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 COPYRIGE	HT 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	08/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20181 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	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
	ULTRA COMMUNICATIONS GROUP, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	ONE MONTGOMERY PLAZA, 4TH FLOOR (Number, street, rural route, apartment, or suite number)
	SIKESTON, MO 63801 (City, town, state, zip)
С	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:
	ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012
	(City, town, state, zip code)

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Name -	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ULTRA COMMUNICATIONS GROUP, LLC	6139
D	Instructions: List each separate community served by the cable system. A "communi "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 li as the "first community." Please use it as the first community on all future filings.	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
-	CITY OR TOWN	STATE
First Community		
Add Rows as Necessary		
	ROBERT LEE	ТХ
	BRONTE	TX

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	ULTRA COMMUNICATIO		, LLC						613
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic 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 n separately 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: SU pace E should on of television ay cable) in spa (June 30 or De blocks in space (transmission s umber of billing ice at the rate in harged for each (Example: "\$2 ounts allowed f in space E, the e to their subscr	BSCRII cover al and rad ace F, n ecembe e E call service. s in that ndicated n catego 0/mth"). for adva e form list ibers. G	I categories of io broadcasts ot here. All the r 31, as the ca for the number In general, you category (the I—not the num ry of service. Summarize a nce payment. sts the catego vive the number	secondary by your sy- e facts you se may be er of subsc u can com number of number of sets Include bo iny standar ries of seco	stem to subscril state must be t). ribers to the cat pute the numbe persons or org s receiving serv th the amount o d rate variations ondary transmis ribers and rate	bers. Give i hose existin ole system, or of subscri- anizations ice). f the charg s within a p sion service for each list	nformation ng on the broken bers in charged e and the articular rate e that cable red category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system 1 printed in block 1 (for example, the with the number of subscribers a sufficient.	should be coun ble service to a once again unde has rate catego iers of services	ited as a additionation er "Serv pries for that inc	a subscriber in al sets would b ce to addition secondary tra lude one or m	each appl e included al set(s)." nsmission ore second	icable category in the count un service that are lary transmissic	Example: der "Servic different fro ons), list the	a residential e to the om those m, together	
	BLO	DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	De	RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	- 10	RATE	CAT	LGORT OF SEI	RVICE	SUBSCRIBERS	RAIL
	Service to first set		99	\$38.30					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		8	\$38.30					
	Converter								
	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, t 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 subscrib hose services t e two exceptior or facilities furn it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are is: you ished to usually ne cable tem furr e was m	mation with re not offered in do not need to nonsubscribe billed. If any ra system for ea hished or offer ade or establi	spect to al combinatio o give rate i ers. Rate in ates are ch ach of the a ed during t	n with any secon nformation cond formation shoul arged on a varia upplicable servio he accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that	emission services oth the ogram basis, were not	
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	¢0, ¢40,00		tion: Non-res	adential				
	• Pay cable	\$9-\$18.00		el, hotel					
	Pay cable—add'l channel Fire protection			nmercial					<u> </u>
	Fire protection			cable	annel				
	•Burglar protection			cable-add'l cl	nannei				
	Installation: Residential	* 40.00		protection					
	First set	\$40.00		glar protection	l				
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		\$25.00			
	- Convertor		 Disc 	connect					
	Converter			et relocation					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name				6
	PRIMARY TRANSMITTERS:	•		
G rimary nsmitters: levision	In General: In space G, id/ 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 r • Do not list the station her station was carried only or • List the station here, and basis. For further informatii 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 enter	entify every television station (including im during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 se explained in the next paragraph. :: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, 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. n case whether the station is a network ering the letter "N" (for network), "N-M" (t (1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a si ne Special Statement and Program d both on a substitute basis and al see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M"
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station he community with which the station	n is licensed by the on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KIDY	19	l	SAN ANGELO, TX
	KLST	11	N	SAN ANGELO, TX
ws as Necessary	КРСВ	17	Ν	SNYDER, TX
	KSAN	16	Ν	SAN ANGELO, TX
	KSAN KTAB	16 31	N N	SAN ANGELO, TX ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
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	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX
	КТАВ	31	N	ABILENE, TX

Accounting F	Period: 2018	/1					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
ULTRA CON	IMUNICATI	IONS G	ROUP, LLC					6139
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S	it is carried by monitoring, to prmation about rm. dentify the call state whether	y the sys be recein at the Co I sign of the static	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ante this point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
		1	1	1			1	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
	<u> </u>						1	

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	ULTRA COMMUNICAT	IONS GR	OUP, LLC					6139
	SUBSTITUTE CARRIAGI							
I I	In General: In space I, identi		-			ion that your	cable svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisi	ion program	1
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is "	'Yes." vou mι	ist complete	the program	n
	log in block 2.	,		,	, , , , , , , , , , ,			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their	meaning is	
	clear. If you need more spa				orogram") the	t during the	accounting	
	period, was broadcast by a			ision program ("substitute p ur cable system substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further	information	
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		lcast live ente	r "Yes." Otherwise enter "N	lo "			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the s			ith the mor	nth
	first. Example: for May 7 giv		inion you eye			numerale, n		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulation	ns in	
					1 1			•
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU 6. TII		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	FROM –	- TO	_
						_		
							_	
							_	
							_	
							-	
							_	
							_	
							_	
							-	
							-	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC	S	*STEM ID 6139
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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.	mission service s amount, see	f ; ,785.83
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 \$527	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 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 informat		nts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC	SYSTEM ID# 6139
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 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	6 43
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	Name EMERSON YEARWOOD Telephone	602-364-6195
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012 (City, town, state, zip)	
	Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-601	3
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 B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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 identified as owner 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)] (Is U.S.C., Section 1001(1986)] 	stem as identified
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
	Date: 08/28/2018	

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RA COMMUNICATIONS GROUP, LLC	613
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
	Q 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	Q 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	Q Interest Assessmen
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