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					
0/20/2040	\$					
8/29/2019	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

Α	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		
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
		Mediacom Southeast LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MANUNIO ADDDEGG OF OWNED OF GARLE SYSTEM
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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:
	-	Mediacom Southeast LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
D		SYSTEM
D	Mediacom Southeast LLC	241
	Instructions: List each separate community served by the cable system. A "community	
	"a separate and distinct community or municipal entity (including unincorporated comdiscrete 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 kill
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ama narka shauld ha ranartad in naranthasas halau tha
Aica	identified city.	ome parks should be reported in parentheses below the
Served	identified city.	
ŀ	CITY OR TOWN	STATE
First	Conway	NC NC
Community	Eastern Bertie County	NC
	Jackson	NC
	Kelford	NC NC
Rows as Necessary		NC NC
	Seaboard	
	Severn	NC
ļ	Western	NC
	Woodland	NC
	Lewiston	NC
	Northampton	NC
	Rich Square	NC
	Roxobel	NC
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Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

24127

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Mediacom Southeast LLC

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
Service to first set	788	40.49-48.54					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	40.49-48.54					
Converter							
Residential							
Non-residential							
		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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	79.49
 Pay cable—add'l channel 	PP	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.99	Burglar protection			
Additional set(s)	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		Move to new address			

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24127

Mediacom Southeast LLC

G

Primary Transmitters: Television

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
WAVY/WAVY(HD) NBC	31	N	Portsmouth, VA
WCTI/WCTI(HD) ABC	12	N	New Bern, NC
WGNT CW	50	l	PORTSMOUTH, VA
WHRO (PBS)	16	E	Hampton, VA
WITN MyNET	32.2	I-M	Washington, DC
WITN/WITN(HD) NBC	32	N	Washington, DC
WITN-DT3 MeTV	32.3	I-M	Washington, DC
WNCT/WNCT(HD) CBS	10	N	Greenville, SC
WNCT-DT2 CW	10.2	I-M	Greenville, SC
WNCT-DT3 getTV	10.3	I-M	Greenville, SC
WPXU/WPXU(HD) ION	12	1	Jacksonville, FL
WPXV/WPXV(HD) ION	46	1	NORFOLK, VA
WSKY/WSKY(HD) IND	9	1	Manteo, NC
WTKR/WTKR(HD) CBS	40	N	Norfolk, VA
WTVZ-DT4 TBD	33.3	I-M	NORFOLK, VA
WTVZ-MyNET	33	l	NORFOLK, VA
WUND/WUND(HD) PBS	20	E	Edenton, NC
WVBT/WVBT(HD) FOX	29	I	VIRGINIA BEACH, VA
WVEC/WVEC(HD) ABC	13	N	Hampton, VA
WYDO/WYDO(HD) FOX	47	1	Greenville, SC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Southeast LLC

