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

STATEM	ENT OF ACCOUNT	FOR COPYRIGE	IT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	uctions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVEREI	BY THIS STATEMENT: (YY	/YY/(Period))	-
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	202	01 Barcode Data Filing Period (optional	- see instructions)	

		20201 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	656
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(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 unless s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	IDABEL, OK	
		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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	014656
	Instructions: List each separate community served by the cable system. A "community	ty" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated con	
-	discrete 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.	st will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
		1
-	CITY OR TOWN IDABEL	OK
First Community	MCCURTAIN COUNTY	OK
Add Rows as Necessary		

	1							-		E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						:		EM ID
	CEQUEL COMMUNICA	TIONS LLC							0	1465
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIBI	ERS AND RA	TES					
E	In General: The information in s									
Secondary	system, that is, the retransmission about other services (including provide the services)									
Secondary Transmission	last day of the accounting period	, , ,	,		,			ing on the		
Service: Sub-	Number of Subscribers: Bot						ole system	, broken		
scribers and	down by categories of secondar	•								
Rates	each category by counting the n			•••				charged		
	separately for the particular server Rate: Give the standard rate of							and the		
	unit in which it is generally billed	-								
	category, but do not include disc	•	,		,					
	Block 1: In the left-hand block	•		0						
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity									
	subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system	has rate catego	ories for se	econdary trai	smission	service that are	different f	rom those		
	printed in block 1 (for example, 1					,		, 0		
	with the number of subscribers a sufficient.	and rates, in the	e right-har	id block. A tv	o- or thre	e-word descript	ion of the s	service is		
		OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF		NO. OF SUBSCRIBE	-DS	RATE
	Residential:	SUBSCRIB	_110		CAT		(VICL	SUBSCRIDE	110	10411
	Service to first set		230	34.99						
	Service to additional set(s)			04.00						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		34	45.95						
	Converter			-0.00						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATE	5					
-	In General: Space F calls for ra					Il your cable sys	tem's serv	vices that were	Э	
F	not covered in space E, that is, t									
. .	service for a single fee. There a	•			•					
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		usually bi	lieu. Il ally la	les are ci	larged on a van	able bei-b	logram basis,		
ransmissions:	Block 1: Give the standard ra		he cable s	ystem for ea	ch of the	applicable servi	ces listed.			
Rates	Block 2: List any services that									
	listed in block 1 and for which a	1 0			shed. List	these other ser	vices in the	e form of a		
		ption and inclue	le the rate	for each.						
	brief (two- or three-word) descrip								2	
	priet (two- or three-word) descri	BLO	CK 1					BLOCK	_	
	CATEGORY OF SERVICE	BLOO RATE	CATEGO	RY OF SER		RATE	CATEGO	BLOCK		RATE
			CATEGO	RY OF SER' on: Non-res		RATE	CATEGO			RATE
	CATEGORY OF SERVICE		CATEGO	on: Non-res		RATE	CATEGO			RATE
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGO	on: Non-res		RATE	CATEGO			RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 17.00	CATEGO Installation	nercial		RATE	CATEGO			RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE 17.00	CATEGO Installatio • Motel • Comn • Pay c	nercial	dential	RATE	CATEGO			RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 17.00	CATEGO Installatio • Motel • Comn • Pay c • Pay c	n: Non-res hotel hercial able	dential	RATE	CATEGO			RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE 17.00	CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p	on: Non-resi hotel hercial able able-add'l ch	dential	RATE	CATEGO			RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	RATE 17.00 19.00 99.00	CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p	n: Non-resi hotel hercial able able-add'I ch rotection ar protection	dential	RATE	CATEGO			RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 17.00 19.00 99.00	CATEGO Installatio • Motel • Comn • Pay c • Pay c • Fire p • Burgla	hotel hotel aercial able able-add'l ch rotection ar protection vices :	dential	RATE	CATEGO			RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00 19.00 99.00	CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set	non: Non-resident for the otel service of the	dential		CATEGO			RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.00 19.00 99.00	CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other sen • Recor • Disco	non: Non-resident for the otel service of the	dential		CATEGO			RATE

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	CEQUEL COMMUNIC	ATIONS LLC		014656
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster 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 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on ti Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	at (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L and both on a substitute basis and also be page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	evision stations) ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne 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
	KMSS-1	33		SHREVEPORT, LA
	KOET-1	3	E	EUFAULA, OK
d Rows as Necessary	KSLA-1	12	N	SHREVEPORT, LA
nows as necessary	KTAL-1	6	N	TEXARKANA, TX
	KTBS-1	3	N	SHREVEPORT, LA
	KTEN-1	10	N	ADA, OK

LEGAL NAME OF								SYSTEM 014
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recein at the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1						

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					014656
	SUBSTITUTE CARRIAG		AL STATEME		G			
1					-	tion that you	, and la sur	town convict on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			eie anv non	notwork tolow	vision prog	ram
Statement and		-	ui cable syster	in carry, on a substitute ba	515, any nom			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. Llas abbraviation	wherever	aaaibla iftha	ir meenin.	- i-
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, it the	eir meaning	g is
				vision program ("substitute	e program") t	hat, during th	e account	ina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pro	ogramming c	of another	station
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter '	'No "			
				asting the substitute progr				
				the community to which th		censed by th	e FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi		o cubstituto pr	ogram was carried by you	r cable svete	m liet the tiv	nes accur	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."		a program can					
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
		•			1			•
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU		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. TIN FROM —	NES · TO	DELETION
		100 01110	ONEL CICIT		AND DAT	TROM	10	
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC		014656
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 service amount, se	,234.20
	COPYRIGHT ROYALTY FEE		
L 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 1 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	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 t accounting period is \$52.00	his 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 \$137,1	00)	
	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)	
		,	
	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	<u> </u>	
	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
	EFT Trace # or TRANSACTION ID #	[
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the second seco		

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CAB CEQUEL COMMUNICATION					SYSTEM ID# 014656
M Channels	 CHANNELS Instructions: You must give (1) to its subscribers, and (2) the case of the system carried television broad 2. Enter the total number of action which the cable system carriand nonbroadcast services 	able system's total nun innels on which the cal dcast stations ivated channels rried television broadca	nber of activated channels du	ring the accour	nting period.	6
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACT we can contact about this stater	ment of account.)	ORMATION IS NEEDED (Ide	entify an individ		o (902) 570 2452
for Further Information		E LOOP 323 rural route, apartment, or s X 75701	uite number)		Telephor	e (903) 579-3152
	Email	ODNEY.HASKINS@	ALTICEUSA.COM	Fa	x (optional)	
O Certification	(Agent of owner othe in line 1 of space E	fy that (Check one, <i>but o</i> prporation or partners ar than corporation or B and that the owner is am an officer (if a corp B. of account and hereby	buly one, of the boxes.) hip) I am the owner of the cather partnership) I am the duly au not a corporation or partnersh oration) or a partner (if a partr declare under penalty of law ti dge, information, and belief, a	le system as ide thorized agent o ip; or ership) of the le nat all statemen nd are made in	entified in line 1 of space of the owner of the cab gal entity identified as ts of fact contained her	e B; or e system as identified owner of the cable system
	Tit	Enter s yped or printed name: tle:	n electronic signature on the lir ignature using an "/s/ signature ALAN DANNENBA PROGRAMMING	" (e.g., /s/ John : UM		

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	0146
 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 following 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 subscribers 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. 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? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme

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