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	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	02/26/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COV	ERED BY THIS STATEMENT: (YY	YY/(Period))	

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	63341
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM PENNSYLVANIA INC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		BUSINESS NAME(S) OF OWNER OF CABLE STSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		4001 RODNEY PARHAM (Number, street, rural route, apartment, or suite number)	
		LITTLE ROCK AR 72212 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	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)	
		(City, town, state, zip code)	
I			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WINDSTREAM PENNSYLVANIA INC	63341
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat 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 Note: Entities and properties such as hotels, apartments, condominiums, or mo	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	identified city.	pone nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	LITITZ	PA
Community	NEWPORT COMMONS	
dd Rows as Necessary		
	การการการการการการการการการการการการการก	

	_							FORM SA1	-
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
	WINDSTREAM PENNSY	LVANIA INC							6334
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	IBERS AND RA	ATES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							a and the	
	unit in which it is generally billed								
	category, but do not include disc				ny olanaa		5 mann a p		
	Block 1: In the left-hand block	in space E, the	e form l	ists the categor					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		= nynt-i	Iand Diock. A tr		e-word descripti			
	BLO	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		16	54.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NEMIS		6				
-	In General: Space F calls for rat					I your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t								
Samilaaa	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		gram saolo,	
ransmissions:									
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) descrip				sned. List	these other serv	lices in the	IOTTI OF A	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	19.00	• Mc	otel, hotel			PPV		PI
	Pay cable—add'l channel		• Co	mmercial					
	Fire protection		•Pa	y cable					
	1	[•Pa	y cable-add'l ch	nannel				
	 Burglar protection 		I						
	•Burglar protection Installation: Residential		• Fir	e protection					
	U			e protection rglar protection					
	Installation: Residential		• Bu	•					
	Installation: Residential • First set		• Bu Other	rglar protection					
	Installation: Residential • First set • Additional set(s)		• Bu Other • Re	rglar protection services:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bu Other • Re • Dis	rglar protection services: connect					

Accounting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
Namo	WINDSTREAM PENN	SYLVANIA INC		63341
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1 : List each station multicast stream associated "WETA-2" as the same on Column 2 : Give the channe of license. For example, W Column 3 : Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4 : Give the location	 e)(2) and (4), or 76.63 (referring to 76.63) e)(2) and (4), or 76.63 (referring to 76.63) e) e) e	t (1) stations carried only on a part-ti- the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHTM	27	N	
				11
Add Rows as Necessary				
 Television Substitute Basis Stations: With respect to any distant stat basis under specific FCC rules, regulations, or authorization Do not list the station here in space G—but do list it in spatiation was carried only on a substitute basis. List the station here, and also in space I, if the station was basis. For further information concerning substitute basis stat Column 1: List each station's call sign. Do not report origin multicast stream associated with a station according to its o "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to t of license. For example, WRC is channel 4 in Washington, Column 3: Indicate in each case whether the station is a ne educational station, by entering the letter "N" (for network), ' (for independent multicast), "E" (for noncommercial education For the meaning of these terms, see page (iv) of the genera Column 4: Give the location of each station. For U.S. station FCC. For Mexican or Canadian stations, if any, give the nar 			nn	
	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 75,59(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 parameter basis stations explained in the next paragraph. Substitute Dasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph. Substitute Dasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis. Bord system for 30 or altorizations: • 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. Stations, see page (N) of the general instructions. • Do not list the station scall 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: Give the location of each station. For U.S. stations, list the community to which the station all works on the station as independent multicast). For the meaning of these terms, see page (N) of the general instructions in the paper SA1-2 form. Column 3: 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 stat	HARRISBURG PA		
	WITF	36	E	HARRISBURG PA
	WGCB	30	l	HARRISBURG PA

EGAL NAME OF								SYSTEM I 633
	NOMITTERO							
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo	it is carried by monitoring, to ormation abou rm.	y the sys be recei t the Co	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried.	it the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stati this by placing Give the statior	ion's sig g a checl n's locati	on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	WINDSTREAM PENNS	YLVANIA	INC					63341
	SUBSTITUTE CARRIAGE				G			
	In General: In space I, identi				-	ion that vo	ur cable svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting period 	od, did you	r cable system	carry, on a substitute bas	is, any nonnet	twork telev	ision program	ı
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log	-		reat of this near	a blank. If your anower is	"Vee " veu mu	at complex	-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist comple	te the program	n
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if the	eir meaning is	
	clear. If you need more spa						in mouning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							1.
	"NBA Basketball: 76ers vs.			Liet opeenie prograf				
				"Yes." Otherwise enter "				
				sting the substitute progra e community to which the		nood by th	a FCC ar in	
	the case of Mexican or Can							
				tem carried the substitute			, with the mor	ith
	first. Example: for May 7 giv				-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. :	snouid be	
		er "R" if the	listed program	was substituted for progra	amming that y	our systen	n was <i>require</i>	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulat	ions in	
	effect on October 19, 1976.							
						N SUBST		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCO		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM PENNSYLVANIA INC	S	437EM ID 63341
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 this 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.	mission servic s amount, see	e 2,277.00
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 \$527	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 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2								FORM SA1-2E. PAGE
Name		DWNER OF CABLE SYSTEM: PENNSYLVANIA INC							SYSTEM II 6334
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's I number of channels on whic television broadcast stations I number of activated channel able system carried television cast services	total numbe h the cable s s broadcast s	er of activate	ed channels durir	ng the ac	counting period		7 120
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		MATION IS	S NEEDED (Ident	tify an ind	dividual to whom	1	
for Further Information	Name	JIM POWELL						Telephone	706.896.1089
	Address	1839 HIGHWAY 17 N (Number, street, rural route, apar		e number)					
		YOUNG HARRIS PA (City, town, state, zip)	30582						
	Email	sandra.blade@)windstrear	m.com			Fax (optional)	330.486.350	4
O Certification	• I, the undersigne	(This statement of account m ed, hereby certify that (Check o er other than corporation or p	ne, <i>but only</i>	one, of the	boxes.)				or
	in X (Offic in • I have examined	t of owner other than corpora line 1 of space B and that the o er or partner) I am an officer (line 1 of space B. I the statement of account and e, and correct to the best of my on 1001(1986)]	owner is not a if a corporati hereby decla	a corporatio ion) or a par are under pe	on or partnership; on or partnership; on or partnership; on the second sec	or hip) of the all statem	e legal entity ider nents of fact conta	tified as own	
				-	/S/ TIMO nature on the line an "/s/ signature" (above to	certify this staten	nent.	
		Typed or printed	,		IY P LOKEN	DEDO	DTING		
		Title: (Title of d Date:			GULATORY I		February 24,	2020	

