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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
for Secondar	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
-	ns (Short Form) tions are located f this workbook	9/1/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period	2020	Barcode Data Filing Period (optional	I - see instructions)	
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent	-	diary of another corporation, give the full corp	porate title
Owner	List any other name or names under whi	ch the owner conducts the business of th	he cable system.	
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should su ting period.	ubmit a
-	Check here if this is the system's first fili	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	060934
-	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER C	F CABLE SYSTEM (IF DIFFERENT)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		

TYLER, TX 75701

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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 filing, a determination that would be made by a court of law.

Number, street, rural route, apartment, or suite number)

3015 S SE LOOP 323

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

mber, street, rural route, apartment, or suite number)

CIMARRON CORRECTIONAL FACILITY

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Humo	CEQUEL COMMUNICATIONS LLC	060934
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorpo	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t	
	as the "first community." Please use it as the first community on all future t	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CUSHING	ОК
Community	(CIMARRON CORR)	
Rows as Necessary		
Rows as necessary		

	LEGAL NAME OF OWNER OF C								A1-2E. PAG
Name								51	0609
Е	SECONDARY TRANSMISSION							h	
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							g	
Service: Sub-	Number of Subscribers: Bot	•					2		
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv	•	,	0 , (,	charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed	-	-	•					
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	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	-		•					
	printed in block 1 (for example, t						,		
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-n	and block. A lw	o- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	COBCONID		TUTE	0/11		(INCL	CODOCINIDENC	1011
	Service to first set		0	_					
	Service to additional set(s)		Ŏ	_					
	• FM radio (if separate rate)		Ŭ						
	Motel, hotel								
	Commercial		28	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	3				
-	In General: Space F calls for ra	te (not subscril	per) info	rmation with re	spect to a	ll your cable sys	stem's serv	ices that were	
F	not covered in space E, that is, t								
Samiaaa	service for a single fee. There a furnished at cost or (2) services		,		0		0()		
Services Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	billed. It dity to		larged on a van		ogram baolo,	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that	• •			-				
	listed in block 1 and for which a brief (two- or three-word) descri				shed. List	these other ser	vices in the	e form of a	
	blief (two- of tillee-word) descrip			lie for each.					
	1		CK 1					BLOCK 2	
		BLO							
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER		RATE	CATEGO	ORY OF SERVIC	E RAT
	Continuing Services:	1	CATEG Installa	tion: Non-resi		RATE	CATEGO	ORY OF SERVIC	E RAT
	• Pay cable	1	CATEG Installa • Mot	tion: Non-resi el, hotel		RATE	CATEGO	DRY OF SERVIC	E RAII
	Continuing Services: • Pay cable • Pay cable—add'l channel	1	CATEG Installa • Mot • Con	tion: Non-resi el, hotel nmercial		RATE	CATEGO	DRY OF SERVIC	E RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	CATEG Installa • Mot • Con • Pay	tion: Non-resi el, hotel nmercial cable	dential	RATE	CATEGO	DRY OF SERVIC	ERATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	1	CATEG Installa • Mot • Con • Pay • Pay	tion: Non-resi el, hotel nmercial cable cable-add'l ch	dential	RATE	CATEGO	DRY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	1	CATEG Installa • Mot • Con • Pay • Pay • Fire	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection	dential	RATE	CATEGO	DRY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	1	CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection	dential	RATE	CATEGO	DRY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure Other s	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection services:	dential	RATE		DRY OF SERVIC	
	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)	1	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec	tion: Non-resi el, hotel nmercial cable cable-add'I ch protection glar protection eervices: connect	dential	RATE		DRY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection services: connect connect	dential	RATE		DRY OF SERVIC	
	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)	1	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc • Out	tion: Non-resi el, hotel nmercial cable cable-add'I ch protection glar protection eervices: connect	dential annel	RATE		DRY OF SERVIC	

ounting Period: 2	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		060934
Name G Primary Transmitters: Television	CEQUEL COMMUNICA 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(es substitute program basis, as basis under specific FCC rules • Do not list the station here station was carried only on • List the station here, and as basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t 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 te	ATIONS LLC TELEVISION TELEVISION In during the accounting period, <i>excep</i> In effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations c illes, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carried in concerning substitute basis stations is call sign. <i>Do not</i> report origination d with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), orms, see page (iv) of the general instru-	t (1) stations carried only on a part-ti he 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 I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the 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.	evision stations) me basis under ms [sections ions carried on a stitute program .cog)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast).
	Column 4: Give the location	2. B'CAST CHANNEL NUMBER	t the community to which the station	
	KAUT-1	43		OKLAHOMA CITY, OK
	KETA-1		E	OKLAHOMA CITY, OK
Rows as Necessary	KFOR-1	4	N	OKLAHOMA CITY, OK
ows as necessary	КОКН-1	25		OKLAHOMA CITY, OK
	KTUL-1	8	N	TULSA, OK
	KWTV-1	9	N	OKLAHOMA CITY, OK

EGAL NAME OF								SYSTEM 0609
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Cc sign of e he static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the pyright 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 ant this point, see pa ed by the cable	eadend, and (ź enna, during c ige (v) of the g system as a se	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-	the community with which the			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: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					060934
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN						• •	
Special	During the accounting per	-			isis anv noni	network telev	vision nroa	ram
Statement and		-		frouny, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour systen	was reau	uired
	to delete under FCC rules							
	was substituted for program							-9.5
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5				-	AGE OCCU 6. TI		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	
							-	
							-	
							-	
						_		
							-	
						_		
						_		
							-	
						-	-	
						_		
						_		
							·	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 060934
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 s amount, se	6,927.18
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 \$527,60(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	<u> </u>	
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		<u>1,319.00</u> 0.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8 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 the second secon		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 060934
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	6 27
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	(000) 570 0450
for Further Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701	(903) 579-3152
	(City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	B; or system as identified wner of the cable system
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06093
 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.	•
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 Assessme
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