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 workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	02/14/20	S 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))	
		2019/2       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         20192       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 asingle 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.	62953
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		NEX-TECH LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		145 N MAIN (Number, street, rural route, apartment, or suite number)	
		LENORA, KS 67645 (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 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)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NEX-TECH LLC Instructions: List each separate community served by the cable system. A "con	62953 mmunity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	lobile nome parks should be reported in parentneses below the
First	CITY OR TOWN OLMITZ	STATE KS
Community		
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	TEM I
Name	NEX-TECH LLC	ADEL OTOTEM.					010	629
Е	SECONDARY TRANSMISSION							
-	In General: The information in s system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period						-	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary							
Rates	each category by counting the n							
	separately for the particular serv	rice at the rate	indicated—not the	number of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c							
	unit in which it is generally billed category, but do not include disc	· · ·	,		ro rate variations	s within a pa	articular rate	
	Block 1: In the left-hand block				ondary transmis	sion service	e that cable	
	systems most commonly provide							
	that applies to your system. <b>Note</b> categories, that person or entity							
	subscriber who pays extra for ca							
	first set" and would be counted o	once again und	er "Service to addit	ional set(s)."				
	Block 2: If your cable system							
	printed in block 1 (for example, t with the number of subscribers a							
	sufficient.		s light hand blook.					
	BLO	OCK 1 NO. OF	-			BLOCK	2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:							
	Service to first set		51 30.0	0 PREMI	ERE		45	46
	Service to additional set(s)							
	• FM radio (if separate rate) Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	<u> </u>							
	SERVICES OTHER THAN SEC			-				
F	In General: Space F calls for rat not covered in space E, that is, t	•	,	•				
•	service for a single fee. There ar				,	,		
Services	furnished at cost or (2) services	or facilities furr	nished to nonsubsc	ribers. Rate in	formation shoul	d include b	oth the	
Other Than Secondarv	amount of the charge and the un		usually billed. If an	y rates are ch	arged on a varia	able per-pro	ogram basis,	
ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable system fo	r each of the a	applicable servic	es listed.		
Rates	Block 2: List any services that	t your cable sys	stem furnished or o	ffered during t	the accounting p	eriod that v		
	listed in block 1 and for which a				these other serv	rices in the	form of a	
	brief (two- or three-word) descrip			•				
	CATEGORY OF SERVICE	BLO RATE	CK 1 CATEGORY OF S		RATE	CATECO	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:	RATE	Installation: Non-		RAIE	CATEGO	DRT OF SERVICE	KA
	Pay cable	76.00	Motel, hotel			Sports	& Entertain.	13
	• Pay cable—add'l channel		Commercial			Cinema		11
	• Fire protection		• Pay cable			НВО		17
	r inc protocilon		• Pay cable-add	'l channel			ne & TMC	14
	•Burglar protection		-			Starz! E	ncore	
	•		<ul> <li>Fire protection</li> </ul>					12
	•Burglar protection	99.00	<ul> <li>Fire protection</li> <li>Burglar protection</li> </ul>					12
	•Burglar protection Installation: Residential	99.00 110.00	•					12
	•Burglar protection Installation: Residential • First set		• Burglar protec		30.00			12
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Burglar protec Other services:		30.00			12
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Burglar protec Other services: • Reconnect	tion	<u>30.00</u> <u>110.00</u>			12

ing Period: 2	-			FORM SA1-2E. PA
lame		IF CABLE SYSTEM:		SYSTEM 62
	NEX-TECH LLC			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
G mary smitters: evision	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 f • Do <i>not</i> list the station he station was carried <i>only</i> o • 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 to <b>Column 4:</b> Give the locati	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 pro- ed with a station according to its over-the-	(1) stations carried only on a part a carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a su e Special Statement and Program both on a substitute basis and al- iee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	N	GREAT BEND, KS
	KBSH	7	Ν	HAYS, KS
lecessary	KOOD	9	E	HAYS, KS
	KAKE	10	N	WICHITA, KS
	кмтw	17	I	WICHITA, KS
	KSCW	23	I	WICHITA, KS
	KSAS	24	Ν	WICHITA, KS
	KWCH-DT2	110	N-M	WICHITA, KS
	KAKE-DT2	180	N-M	WICHITA. KS
	KMTW-DT2	181	I-M	WICHITA, KS
	KMTW-DT2 KSCW-DT3	181 182	I-M I-M	WICHITA, KS WICHITA, KS
	KSCW-DT3	182	I-M	WICHITA, KS
	KSCW-DT3 KOOD-DT3	182 183	I-M E-M	WICHITA, KS HAYS, KS
	KSCW-DT3 KOOD-DT3 KSCW-DT2	182 183 184	I-M E-M I-M	WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS
	KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3	182 183 184 185	I-M E-M I-M N-M	WICHITA, KS HAYS, KS WICHITA, KS
	KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2	182       183       184       185       186       187	I-M E-M I-M N-M I-M N-M	WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	182 183 184 185 186	I-M E-M I-M N-M I-M	WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	182         183         183         184         185         186         187         189	I-M E-M I-M N-M I-M N-M E-M	WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	182         183         183         184         185         186         187         189	I-M E-M I-M N-M I-M N-M E-M	WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KSAS-DT2 KOOD-DT2	182         183         183         184         185         186         187         189	I-M E-M I-M N-M I-M N-M E-M	WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS