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AL NAME OF OWN	NER OF CABLE SYSTEM:				SYSTE
	PENNSYLVANIA INC				63
The Satellite He lowing sentence "In deter service scribers For more inform located in the p	TATEMENT CONCERNING GROSS REC ome Viewer Act of 1988 amended Title 17, section e: rmining the total number of subscribers and the gro of providing secondary transmissions of primary br and amounts collected from subscribers receiving mation on when to exclude these amounts, see the paper SA1-2 form.	111(d)(1)(A), of t oss amounts paid roadcast transmitt secondary transr note on page (vii	te Copyright Act I to the cable syste ers, the system sh nissions pursuant of the general ins	em for the basic nall not include sub- to section 119." structions	P Special Stateme Concerning Gro Receipts Exclusi
	te carriers to satellite dish owners?				
YES. Enter	r the total here and list the satellite carrier(s) below		\$		
Name Mailing Address		Name Mailing Address			
	ASSESSMENT				
For an explana	blete this worksheet for those royalty payments sub tion of interest assessment, see page (viii) of the g he amount of late payment or underpayment	eneral instruction	s located in the pa		Q Interest Assessm
For an explana	olete this worksheet for those royalty payments sub tion of interest assessment, see page (viii) of the g	eneral instruction	s located in the pa		Q Interest Assessm
For an explana Line 1 Enter th Line 2 Multiply	olete this worksheet for those royalty payments sub tion of interest assessment, see page (viii) of the g he amount of late payment or underpayment	eneral instruction	x	aper SA1-2 form.	Q Interest Assessm
For an explanation of the second seco	olete this worksheet for those royalty payments sub tion of interest assessment, see page (viii) of the g he amount of late payment or underpayment y line 1 by the interest rate* and enter the sum here	eneral instruction	s located in the pa x	aper SA1-2 form days -	Q Interest Assessm
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th	olete this worksheet for those royalty payments sub tion of interest assessment, see page (viii) of the g he amount of late payment or underpayment y line 1 by the interest rate* and enter the sum here y line 2 by the number of days late and enter the su	eneral instruction	s located in the pa x	aper SA1-2 form.	Q Interest Assessm
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	blete this worksheet for those royalty payments sub tion of interest assessment, see page (viii) of the g he amount of late payment or underpayment y line 1 by the interest rate* and enter the sum here y line 2 by the number of days late and enter the su y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block he interest rate chart click on <i>www.copyright.gov/lic</i>	eneral instruction	s located in the pa x	aper SA1-2 form.	Q Interest Assessm
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	blete this worksheet for those royalty payments sub tion of interest assessment, see page (viii) of the g he amount of late payment or underpayment y line 1 by the interest rate* and enter the sum here y line 2 by the number of days late and enter the su y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block the interest rate chart click on <i>www.copyright.gov/lic</i> he Licensing Division at (202) 707-8150 or licensing	eneral instruction um here bock 3 line 6 censing/interest-ra g@loc.gov. t assessment for o count already subi	s located in the pa	aper SA1-2 form.	Q Interest Assessm
For an explana Line 1 Enter th Line 2 Multiply Line 3 Multiply in space * To view th contact th ** This is th NOTE: If you a	blete this worksheet for those royalty payments sub tion of interest assessment, see page (viii) of the g he amount of late payment or underpayment y line 1 by the interest rate* and enter the sum here y line 2 by the number of days late and enter the su y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block he interest rate chart click on <i>www.copyright.gov/lic</i> he Licensing Division at (202) 707-8150 or licensing he decimal equivalent of 1/365, which is the interest re filing this worksheet covering a statement of acc	eneral instruction um here bock 3 line 6 censing/interest-ra g@loc.gov. t assessment for o count already subi	s located in the pa	aper SA1-2 form.	Q Interest Assessm

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