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					
2-27-20	\$ 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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20192 Barcode Data Filing Period (optional - see instructions)	
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.	29986
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TELECOMMUNICATIONS MANAGEMENT, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012	
		(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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM:	
		604 E. NATIONAL AVENUE	
	2	(Number, street, rural route, apartment, or suite number)	
		BRAZIL, IN 47834 (City, town, state, zip code)	

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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2019/2	
	<u></u>	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
- Tuillo	TELECOMMUNICATIONS MANAGEMENT, LLC	29986
	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hore.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	NEWPORT	IN
Community	PERRYSVILLE	IN
Add Rows as Necessary		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELECOMMUNICATIONS MANAGEMENT, LLC

29986

Ε

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.

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	86	\$36.00				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	4	\$47.00				
Converter						
Residential						
Non-residential						

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 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RA
Continuing Services:		Installation: Non-residential			
• Pay cable	\$9-\$18.00	Motel, hotel		EXPANDED BASIC	47
 Pay cable—add'l channel 		Commercial		DIGITAL FAM PLUS	13
 Fire protection 		• Pay cable		STARZ SUPER PAK	18
Burglar protection		Pay cable-add'l channel		SHOWTIME UNLTD	18
Installation: Residential		Fire protection		CINEMAX	13
• First set	\$40.00	Burglar protection		НВО	18
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	\$40.00		
 Converter 		Disconnect			
		Outlet relocation	\$30		
		 Move to new address 	\$30.00		

ccounting Period:	2019/2			FORM SA1-2E. PAGE	3			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID);			
Name	TELECOMMUNICATIONS MANAGEMENT, LLC							
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rule. Do not list the station here station was carried only on List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channer of license. For example, Williams Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these terms Column 4: Give the location can be substituted by the system of the set of the column 4: Give the location can be substituted by the system of the set of the column 4: Give the location can be substituted by the column 4: Give the location can be sub	also in space I, if the station was carried in concerning substitute basis stations is call sign. Do not report origination I with a station according to its over-the	of (1) stations carried only on a part-the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain state carried by your cable system on a substitute basis and also, see page (v) of the general instruct program services such as HBO, ESF ne-air designation. For example, report contents and independent station, or a form to the form of the page (for network multicast), "I" (for independent station, or a form of the page (form. Stather community to which the station)	ime basis under ams [sections tions carried on a stitute program Log)—if the consome other ions. PN, etc. Identify each out multistream the air in its community I noncommercial endent), "I-M" onal multicast). is licensed by the				
	1. CALL SIGN	4. LOCATION OF STATION						
	WTHI	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	41 200/(1101(01 01/(1101(
	WFYI							
	AALII	10	N	TEDDE HALITE IN				
Add Rows as Necessary	WTWO	10	N	TERRE HAUTE, IN				
Add Rows as Necessary	WTWO	21	E	INDIANAPOLIS, IN				
Add Rows as Necessary	WAWV	21 36	E N	INDIANAPOLIS, IN TERRE HAUTE, IN				
Add Rows as Necessary	WAWV WTHI-2	21 36 39	E	INDIANAPOLIS, IN TERRE HAUTE, IN TERRE HAUTE, IN				
Add Rows as Necessary	WAWV	21 36	E N	INDIANAPOLIS, IN TERRE HAUTE, IN				
Add Rows as Necessary	WAWV WTHI-2	21 36 39	E N	INDIANAPOLIS, IN TERRE HAUTE, IN TERRE HAUTE, IN				
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Add Rows as Necessary	WAWV WTHI-2	21 36 39	E N	INDIANAPOLIS, IN TERRE HAUTE, IN TERRE HAUTE, IN	111			
Add Rows as Necessary	WAWV WTHI-2	21 36 39	E N	INDIANAPOLIS, IN TERRE HAUTE, IN TERRE HAUTE, IN				
Add Rows as Necessary	WAWV WTHI-2	21 36 39	E N	INDIANAPOLIS, IN TERRE HAUTE, IN TERRE HAUTE, IN				
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Add Rows as Necessary	WAWV WTHI-2	21 36 39	E N	INDIANAPOLIS, IN TERRE HAUTE, IN TERRE HAUTE, IN				

SYSTEM ID#

TELECOMMUNICATIONS MANAGEMENT, LLC

29986

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

Primary Transmitters: Radio

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.

