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				
2/26/2019	\$ 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	
A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
	-	Laboration .
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
		WINDSTREAM PENNSYLVANIA INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number)
		BALDWIN GA 30511-1762
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Klumber, 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.

Accounting Period:	2018/2	FORM CAA OF DAGE 45					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#					
Name	WINDSTREAM PENNSYLVANIA INC 63340						
	Instructions: List each separate community served by the cable system. A "						
D	"a separate and distinct community or municipal entity (including unincorpolated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future.	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city.						
	CITY OR TOWN	STATE					
First	WAYNESBURG	PA					
Community	AVALON COURT						
Add Rows as Necessary							

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WINDSTREAM PENNSYLVANIA INC

63340

Ε

Name

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	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	34	15.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
	ļ	1		·	•

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	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	19.00	Motel, hotel		PPV	PP
 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) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63340

WINDSTREAM PENNSYLVANIA INC

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTAE	4	N	PITTSBURGH PA
KDKA	2	N	PITTSBURGH PA
WPCW	19	N	PITTSBURGH PA
WPGH	53	N	PITTSBURGH PA
WPXI	11	N	PITTSBURGH PA
WQED	13	E	PITTSBURGH PA
WINP	16	N	PITTSBURGH PA
WPCB	40	I	PITTSBURGH PA
WPMY	22	I	PITTSBURGH PA
	11111		
	111111 1111111 111111 111111 111111		

Name G	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM PENNSYLVANIA INC PRIMARY TRANSMITTERS: TELEVISION		SYSTEM 63:				
			633				
G	PRIMARY TRANSMITTERS: TELEVISION	WINDSTREAM PENNSYLVANIA INC					
G							
Primary ransmitters: Television	In General: In space G, identify every television station (including carried by your cable system during the accounting period, exception of the period of t	of (1) stations carried only on a part-time the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute basis and also one of the system on a substitute basis and also one of the system on a substitute basis and also one of the system on a substitute basis and also one of the system on a substitute basis and also one of the system on a substitute basis and also one of the system	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each transition in its community noncommercial ndent), "I-M" nal multicast).				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WINDSTREAM PENNSYLVANIA INC

63340

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).

0411 010::		0/0		T 0411 01011	l	0.15	L 004TION 05 0T: T: 0:
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 				 	
		 					
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Accounting Dorin	od: 2019/2						EOD	M SA1 2E BACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5 SYSTEM ID#
Name	WINDSTREAM PENNS	YLVANIA	INC					63340
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spac Column 1: Give the title period, was broadcast by a under certain FCC rules, re-	ify every no accounting paining that mu T CONCERTION, did you tion? ", leave the E PROGRA titute prograte, please of every no distant sta	nnetwork televineriod, under spist be included in RNING SUBS ur cable system e rest of this paramon a separa add additional connetwork televition and that ye	sion program, broadcast be ecific present and former in this log, see page (v) of TITUTE CARRIAGE in carry, on a substitute base ge blank. If your answer in the line. Use abbreviation rows to the tables.	y a distant stared a stared for the general instances asis, any nones "Yes," you use wherever pee program") tited for the program.	ulations, of structions network to must compossible, if hat, durin ogrammir	relevision progression progres	stem carried on a ns. For a further SA1-2 form. ram X NO gram g is ting station
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	Bulls." m was broat sign of the adcast statitudian statinth and day we "5/7." es when the Example: ser "R" if the and regulatinming that	dcast live, enterstation broadcon's location (toons, if any, the when your system with the program carrollisted program carrollisted program ions in effect dyour system with the station of the station	er "Yes." Otherwise enter asting the substitute proghe community to which the community with which the stem carried the substitute ogram was carried by you iied by a system from 6:0 in was substituted for proguring the accounting perions permitted to delete under the substituted for proguring the decounting perions permitted to delete under the substituted for proguring the accounting perions permitted to delete under the substituted for proguring the accounting perions permitted to delete under the substituted for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the accounting perions permitted to delete under the substitute for proguring the substitute for proguring the substitute for proguent permitted to delete under the substitute for proguring the substitu	"No." ram. ne station is lide program. Usur cable syste 1:15 p.m. to 6 gramming that od; enter the lider FCC rules	censed by entified). se numer m. List the 3:28:30 p. t your sys letter "P"	y the FCC or, als, with the r e times accur m. should be tem was <i>requ</i> if the listed pr ulations in	in nonth ately <i>iired</i> ogram
	S	UBSTITUT	E PROGRAM		CARRI	AGE OC	CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM PENNSYLVANIA INC	S	YSTEM ID# 63340
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Et all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (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.	nission service amount, see	1,821.87 ss receipts)
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.	3263,800	
	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 fo accounting period is \$52.00	this six-mon	
	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,		
	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 \$52)	7,600)	
	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 REWITTANGE DUE		
Filing Fee and Total Remittance	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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: PENNSYLVANIA INC				SYSTEM ID# 63340
M Channels	to its subscribers 1. Enter the total	number of channels on which	total number of ac	ch the cable system carried tele tivated channels during the acc	ounting period.	9
	on which the ca	number of activated channel able system carried television ast services	broadcast station	s		120
N Individual to Be Contacted		BE CONTACTED IF FURTH		DN IS NEEDED (Identify an indi	ividual to whom	
for Further Information	Name	PAM HENDRIX			Telephone	706.776.4618
	Address	2000 COMMUNICAT (Number, street, rural route, apart BALDWIN GA 3051 (City, town, state, zip)	ment, or suite number)		
	Email	sandra.blade@	windstream.com	1	Fax (optional)	
0	CERTIFICATION	(This statement of account m	ust be certified an	d signed in accordance with Co	opyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check	one, <i>but only one</i> , o	of the boxes.)		
	(Owne	r other than corporation or p	partnership) I am	the owner of the cable system as	s identified in line 1 of space	B; or
		t of owner other than corpor ine 1 of space B and that the o		nip) I am the duly authorized age oration or partnership; or	ent of the owner of the cable	system as identified
		er or partner) I am an officer ine 1 of space B.	(if a corporation) o	a partner (if a partnership) of the	e legal entity identified as ow	vner of the cable system
		e, and correct to the best of m		nder penalty of law that all statem mation, and belief, and are made		n
			Χ	/S/ TIMOTHY P I	LOKEN	
				ic signature on the line above to co sing an "/s/ signature" (e.g., /s/ Jo		
		Typed or printer	d name: TIMC	OTHY P LOKEN		
		Title:		REGULATORY REPOR	TING	
		Date:		F	FEBRUARY 25, 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 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.

unting Period: 2018/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
IDSTREAM PENNSYLVANIA INC	63340
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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	
First community served	

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