This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## **SA1-2E** Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 2-27-20 in the first tab of this workbook ALLOCATION NUMBER Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2019/2 Barcode Data Filing Period (optional - see instructions) 20192

Accounting Period		
В		<b>Instructions:</b> 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
		ULTRA COMMUNICATIONS GROUP, 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		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		ULTRA COMMUNICATIONS GROUP, LLC D/B/A/ NEWWAVE COMMUNICATIONS
		MAILING ADDRESS OF CABLE SYSTEM:
	2	3759 OLD STERLINGTON RD (Number, street, rural route, apartment, or suite number)
		MONROE, LA 71203

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.

(City, town, state, zip code)

Ne	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	ULTRA COMMUNICATIONS GROUP, LLC	56
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mol identified city.	munity" is the same as a "community unit" as defined in FCC rule of communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno s.
Serveu		
	CITY OR TOWN	STATE
First	HOLLANDALE	MS
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1- SYS	TEM ID
Name		ONS GROU	P, LL(	C					568
Е	SECONDARY TRANSMISSION								
	In General: The information in s	-		-		-			
Secondary	system, that is, the retransmissing about other services (including preservices)					•			
Transmission	last day of the accounting period	l (June 30 or E	Decemb	er 31, as the ca	ase may b	e).		-	
Service: Sub-	Number of Subscribers: Both						•		
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
Rates	separately for the particular serv		-	•••		•	•	sonargea	
	Rate: Give the standard rate of	•						•	
	unit in which it is generally billed category, but do not include disc	· ·		,	•	ard rate variation	ns within a	particular rate	
	Block 1: In the left-hand block					condary transm	ssion serv	ice that cable	
	systems most commonly provide	e to their subso	cribers.	Give the numb	er of subs	cribers and rate	for each l	isted category	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of						nuel Selv		
	Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example, t					•			
	with the number of subscribers a sufficient.	and rates, in th	e right-	hand block. A t	wo- or thre	ee-word descrip	tion of the	Service is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCINID		TUTE	0,111			CODOCINDENCO	10112
	<ul> <li>Service to first set</li> </ul>		105	\$36.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	\$36.00					
	Converter								
	<ul> <li>Residential</li> </ul>								
	Non-residential								
	SERVICES OTHER THAN SEC				e				
-	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,								
Services	service for a single fee. There a furnished at cost or (2) services		-		-		•	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-		-	
Fransmissions:	Block 1: Give the standard rate Block 2: List any services that			•					
Rates	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip		-						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:	\$9-\$18.00	Install	ation: Non-res	idential				
	• Pay cable			otel, hotel				DED BASIC	48.0
	<ul> <li>Pay cable—add'l channel</li> </ul>			mmercial				L FAM PLAN	13.0
	Fire protection			y cable				SUPER PAK	18.0
	•Burglar protection			y cable-add'l ch	annel		L		18.0
	Installation: Residential	<b>A</b> 40.00		e protection					27.0
	• First set	\$40.00		rglar protection				AX	13.0
	Additional set(s)     EM radio (if concrete rate)			services:		¢00.00	НВО		18.0
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect sconnect		\$90.00			
	COnventer			tlet relocation					
			• 1/-	ve to new addr	000	\$25.00			

Neme	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE
Name		TIONS GROUP, LLC		
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC i • Do <i>not</i> list the station he station was carried <i>only</i> of • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ent (for independent multicast For the meaning of these the <b>Column 4:</b> Give the location	l also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part the carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a s he Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	-time basis under grams [sections tations carried on a ubstitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" ational multicast).
			·	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN WABG	32	3. TYPE OF STATION	4. LOCATION OF STATION GREENWOOD, MS
ows as Necessary	WABG WMAO	32	Ν	GREENWOOD, MS
ws as Necessary	WABG WMAO	32 25	N E	GREENWOOD, MS GREENWOOD, MS
ows as Necessary	WABG WMAO WNBD	32 25 33	N E	GREENWOOD, MS GREENWOOD, MS GRENADA, MS
iws as Necessary	WABG WMAO WNBD WABG-2	32 25 33 32	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS
iws as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
iws as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
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ows as Necessary	WABG WMAO WNBD WABG-2 WXVT	32 25 33 32 17	N E N I	GREENWOOD, MS GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS

LEGAL NAME OF			BROUP, LLC						SYSTEM 50
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat						н
on the basis of r For detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be rece at the Co sign of o the static ion's sig g a chec n's locati	I-Band FM Carriage: Under O stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the syst this sed t	e system's he em's FM ante point, see pa by the cable s ation is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	6	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
5. 22 51014		0,0					0,0		
							·		
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Accounting Perio	d: 2019/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	ULTRA COMMUNICAT	IONS GR	OUP, LLC					5686
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
l I	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN	-			Ŭ		• •	
Special	During the accounting per				sis anv nonr	network tele	evision progr	ram
Statement and	• • • •			n ouny, on a substitute ba				
Program Log	broadcast by a distant sta					L	YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comp	lete the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if t	heir meaning	a is
	clear. If you need more spa							<i>y</i> .c
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute				
	period, was broadcast by a		•	•		•		
	under certain FCC rules, re	•						
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES" OF "DASK	etball." List specific progra	am titles, for e	example, "I	Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute progr				
			,	the community to which th			the FCC or,	in
	the case of Mexican or Car					,		
	first. Example: for May 7 give		when your sy	stem carried the substitute	e program. Us	se numera	ls, with the m	nonth
			e substitute pr	ogram was carried by you	r cable syster	m List the	times accura	ately
	to the nearest five minutes.							lory
	stated as "6:00–6:30 p.m."	•			•			
				n was substituted for prog	-		•	
	to delete under FCC rules a	•		<b>e</b>				ogram
	was substituted for prograne effect on October 19, 1976	•	your system w	as permitted to delete und		and regul	ations in	
		•						
					WHE	N SUBST	ITUTE	
	S		E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. <sup>-</sup> FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
1			L					

Accounting Period:	: 2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC	SYSTEM ID# 5686
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	on service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,</li> <li>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.</li> </ul>	800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this si accounting period is \$52.00	ix-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	·
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600	0)
	1. 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	

0.00	
	-
\$ 52.00 \$ 15.00	-
\$	67.00
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
News	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ULTRA COMM	UNICATIONS GROUP, LLC	5686
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		number of channels on which the cable television broadcast stations	7
	on which the ca	number of activated channels able system carried television broadcast stations cast services	105
N Individual to Be Contacted		<b>BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom about this statement of account.)	
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	3
O Certification	I, the undersigned     (Owned)     (Agentic in light of the second	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ad, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ar other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B at of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner ine 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	vstem as identified

	X /s/ Raymond Storck
	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 Stock
	VICE PRESIDENT ficial position held in corporation or partnership)
Date:	February 27, 2020

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Inting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RA COMMUNICATIONS GROUP, LLC	568
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions</li> </ul>	P Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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