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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:		
	ary Transmissions by	DATE RECEIVED	AMOUNT			
General instru	ems (Short Form) uctions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
Accounting Period		1				
	Instructions:					
В			idiary of another corporation, give the full co	rporate title		
Owner	List any other name or names under which	ch the owner conducts the business of t	he cable system.			
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should ting period.	submit a		
	Check here if this is the system's first filin	ng. If not, enter the system's ID number	assigned by the Licensing Division.	061702		
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM				
	CEQUEL COMMUNICATIONS LLC					
	BUSINESS NAME(S) OF OWNER O	F 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	INSTRUCTIONS: In line 1, give any busi					
System	names already appear in space B. In line	e 2, give the mailing address of th	le system, il different from the addres	s given in space B.		
System	1 CHESTER STATE CORREC	CTIONAL INSTITUTION				
	MAILING ADDRESS OF CABLE SYSTEM					
	2 (Number, street, rural route, apartment, or suite	number)				

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	061702
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora	mmunity" is the same as a "community unit" as defined in FCC rules:
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	t you list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Served	identified city.	
	CITY OR TOWN	STATE
First Community	CHESTER (CHESTER SCI)	PA
d Rows as Necessary		
· · · · · · · · · ,		

	LEGAL NAME OF OWNER OF C								1-2E. PAGI
Name			•					51	06170
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							5	
Service: Sub-	Number of Subscribers: Bot	•							
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv	•	<i>,</i>	0,0				cnarged	
	Rate: Give the standard rate of							je and the	
	unit in which it is generally billed	I. (Example: "\$	20/mth")	. Summarize a	ny standa	rd rate variation	s within a p	oarticular rate	
	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 nym-n	Ianu Diock. A th		e-word descript		ervice is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	COBCOTUB	LITO	TUTE	0,111		(TIOL	COBCONDENCO	
	Service to first set		0	-					
	Service to additional set(s)		Ŭ	-					
	• FM radio (if separate rate)		Ĭ						
	Motel, hotel								
	Commercial		189	40.71					
	Converter			-0.71					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	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	tem'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				
Services Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	Shiou: If any fa		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				sned. List	these other ser	vices in the	e form of a	
				ate for each.			<u> </u>		
								BLOCK 2	
		BLO			105	DATE			
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER		RATE	CATEGO	DRY OF SERVICI	RATE
	CATEGORY OF SERVICE Continuing Services:		CATEG	tion: Non-resi		RATE	CATEGO		E RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEG Installa • Mot	ition: Non-resi el, hotel		RATE	CATEGO		ERATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel		CATEG Installa • Mot • Cor	ition: Non-resi el, hotel nmercial		RATE	CATEGO		E RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mot • Cor • Pay	ition: Non-resi tel, hotel nmercial v cable	dential	RATE	CATEGO		E RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection		CATEG Installa • Mot • Cor • Pay • Pay	ation: Non-resi ael, hotel nmercial v cable v cable-add'l ch	dential	RATE	CATEGO		E RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential		CATEG Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-resi rel, hotel nmercial r cable r cable-add'l ch e protection	dential	RATE	CATEGO		ERATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	tion: Non-resi el, hotel nmercial r cable r cable-add'l ch e protection glar protection	dential	RATE	CATEGO		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	tion: Non-resi el, hotel nmercial cable cable-add'I ch protection glar protection services:	dential	RATE	CATEGO		
	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)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-resi el, hotel nmercial cable cable-add'I ch protection glar protection services: connect	dential	RATE	CATEGO		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection services: connect connect	dential	RATE	CATEGO		
	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)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	tion: Non-resi el, hotel nmercial cable cable-add'I ch protection glar protection services: connect	dential annel	RATE	CATEGO		

ounting Period: 2	2020/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC			06170
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e 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	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca eles, regulations, or authorizations: e in space G—but do list it in space I (t	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also	me basis under ms [sections ons carried on a stitute program og)—if the on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channed of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	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 independent or "E-M" (for noncommercial education actions in the paper SA1-2 form. It the community to which the station is	N, etc. Identify each t 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
	KYW-1	3	Ν	PHILADELPHIA, PA
	WCAU-1	10	Ν	PHILADELPHIA, PA
Rows as Necessary	WPSG-1	57	I	PHILADELPHIA, PA
	WPVI-1	6	N	PHILADELPHIA, PA
	WTXF-1	29	I	PHILADELPHIA, PA
	WYBE-1	35	I	PHILADELPHIA, PA

LEGAL NAME OI								SYSTEM 0617
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein the Consign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved 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 the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
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						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					061702
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident	-	-			tion that w	ur opho ovo	tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta	-			-		YES	× NO
r rogram Log	-				<i>w</i>		-	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comp	lete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Llaa abbraviatian	wherever p	oogibla if t	hair maanin	a io
	clear. If you need more spa				s wherever p			y 15
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	im titles, for e	example, I	Love Lucy	or
	_		dcast live, ent	er "Yes." Otherwise enter '	'No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute progr	am.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car			e community with which the stem carried the substitute			le with the r	nonth
	first. Example: for May 7 gi		when your sy		; program. O	se numera		nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romania a tha	t vour ovete		vire d
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,	•		0		
	s		E PROGRAM	1		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	1		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							_	
							<u> </u>	·
							_	
							_	
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1								

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	(STEM ID# 061702
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 transit (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	5 <mark>,111.81</mark>
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 \$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		
	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		
	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 mo		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061702
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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	s 6 44
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.)	
for Further Information	Name RODNEY HASKINS Telephol Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701	ne (903) 579-3152
	(City, town, state, zip)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation 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 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 he 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	uce B; or ble system as identified owner 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	06170
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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
	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 Assessmen
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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