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

Return com	pleted workbook
by email to	

STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	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	02/25/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (Y	YYY/(Period))	

	201	8/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В	Give	ructions: • the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate 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.
		ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit a le statement of account and royalty fee payment covering the entire accounting period.
	Che	ck here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LE	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Blu	e Ridge Cable Technologies Inc
	BU	SINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Blu	e Ridge Communications
	МА	ILING ADDRESS OF OWNER OF CABLE SYSTEM
) Box 215 nber, street, rural route, apartment, or suite number)
	Pa	Imerton, Pa 18071 town, state, zip)
С		TIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these eady appear in space B. In line 2, give the mailing address of the system, it different from the address given in space B
System	1 IDEI	NTIFICATION OF CABLE SYSTEM:
	MAI	LING ADDRESS OF CABLE SYSTEM:
	2 (Num	nber, 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 Office'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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2018/2	FORM SA1-2E, PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Blue Ridge Cable Technologies Inc	60787
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,
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	S Creek Township	PA
Community	Ashland	NY
	Chemung Township	NY
Add Rows as Necessary	Ridgebury Township	PA
•		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	Blue Ridge Cable Techn								6078
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCR	IBERS AND R	ATES				
E	In General: The information in s	•		•					
Secondam.	system, that is, the retransmissic about other services (including p								
Secondary Fransmission	last day of the accounting period						iose existi	ing on the	
Service: Sub-	Number of Subscribers: Both	h blocks in space	e E ca	II for the number	er of subsc	ribers to the cab			
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serve							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standar	d rate variations	within a p	particular rate	
	category, but do not include disc				rice of eac	adan (transmis)	ion oon/io	a that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count une	der "Servio	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fi	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	and rates, in the	right-h	nand block. A tv	vo- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1			1		BLOC	()	
	BLC	NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		141	\$16.86/Mth					
	 Service to additional set(s) 		114	\$0.50/Mth					
	 FM radio (if separate rate) 								
	Motel, hotel			.					
	Commercial		4	\$16.86/Mth					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		ISMIS		s				
F	In General: Space F calls for rat					l your cable syst	em's serv	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		- 3 ,	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that							wara not	
Rates	listed in block 1 and for which a s	, ,			0	01			
	brief (two- or three-word) descrip								
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res					
	• Pay cable	\$9.19/Mth	• Mo	otel, hotel					
	 Pay cable—add'l channel 	\$6.43/Mth	• Co	mmercial					
	Fire protection			y cable					
	 Burglar protection 			y cable-add'l cł	nannel				
	Installation: Residential			e protection					
	First set	\$49.95		rglar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)			connect		\$49.50			
	Converter			sconnect					
			• Ou	Itlet relocation					
				ove to new add					

Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTE
vame	Blue Ridge Cable Te	chnologies Inc		60
	PRIMARY TRANSMITTERS	: TELEVISION		
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61, substitute program basis, i Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here, station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati	also in space I, if the station was carrie on concerning substitute basis stations on's call sign. <i>Do not</i> report origination p ed with a station according to its over-th	(1) stations carried only on a part the carriage of certain network pro- 61(e)(2) and (4))]; and (2) certain s arried by your cable system on a s the Special Statement and Program ad both on a substitute basis and a , see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, re evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form t the community to which the station	-time basis under grams [sections stations carried on ; substitute program m Log)—if the Iso on some othe ictions SPN, etc. Identify each sport multistream er the air in its community r a noncommercia ependent), "I-M ational multicast) on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WENY	36	N	ELMIRA, NY
	WETM	18	N	ELMIRA, NY
vs as Necessary	WICZ	40	I	BINGHAMTON, NY
	WNEP	16	Ν	SCRANTON, PA
	WNEP	16	N	SCRANTON, PA
	WSKG	46	E	BINGHAMTON, NY
	WSKG	46	E	BINGHAMTON, NY
	WSKG WSWB	46 38	E	BINGHAMTON, NY SCRANTON, PA
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY
	WSKG	46	E	BINGHAMTON, NY
	WSWB	38	I	SCRANTON, PA
	WVIA	44	E	WILKES-BARRE, PA
	WYDC	48.2	I	CORNING, NY

