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					
2/28/2020	\$ 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

Λ.							
Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
A							
Accounting Period							
_		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					
В		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.					
		27489					
		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 ILLINOIS LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		DOUBLE OF THE POST					
		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)					
С	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
C	names	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	DENTIFICATION OF CABLE SYSTEM:					
		MEDIACOM ILLINOIS LLC					
		MAILING ADDRESS OF CABLE SYSTEM:					
		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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	MEDIACOM ILLINOIS LLC	274
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	prated communities within unincorporated areas and including single hat you list will serve as a form of system identification hereafter knorfilings.
Area Served	identified city.	mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Sullivan	IL .
ommunity	CERRO GORDO	L
	MOULTRIE COUNTY	IL.
ws as Necessary		
	(0.000.000.000.000.000.000.000.000.000.	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27489

MEDIACOM ILLINOIS LLC

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	BLOCK 1			BLOCK 2		
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	653	29.99-51.54				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	2	29.99-51.54				
Converter						
Residential						
Non-residential						
					Ī	

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	PP	Motel, hotel		Family Cable	80.49
 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: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27489

MEDIACOM ILLINOIS 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
WAND/WAND(HD) NBC	17	N	Decatur, IL
WAND-DT2 CoziTV	17.2	I-M	Decatur, IL
WBUI/WBUI(HD) CW	22	I	Decatur, IL
WBUI-DT2 DABL	22.2	I-M	Decatur, IL
WBUI-DT3 Stadium	22.3	I-M	Decatur, IL
WCCU/WCCU(HD) FOX	26	I	URBANA, IL
WCCU-DT2 MeTV	26.2	I-M	URBANA, IL
WCCU-DT3 Antenna TV	26.3	I-M	URBANA, IL
WCIA/WCIA(HD) CBS	48	N	Champaign, IL
WCIA-DT3 bounce TV	48.3	I-M	Champaign, IL
WCIA-DT4 Grit	48.4	I-M	Champaign, IL
WCIX-DT/WCIX (HD) MyNet	13.1	I-M	Springfield, IL
WCIX-DT3 Escape	13.3	I-M	Springfield, IL
WCIX-DT4 Laff	13.4	I-M	Springfield, IL
WEIU/WEIU(HD) PBS	50	E	Charleston, IL
WEIU-DT2 PBS MHZ Worldvie	50.2	E-M	Charleston, IL
WICD/WICD(HD) ABC	41	N	CHAMPAIGN, IL
WICD-DT2 Comet	41.2	I-M	CHAMPAIGN, IL
WICD-DT3 TBD	41.3	I-M	CHAMPAIGN, IL
WICD-DT4 Charge!	41.4	I-M	CHAMPAIGN, IL
WICS (ABC)	42	N	Springfield, IL
WILL/WILL(HD) PBS	9	E	Champaign, IL
WILL-DT2 PBS World	9.2	E-M	Champaign, IL
WILL-DT3 Create	9.3	E-M	Champaign, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ILLINOIS LLC

27489

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).

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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 David	.d. 2010/2						FOR	A CA4 OF DACE 5		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·				FURI	SYSTEM ID#		
Name	MEDIACOM ILLINOIS							27489		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G					
ı	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fur									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant station?									
i rogram Log	Note: If your answer is "No		root of this no	ago blank. If your anawar is	"Voo" vou	must some				
	1	, leave the	rest of this pa	age blank. II your answer is	s res, your	must comp	piere rue broć	gram		
	log in block 2. 2. LOG OF SUBSTITUTI	PROGR/	\MS							
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if	their meaning	g is		
	clear. If you need more spa									
	period, was broadcast by a			vision program ("substitute						
	under certain FCC rules, re	gulations,	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for fu	rther informa	tion.		
	Do not use general categor		ovies" or "bask	etball." List specific progra	ım titles, for e	example, "	I Love Lucy"	or		
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ent	er "Yes." Otherwise enter '	'No."					
	Column 3: Give the call	sign of the	station broado	casting the substitute progr	am.					
	Column 4: Give the broathe case of Mexican or Car			the community to which the			the FCC or,	in		
				stem carried the substitute			als, with the r	nonth		
	first. Example: for May 7 gi	ve "5/7."								
	Column 6: State the tim to the nearest five minutes.			ogram was carried by your				ately		
	stated as "6:00–6:30 p.m."	схаптріе.	a program car	ned by a system from 6.0 i	. 15 p.m. to 0	0.20.30 p.i	II. SHOUIG DE			
	Column 7: Enter the lett			m was substituted for prog						
	to delete under FCC rules a was substituted for program							ogram		
	effect on October 19, 1976	•	your system w	as permitted to delete und	ici i oo iulos	and regu	ilations in			
								1		
	S	IIRSTITLIT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO					
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
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Accounting Period:	2019/2			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			S	YSTEM ID# 27489
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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 re	ystem's se on of how t	condary transmi o compute this a	ission service amount, see	4,547.21 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 the use block 3 if the amount of gross receipts in space K is more than \$263,800 the page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that y	ou must pay for t	this 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 lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	_
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	\$	164,547.21		
	3. Subtract line 2 from line 1	\$	99,252.79		
	4. Enter the amount of gross receipts from space K		. \$ 1	164,547.21	
	5. Enter the amount from line 3		-	99,252.79	
	6. Subtract line 5 from line 4		\$	65,294.42	
	7. Multiply line 6 by .005 (enter figure here)			\$	326.47
	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		\$	326.47
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	¢	263,800.00		
	Subtract line 2 from line 1	Ψ	203,000.00		
	•				
	4. Multiply line 3 by .01			1 310 00	
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	326.47	
Due	2. Filling 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			\$	346.47
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name	MEDIACOM ILLI	NER OF CABLE SYSTEM: NOIS LLC	SYSTEM ID# 27489
M Channels	to its subscribers, and to its subscribers, and the subscribers, and the system carried te	must give (1) the number of channels on which the cable system carried television by and (2) the cable system's total number of activated channels during the accounting pumber of channels on which the cable evision broadcast stations	period.
		e system carried television broadcast stations t services	75
N Individual to Be Contacted		E CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to out this statement of account.)	whom
for Further Information		Kenneth J. Kohrs	Telephone 845-443-2762
		One Mediacom Way Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 Dity, town, state, zip)	
	Email	Copyrights@mediacomcc.com Fax (op	tional)
O Certification	I, the undersigned (Owner) X (Agent c	hereby certify that (Check one, but only one, of the boxes.) other than corporation or partnership) I am the owner of the cable system as identified from the corporation or partnership) I am the duly authorized agent of the cap I of space B and that the owner is not a corporation or partnership; or	rd in line 1 of space B; or
		or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal er e 1 of space B.	ntity identified as owner of the cable system
		ne statement of account and hereby declare under penalty of law that all statements of fa and correct to the best of my knowledge, information, and belief, and are made in good 1001(1986)]	
		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 name: Kenneth J. Kohrs	
		Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
		Date: 2/1:	8/2020

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ounting Period: 2019/2	FORM SA1-2E. PAGE 8.
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM ILLINOIS LLC	27489
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	
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 (interest charge)	-
* 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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