24127

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
	 	 					
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Accounting Perio							FOR	M SA1-2E. PAGE 5.				
Name	LEGAL NAME OF OWNER OF Mediacom Southeast I		ТЕМ:					SYSTEM ID# 24127				
ı	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a	fy <i>every nor</i> ccounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	ılations, or a	uthorizations.	For a further				
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	he general inst	ructions in the	ne paper SA1	-2 form.				
Carriage:												
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Program Log	proadcast by a distant station?											
i rogram Log	lote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
	log in block 2.	, icave lile	rest of this pay	e bialik. II your allswer is	s res, you in	usi complet	e the program	11				
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in											
	effect on October 19, 1976.					EN SUBST						
	S	UBSTITUT	E PROGRAM		CARF	RIAGE OCC	URRED	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	FROM	TIMES — TO	DELETION				
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ccounting Period:	_	NAME OF OW	NER OF CABL	.E SYSTEM:									SYSTEM
Name		liacom Sou											241
K Gross Receipts	Instru all am (as id page	mounts (gros dentified in s (vii) of the g Gross receip	e figure you ss receipts) pace E) du general instr ots from sub	paid to youring the a ructions losseribers to	our cable ccounting ocated in for secon	e system by g period. F the paper ndary trans	y subscri For a furth SA1-2 fo smission	bers for th ner explan orm. service(s)	e system ation of h	's second low to con	lary trán npute th	Enter the tot asmission ser his amount, s	vice ee
		during the ac									•	*	185,698.05 f gross receipts)
Copyright Royalty Fee	Instruc Comp Use t Use t	RIGHT ROY ctions: To co plete block 1 block 1 if the block 2 if the block 3 if the ge (vi) of the g	ompute the l, block 2, ce amount of amount of amount of amount of	royalty fe or block 3 gross rec gross rec gross rec	3. ceipts in s ceipts in s ceipts in s	space K is space K is space K is	more that	an \$137,10 an \$263,80	00 but les	s than \$5		o \$263,800	
				BL	OCK 1:	GROSS F	RECEIP	TS OF \$1	37,100 C	R LESS			
		uctions: As a cunting period		n with gro	ss receip	its of \$137,	100 or les	ss, the roya	alty fee tha	at you mus	st pay fo	r this six-mon	th
	Line 1	1. Royalty fee	e for accoun	ting period	d								
	Line 2	2. Interest cha	arge. Enter	the amou	ınt from li	ne 4, space	e Q, page	8					0.00
	Line	3. TOTAL RO	OVALTY EE	E DAVAD	U E EOD	ACCOUNT	TING BEI	SIOD Add	linoo 1 on	.d 0			
	Lille	3. TOTAL RO				CEIPTS O							
	1. Bas	se amount ur							,		800.00	· · ·	
	2. Ent	ter amount of	f gross rece	ipts from s	space K .				. \$	185,0	698.05		
	3. Sul	btract line 2 f	from line 1 .						\$	78, ⁻	101.95	_	
	4. Ent	ter the amou	nt of gross r	eceipts fro	om space	К				\$		185,698.05	<u>i</u>
	5. Ent	ter the amou	nt from line	3						\$		78,101.95	<u>i</u>
	6. Sul	btract line 5 f	from line 4 .							\$		107,596.10	<u>) </u>
	7. Mu	ultiply line 6 b	y .005 (ente	er figure he	ere)							\$	537.98
	8. Inte	erest charge.	Enter the a	amount fro	om line 4,	space Q, _I	page 8						0.00
	9. TO	TAL ROYAL	TY FEE PA	YABLE F	OR ACC	OUNTING	PERIOD	. Add lines	7 and 8 .			. \$	537.98
			BLOCK	3: GROS	S RECE	EIPTS OF	MORE	THAN \$2	63,800 (b	out less th	nan \$52	27,600)	
	1. Ent	ter the amou	nt of gross r	eceipts fro	om space	e K							
		se amount ur	-								800.00	_	
		btract line 2 f										- -	
	4. Mu	ultiply line 3 b	y .01									_	
	5. Ro	yalty due on	the first \$26	3,800 of g	gross rece	eipts (unde	r statutor	y formula)		\$		1,319.00	<u> </u>
	6. Inte	erest charge.	Enter the a	amount fro	om line 4,	space Q,	page 8					0.00	<u> </u>
	7. TO	TAL ROYAL	TY FEE PA	YABLE F	OR ACC	OUNTING	PERIOD	. Add lines	4, 5, and	6			
				FILING	FEE AN	ND TOTAL	REMIT	TANCE D	UE				
Filing Fee and Fotal Remittance	1. Ro	yalty Fee Pa	yable for Ac	counting f	Period (fr	om Block 1	, 2, or 3,	above)		<u>\$</u>		537.98	<u> </u>
Due	2. Fili	ing Fee (See	the instructi	ions for m	ore inforn	nation on fi	iling fee c	alculations)	\$		20.00	<u>) </u>
	3. TO	TAL AMOU	NT DUE FO	R ACCOL	JNTING I	PERIOD. A	Add lines	2 and 3 .				\$	557.98
		Important:	Your remi	ittance m	ust be in	the form	of an ele	ctronic pa	yment pa	yable to t	the Regi	ister of Copy	rights!
	1							paper SA		-	_		

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:		SYSTEM ID# 24127
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	s, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels able system carried television b		. 32 . 67
N Individual to Be Contacted		BE CONTACTED IF FURTHE	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Kenneth J. Kohrs	Telephor	e 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm	ent, or suite number)	
		Mediacom Park, NY 1 (City, town, state, zip)	0918	
	Email	Copyrights@me	diacomcc.com Fax (optional)	
	CERTIFICATION	(This statement of account mus	st be certified and signed in accordance with Copyright Office regulations	s)
O Certification	• I, the undersigne	ed, hereby certify that (Check one	e, but only one, of the boxes.)	
	(Owne	r other than corporation or pa	tnership) I am the owner of the cable system as identified in line 1 of space	B; or
			on or partnership) I am the duly authorized agent of the owner of the cable ner is not a corporation or partnership; or	system as identified
		er or partner) I am an officer (if a line 1 of space B.	a corporation) or a partner (if a partnership) of the legal entity identified as ov	vner of the cable system
		e, and correct to the best of my k	ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	n
			X /s/ Kenneth J. Kohrs	_
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name: Kenneth J. Kohrs	
			Vice President, Financial Reporting	
		Date:	08/13/2019	

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counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ediacom Southeast LLC	24127
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Name Mailing Address Mailing Address	
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	Interest Assessment
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
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	<u>. </u>
* 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 Accounting period	

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