LEGAL NAME OF Blue Ridge (1	SYSTEM 607
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eccivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stat this by placing Sive the statior	y the sys be recein to the Co sign of o the static ion's sign g a chech n's locati	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. 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	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can pertain si peneral i eparate	be expected, tated intervals. nstructions in the. and discrete	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						FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#
INAILIE	Blue Ridge Cable Tech	nologies	Inc				60787
	SUBSTITUTE CARRIAG				G		
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy every noi	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat C rules, regul	ations, or authorizations	. For a further
Carriage:	1. SPECIAL STATEMEN				Ŭ	• •	
Special	 During the accounting per 				s, any nonne	twork television progra	m
Statement and Program Log	broadcast by a distant sta	tion?		-		YES	× NO
Frogram Log	Note: If your answer is "No	' leave the	rest of this nac	e blank. If your answer is '	"Vee " vou mi	_	
		, leave life	rest of this pay	e blatik. Il your allswel is	res, you mu	ist complete the progra	1111
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst clear. If you need more spa	itute progra ce, please a	m on a separa add additional i			-	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	distant stati gulations, o ies like "mo	ion and that yo r authorization:	ur cable system substitute s. See page (v) of the gene	d for the prog eral instruction	ramming of another stans for further information	ation on.
				"Yes." Otherwise enter "N			
				sting the substitute progra to community to which the		nsed by the FCC or in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is ider	ntified).	
			when your sys	tem carried the substitute	program. Use	numerals, with the mo	onth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your	cable system.	List the times accurate	elv
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	ar "P" if the	listed program	was substituted for progra	mming that v	our system was requir	ed
	to delete under FCC rules a						
	was substituted for program	ming that y					
	effect on October 19, 1976.						
	S		E PROGRAM	1	CARR	EN SUBSTITUTE	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
						<u></u>	
						_	
						_	
							""
						_	
							""
						_	
1							

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc	S	YSTEM ID# 60787
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 thi 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 servic s amount, see	e 5,377.30
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		
	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		hts!

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: able Technologies Inc				SYSTEM ID 6078
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	You must give (1) the number of or rs, and (2) the cable system's tota al number of channels on which t d television broadcast stations al number of activated channels cable system carried television br cast services	I number of activated channe cable	nels during the ac	counting period.	9 46
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.	INFORMATION IS NEED	ED (Identify an ind	lividual to whom	
for Further Information	Name	Carl Litwin			Telephone 6	10-826-9109
	Address	PO Box 215 (Number, street, rural route, apartme	t, or suite number)			
		Palmerton, Pa 18071 (City, town, state, zip)				
	Email				Fax (optional)	
0	CERTIFICATION	(This statement of account mus	be certified and signed in a	accordance with C	opyright Office regulations)	
O Certification	• I, the undersigr	ed, hereby certify that (Check one	but only one, of the boxes.)			
	(Own	er other than corporation or part	nership) I am the owner of th	he cable system as	identified in line 1 of space B; o	or
		nt of owner other than corporation I line 1 of space B and that the own			nt of the owner of the cable syst	em as identified
		cer or partner) I am an officer (if a I line 1 of space B.	corporation) or a partner (if a	a partnership) of the	legal entity identified as owner	of the cable system
		d the statement of account and he te, and correct to the best of my kr ion 1001(1986)]				
			X /s/ David L. Manter an electronic signature of the signature using an "/s/ s	n the line above to o		
		Typed or printed n	ame: David L. Mase	enheimer		
			President al position held in corporation or	partnership)		
		Date:			2/7/2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephol 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 Office's public indexes and 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 t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

unting Period: 2018/2		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
e Ridge Cable Technologies Inc		607
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIO The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Colowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipting made by satellite carriers to satellite dish owners? NO 	copyright Act by adding the fol- ne cable system for the basic the system shall not include sub- ons pursuant to section 119." he general instructions	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below.	\$	_
Name Name Mailing Address Mailing Address		-
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 local Line 1 Enter the amount of late payment or underpayment		Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ated in the paper SA1-2 form.	Q Interest Assessme
	ated in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ated in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ated in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x days	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	ated in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ated in the paper SA1-2 form.	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment 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 <i>www.copyright.gov/licensing/interest-rate.pd</i> 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 of NOTE: If you are filing this worksheet covering a statement of account already submittee list below the owner, address, first community served, ID number, and accounting period Owner	x	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th 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 Office'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 sufficiency of the fling, a determination that would be made by a court of law.