- 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
C, LLL OIOIN	/ LIVI OI I IVI	5,5	LOOMING OF STATION	O/ LE GIGIN	/ (IVI OI I IVI	3,0	LOCATION OF STATION
		-					
		-					
				_			

Accounting Perio							FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	TELECOMMUNICATIO	NS MAN	AGEMENT, I	LC				29986		
ı	In General: In space I, ident substitute basis during the a	GUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further properties of the programming that must be included in this log case page (v) of the general instructions in the pager SA1.3 form								
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 per 	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network tel	levision prog	ram		
Statement and Program Log	broadcast by a distant sta	tion?	-		-		YES	NO		
Program Log	·									
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must comp	plete the prog	gram		
	log in block 2.									
	2. LOG OF SUBSTITUTE	PROGR <i>A</i>	AMS							
	In General: List each subs		•		s wherever p	ossible, if t	their meanin	g is		
	clear. If you need more spa	•								
		•		vision program ("substitute			•	•		
	period, was broadcast by a		•	-	•	•	•			
	under certain FCC rules, re Do not use general categor	•								
	"NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	ani uues, ioi e	skampie,	I LOVE LUCY	OI .		
			dcast live, ente	er "Yes." Otherwise enter '	"No."					
				asting the substitute progr						
			,	he community to which th		•	the FCC or,	in		
	the case of Mexican or Car			•		,				
		-	when your sys	stem carried the substitute	e program. Us	se numera	als, with the r	nonth		
	first. Example: for May 7 gi		e substitute pro	ogram was carried by you	r cahle systei	m List the	times accur	ately		
	to the nearest five minutes.							atery		
	stated as "6:00-6:30 p.m."		p 9							
				n was substituted for prog						
	to delete under FCC rules a							ogram		
	was substituted for program	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations in			
	effect on October 19, 1976	•								
					WHE	N SUBST	TTLITE			
	S	UBSTITUT	E PROGRAM	l	CARRI	7. REASON FOR				
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION S LOCATION	AND DAY	FROM	— то			
							_			
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Accounting Period:	2019/2		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC		S	YSTEM ID# 29986
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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	's secondary transmow to compute this a	ission service amount, see	85516.44 7,565.51 pss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less see page (vi) of the general instructions located in the paper SA1-2 form for more information.	s than \$527,600	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 th accounting period is \$52.00	at you must pay for th	nis six-month	
	Line 1. Royalty fee for accounting period		\$	52.00
ı	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 a	and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu	ut more than \$137,	100)	-
	1. Base amount under statutory formula	263,800.00		
	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	,600)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, an	d 6		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		15.00	
	5 - 1 1 (2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		
	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 p See page i of the general instructions in the paper SA1-2 form			nts!

Accounting Period:	2019/2	FORM	SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: JNICATIONS MANAGEMENT, LLC	SYSTEM ID#
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. all number of channels on which the cable delevision broadcast stations	
N Individual to	INDIVIDUAL TO	O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
Be Contacted for Further Information	Name	EMERSON YEARWOOD Telephone 602-364-6195	
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012 (City, town, state, zip) EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
	Liliali	Tax (optional) 002-304-0013	
O Certification	I, the undersigned (Owner in X) X (Official in	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein etc, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	
		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: RAYMOND STORCK	
		Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
		Date: February 27, 2020	

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Accounting Period: 2019/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 29986 TELECOMMUNICATIONS MANAGEMENT, LLC 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 fol-P lowing 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** 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 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. **Interest Assessment** 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 * 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

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ID number

First community served Accounting period