	AL REN	ITTANCE	DUE					
Filing Fee and	1 Rova	ltv Fee Pav	able for Ad	counting	Period ((from Bloci	< 1.2 or	3 above)			\$	4.	43.16	
otal Remittance Due				-									20.00	
	2. Filing	Fee (See	the instruct	tions for n	nore into	rmation or	n filing fe	e calculatio	ons)		<u>.</u> Ъ		20.00	
	3. TOT <i>A</i>	AL AMOUN	IT DUE FO	R ACCO	UNTING	PERIOD.	. Add lir	es 2 and 3	3			\$		463.16
	1	mnortant.	Your rem	ittance n	nust be	in the for	n of an e	lectronic	navmen	t nava	ble to the P	onictor of	Convri	nhtsl

Accounting Period:	: 2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 29666
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s 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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations	13
	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	·······
Individual to Be Contacted for Further Information		elephone 952-844-2622
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435	
	(City, town, state, zip)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regu	ulations)
Certification	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	f space B; or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifie 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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	d as owner of the cable system
	[18 U.S.C., Section 1001(1986)] X /s/ Wynne Haakenstad 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: Wynne Haakenstad	
	Title: Director of Programming (Title of official position held in corporation or partnership)	
	Date: 07/26/18	

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ounting Period: 2018/1		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
Icontinent Communications		2966
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 addir lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not is scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? NO	ne basic include sub- ion 119." ns	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und	lerpayment.	•
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA Line 1 Enter the amount of late payment or underpayment	1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	.1-2 form.	Q Interest Assessme
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