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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	01/23/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 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.	62120
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		COMMUNICATION CONSTRUCTION SERVICES, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		4400 PGA BLVD., SUITE 200 (Number, street, rural route, apartment, or suite number)	
		PALM BEACH GARDENS, FL 33410-6557	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	inless 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	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		FORT POLK, LA (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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	COMMUNICATION CONSTRUCTION SERVICES, INC.	62120
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	ry" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single,
	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 ho	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	FORT POLK	LA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					SYS	TEM ID
Name	COMMUNICATION CON	STRUCTION	SERVICES,	INC.				6212
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Bott down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D blocks in space (transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc	BSCRIBERS Al cover all categor and radio broad ace F, not here. ecember 31, as be E call for the r service. In gener s in that categor ndicated—not th h category of sel co/mth"). Summa for advance payle form lists the ca ribers. Give the r	ND RATES ries of seconda casts by your s All the facts yo the case may b number of subs ral, you can cor y (the number e number of se rvice. Include b urize any standa ment. ategories of sec number of subs	ystem to subscr u state must be e). cribers to the ca npute the numb of persons or or ets receiving ser oth the amount ard rate variation condary transmi cribers and rate	ibers. Give those existi- able system er of subscr ganizations vice). of the charg ns within a p ssion servic for each lis	information ing on the , broken ribers in charged ge and the particular rate e that cable ted category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, the with the number of subscribers a sufficient.	should be cour ble service to a nce again und nas rate catego ers of services	ated as a subscri additional sets w er "Service to ad pries for seconda that include one	ber in each app ould be include ditional set(s)." ary transmission or more secor	blicable categor d in the count u n service that ar ndary transmissi	y. Example: nder "Servio e different fr ons), list the	a residential ce to the rom those em, together	
	BLO	DCK 1				BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB			TEGORY OF SE	BVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	30030110					SUBSCRIBERS	
	Service to first set							
	 Service to additional set(s) 		50 3	9.50				
	 FM radio (if separate rate) 							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services t e two exceptio or facilities furn it in which it is rate column. e charged by th your cable sys separate charg	er) information v hat are not offer ns: you do not no ished to nonsub usually billed. If ne cable system item furnished of e was made of e	vith respect to a ed in combinati eed to give rate scribers. Rate i any rates are c for each of the r offered during established. Lis	ion with any sec information cor information shou harged on a var applicable serv the accounting	ondary tran ncerning (1) uld include b iable per-pr ices listed. period that	smission services ooth the ogram basis, were not	
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installation: No	on-residential				
	• Pay cable	12.95	• Motel, hotel					
	Pay cable—add'l channel	13.50	Commercial					
	Fire protection		Pay cable	ما ما ما ما م				
	•Burglar protection Installation: Residential		Pay cable-a					
	LINSTALIATION' RESIDENTIAL		 Fire protecti Burglar protecti 					
				CUUI				
	• First set		0 1					
	• First set • Additional set(s)		Other services	:				
	• First set • Additional set(s) • FM radio (if separate rate)		• Reconnect	:				
	• First set • Additional set(s)		Other services					

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
Name	COMMUNICATION C	ONSTRUCTION SERVICES, INC.		
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast) For the meaning of these t	I also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st urried by your cable system on a su e Special Statement and Program d both on a substitute basis and al- see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KVHP	29	Ν	LAKE CHARLES, LA
	KVHP	29	N	LAKE CHARLES, LA
	KLAX	31	N	ALEXANDRIA, LA
ows as Necessary	KLAX			
ows as Necessary	KLAX	31	N	ALEXANDRIA, LA
ows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
ows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
ows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
ows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
ows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
lows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
lows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
lows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
lows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
lows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
lows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
lows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
lows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
Rows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
Rows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
Rows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
Rows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
Rows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA
Rows as Necessary	KLAX	31	N	ALEXANDRIA, LA
	KLPA	25	N	ALEXANDRIA, LA
	KLFY	10	N	LaFAYETTE, LA

Accounting F	Period: 2019	/1					FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
CONINIONIC		NO I KU	CTION SERVICES, INC.					62120
all-band basis v Special Instruc receivable if (1)	t every radio s vhose signals ctions Conce i it is carried b	station ca were ge rning Al y the sys	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the	le system during Copyright Office r t the system's he	the accountir regulations, ar adend, and (2	ng perioo n FM sig 2) it can	1. nal is generally be expected,	H Primary Transmitters: Radio
baper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	rm. dentify the cal state whether the radio stat this by placing Give the station	l sign of the static ion's sig g a checl n's locati	ppyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ed by the cable s	system as a so sed by the FC	eparate	and discrete	
						0.0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	COMMUNICATION CO	NSTRUC	TION SERVI	CES, INC.				62120
					•			
	SUBSTITUTE CARRIAGI	-	-					
I	In General: In space I, identi							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general mot			2 101111.
Special	During the accounting per					twork tolovi	sion program	n
Statement and		-	il cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant sta	lion ?				L	YES	× NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complet	e the prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if the	ir meaning is	5
	clear. If you need more spa			rows to the tables. ision program ("substitute p	orogram") tha	t during th	e accounting	
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.			«X » OU · · · · · ·				
				r "Yes." Otherwise enter "N Isting the substitute progra				
				e community to which the		nsed by the	FCC or. in	
	the case of Mexican or Can							
				tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv							
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. s	hould be	
		er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program	iming that y						
	effect on October 19, 1976.							
						N SUBST		
	s	UBSTITUT	TE PROGRAM	1		AGE OCC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
			1					
							_	
							_	
]					
							_	
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							_	
							_	
					1.1			

Accounting Period:	2019/1 FORM SA1-	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	STEM ID# 62120
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	498.55 receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • 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. 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 six-moni accounting period is \$52.00 Line 1. Royalty fee for accounting period	<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K \$ 263,800.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: TON CONSTRUCTION SERVICES, INC.	SYSTEM ID# 62120
M Channels	to its subscriber	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. I number of channels on which the cable	5
	system carried	television broadcast stations	5
	on which the c	I number of activated channels able system carried television broadcast stations cast services	65
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	TIMOTHY A NATOLE Telephone	561-775-1208
	Address	4400 PGA BLVD., SUITE 200 (Number, street, rural route, apartment, or suite number)	
		PALM BEACH GARDENS, FL 33410-6557 (City, town, state, zip)	
	Email	tnatole@corp.warrior.tv Fax (optional)	
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification		ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
		er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	; or
	(Agen	t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s	ystem as identified
	in	line 1 of space B and that the owner is not a corporation or partnership; or	
	in	line 1 of space B.	
		I 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)]	
		Tim Evard	
		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: /s/ TIM EVARD	
		Title: EXEC. V.P. (Title of official position held in corporation or partnership)	
		Date: JAN. 13, 2020	

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unting Period: 2019/1	FORM SA1-2E. PAG
	SYSTEM 621
IMUNICATION CONSTRUCTION SERVICES, INC.	021
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- 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- scribers 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.	P Special Statemen Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 undernayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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