Accounting F			/STEM:						SYSTEM I
NEX-TECH									629
n General: Lis		tation ca	arried on a separate and disc nerally receivable by your ca						н
	-	-	I-Band FM Carriage: Under				-		Primary
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: 1 Column 2: 5 Column 3: 1 ignal, indicate Column 4: 0	) it is carried by monitoring, to ormation abou rrm. dentify the call State whether t f the radio stati this by placing Give the statior	/ the sys be recein t the Co sign of the he static ion's sig g a chech o's locati	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 proces k mark in the "S/D" column. on (the community to which the	at sy the	the system's he ystem's FM ante is point, see pa d by the cable s station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		Ħ	SALE OIGH		5,5		
KRSL KRSL	AM FM		RUSSELL, KS RUSSELL, KS	┤┟					
KDT	FM		BURDETT, KS						
				$\left\{ \right\}$					
				1					
				$\left\{ \right\}$					
				1					
	+								

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							62953
	SUBSTITUTE CARRIAGI				2			
I I	In General: In space I, identi					ion that voi	ır cahle syste	em carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	general instr	uctions in th	ne paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	ision progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ist complet	e the prograu	m
	log in block 2.	,		,	, <b>, , , , , , , , , ,</b>			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	itute progra	im on a separa		wherever pos	sible, if the	ir meaning is	;
	clear. If you need more spa				vrogrom") the	t during th	o occupting	
	period, was broadcast by a			ision program ("substitute p ur cable svstem substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for furthe	er informatio	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	_		dcast live ente	r "Yes." Otherwise enter "N	٥."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
				ne community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the s tem carried the substitute p			with the mor	hth
	first. Example: for May 7 giv		inter your eye		logiani. 000	numerale,		
				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	5 p.m. to 6:2	8:30 p.m. s	should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulation	ons in	
								1
						N SUBST		
	S	1				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	FROM	— TO	
							_	
							_	
								·
							_	
							_	
							<u> </u>	
							_	
							_	
							_	
							_	
1		1	1	1		r		1

Accounting Period:	2019/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 62953
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	smission servie is amount, see	8,216.28
L 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 than or equal to • 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.	\$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 that you must pay for accounting period is \$52.00	this six-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	\$	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	_	
	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 \$52	7,600)	
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula	-	
	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, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee end			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		ghts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O NEX-TECH L	F OWNER OF CABLE SYSTEM: LC	SYSTEM ID 62953
<b>M</b> Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	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. total number of channels on which the cable ed television broadcast stations	18 341
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Scott Roe Telephone 785-6	<u> 525-7070</u>
	Address	2418 Vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601	
	Email	(City, town, state, zip) sroe@nex-tech.com Fax (optional)	
O	I, the undersig     (Ow     (Ag     X     (Of     V)	Image: Nr (This statement of account must be certified and signed in accordance with Copyright Office regulations)         gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or         filter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.         red the statement of account and hereby declare under penalty of law that all statements of fact contained herein lefe, and correct to the best of my knowledge, information, and belief, and are made in good faith.         ction 1001(1986)]         Image: The end of or printed name:         X       /s/ Rhonda S. Goddard         Typed or printed name:       Rhonda S. Goddard         Title:       Chief Financial Officer         (Title of official position held in corporation or partnership)	
		Date: 02/26/2020	

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	FORM SA1-2E. PA
	SYSTEM
C-TECH LLC	62
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."	P Special Stateme Concerning Gro
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusi
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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 Assessm
x	Interest Assessm
x	Interest Assessm
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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