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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
08/22/2018	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1	
Α	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20181 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
	<u> </u>	Instructions:
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	1	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
		UTELCO, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152
		City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		IDENTIFICATION OF CABLE SYSTEM:
	1	TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	-	(Number, street, rural route, apartment, 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 suffciency of the fling, a determination that would be made by a court of law.

A	2040.14	
Accounting Period:	2018/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		
	UTELCO, LLC Instructions: List each separate community served by the cable system. A "community served by the cable system."	63440
_	"a separate and distinct community or municipal entity (including unincorporated con	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area	identified city.	and parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	Monroe	WI
Community	William	
·		
Add Davis on Naconne		
Add Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

UTELCO, LLC

63440

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,060	20.00/mo			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential	1,060	0-8.00/mo			
Non-residential					
	[T		T	T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE R	ATE
Continuing Services:		Installation: Non-residential			
• Pay cable	14-19.99/mo	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 	0-49.95	Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

UTELCO, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under 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:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKOW	27.1	N	Madison, WI
WKOW-DT2	27.2	N-M	Madison, WI
WKOW-DT3	27.3	N-M	Madison, WI
WISC	3.1	N	Madison, WI
WISC-DT2	3.2	N-M	Madison, WI
WMSN	47.1	N	Madison, WI
WMSN-DT2	47.2	N-M	Madison, WI
WMTV	15.1	N	Madison, WI
WMTV-DT2	15.2	N-M	Madison, WI
WMTV-DT3	15.3	N-M	Madison, WI
WMTV-DT4	15.4	N-M	Madison, WI
WHA	21.1	E	Madison, WI
WHA-DT2	21.2	E-M	Madison, WI
WHA-DT3	21.3	E-M	Madison, WI
WHA-DT4	21.4	E-M	Madison, WI
WIFS	57.1	<u> </u>	Janesville, WI

Add Rows as Necessary

63440

unting Period:	2018/1			FORM SA1-2E. PA				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	UTELCO, LLC							
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary ansmitters: Felevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channer of license. For example, Will Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te	n during the accounting period, exception effect on June 24, 1981, permitting 19 (2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. With respect to any distant stations of the sex period	g translator stations and low power telept (1) stations carried only on a part-ting the carriage of certain network program (51(e)(2) and (4))]; and (2) certain stations arried by your cable system on a substitute basis and also dead both on	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).				
	Column 4: Give the location	n of each station. For U.S. stations, lis		•				
		, ,,,	,					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

Accounting Period: 2018/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

UTELCO, LLC 63440

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
	T						
							
	l						
	l						
	l						
							
							
							
							
							
							
	 						
	 						
	 						
							
							
							
							
	 					 	
	 						
	 						
	 						
	 						
	 						
	1			1	1		1

ccounting Perio	· · · · · · · · · · · · · · · · · · ·							F()R()	
	LEGAL NAME OF OWNER OF UTELCO, LLC	CABLE SYS	STEM:					TORN	SYSTEM ID
	UTELCO, LLC 63440								
Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programn	tify every no accounting p	nnetwork televi eriod, under sp	ision program, broadcast by pecific present and former F	a distant stat CC rules, reg	ulations, c	r autho	rizatior	s. For a further
Carriage: Special Statement and	SPECIAL STATEMEN During the accounting pe			TITUTE CARRIAGE m carry, on a substitute ba	sis, any nonr	network te	levisior	n progr	
Program Log	broadcast by a distant sta							ES	NO
	Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete th	e prog	ram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progra Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no of distant sta egulations, of ries like "mo of Bulls." m was broat sign of the adcast stati anadian stati and day ve "5/7." tes when th of Example: ter "R" if the and regulat	add additional connetwork teletion and that your authorization ovies" or "bask deast live, entratation broaddon's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	I rows to the tables. vision program ("substitute our cable system substitute our cable system substitute ins. See page (v) of the general casting the substitute programer "Yes." Otherwise enter "casting the substitute programer community to which the community with which the stem carried the substitute orgam was carried by your ried by a system from 6:01 m was substituted for programing the accounting period.	e program") the ed for the proneral instruction titles, for each of the station is lided to program. Using table program, to 6 capped to 15 p.m. to	nat, during ogrammin ions for fu example, ' censed by entified). se numera m. List the :28:30 p.i your sysetter "P" i	g the ac g of an- irther in 'I Love the FC als, with e times m. shou tem was f the lis	ccountion other softened Lucy" of the maccurate and be softened protected pr	ing station tion. or in month ately
	effect on October 19, 1976	WHE	N SUBST	TITUTE					
	S	1	E PROGRAM			AGE OC	CURRE TIMES	ED	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	IIIVILO	то	DELETION
						TITOW		10	DELETION
		 				TROW		10	DELETION
						TROM	_ 	10	DELETION
								10	BELETION
								10	
								10	DELETION
						- NOW			
									DELETION

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: UTELCO, LLC		S	YSTEM ID# 63440
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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 transmi o compute this a	ssion service mount, see	1,091.87 pss receipts)
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 the Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	63,800	
	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 y accounting period is \$52.00	ou must pay for t	his 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	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo			
	Base amount under statutory formula	263,800.00	,	
	2. Enter amount of gross receipts from space K	•		
	3. Subtract line 2 from line 1	52,708.13		
			44 004 07	
	4. Enter the amount of gross receipts from space K		11,091.87	
	5. Enter the amount from line 3		52,708.13	
	6. Subtract line 5 from line 4	-	58,383.74	
	7. Multiply line 6 by .005 (enter figure here)	•		791.92
	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		\$	791.92
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527,	600)	
	451.00.00.16.00.00.16			
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	791.92	
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		\$	811.92
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		hts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:		SYSTEM ID# 63440
M Channels		= ''	f channels on which the cable system carried television botal number of activated channels during the accounting	
Channels		number of channels on which television broadcast stations	n the cable	16
	on which the ca	number of activated channel ble system carried television ast services		393
N Individual to		BE CONTACTED IF FURTH	IER INFORMATION IS NEEDED (Identify an individual to	o whom
for Further	Name	Peggy Smykal		Telephone (802) 485-9748
	Address	24 Depot Square, Ur (Number, street, rural route, apart Northfield, VT 05663 (Čity, town, state, zip)	ment, or suite number)	
	Email	finance@tdstel	ecom.com Fax (op	ptional)
_	CERTIFICATION (This statement of account m	ust be certified and signed in accordance with Copyright	Office regulations)
O Certification	• I, the undersigne	ed, hereby certify that (Check o	one, but only one, of the boxes.)	
	(Owner	r other than corporation or p	partnership) I am the owner of the cable system as identified	ed in line 1 of space B; or
		-	ation or partnership) I am the duly authorized agent of the owner is not a corporation or partnership; or	e owner of the cable system as identified
		er or partner) I am an officer (ine 1 of space B.	if a corporation) or a partner (if a partnership) of the legal e	entity identified as owner of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all statements of howledge, information, and belief, and are made in good	
			X /s/ Sharon V. Tisdale	
			Enter an electronic signature on the line above to certify this Enter signature using an "/s/ signature" (e.g., /s/ John Smith	
		Typed or printed	d name: Sharon V. Tisdale	
		Title:	Assistant Treasurer fficial position held in corporation or partnership)	
		Date:	22 Au	igust 2018

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counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TELCO, LLC	63440
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 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	1
First community served	
Accounting period	

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