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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ems (Short Form) uctions are located of this workbook	08/25/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020:	Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should su ing period.	bmit a
	X Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	63820
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	TDS Metrocom, LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	525 Junction Road (Number, street, rural route, apartment, or suite r	number)		
	Madison, WI 53717 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	TDS Telecom, Inc.	<u>/:</u>		

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.

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

2

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	TDS Metrocom, LLC	63820
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you known as the "first community." Please use it as the first community on all future f	ity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	
	CITY OR TOWN	
First Community	Witwen	STATE WI
Add Rows as Necessary		
Add nows as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							-2E. PAGE
Name	TDS Metrocom, LLC								6382
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period Number of Subscribers: Bot down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of 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	pace E should on of television bay cable) in spa d (June 30 or D h blocks in spa y transmission umber of billing rice at the rate is charged for eac counts allowed k in space E, the e to their subsco e: Where an in- should be cour able service to a ponce again und	cover a and race bace F, ecembe ce E ca service s in that indicate h categ 20/mth" for adva e form I dividual ted as addition er "Sen	all categories of dio broadcasts b not here. All the er 31, as the cas Il for the number at category (the domatic the num lory of service. In). Summarize ar ance payment. ists the categori Give the number or organization a subscriber in hal sets would be vice to additiona	secondary y your sy facts you e may be r of subsc c can com number of ber of sets nclude bo by standar es of seco r of subsc is receivin each appl e included l set(s)."	stem to subscril state must be t). ribers to the cal pute the number f persons or org s receiving serv th the amount or the amount of rad rate variation ondary transmiss ribers and rate ing service that icable category in the count un	bers. Give hose existi ole system, of subscr anizations ice). f the charg s within a p sion servic for each lis falls under . Example: der "Servic	information ng on the borken ibers in charged e and the particular rate ted category different a residential ce to the	
	printed in block 1 (for example, s with the number of subscribers a sufficient.	and rates, in the					on of the s	ervice is	
	BL	OCK 1 NO. OF					BLOCK	C2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		56	\$25/mo					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		2	\$55.54/mo					
	Converter		2	\$55.54/110					
	Residential		56	\$8/Mo.					
	Non-residential								
F Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There a furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) description	te (not subscrib chose services is re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg	ber) info that are ns: you hished t usually he cabl stem ful le was r	ermation with reservation with reservation offered in c do not need to o nonsubscriber billed. If any rater e system for eaconsisted or offerent made or establis	pect to al ombinatio give rate i s. Rate in tes are ch ch of the a d during t	n with any secc nformation com formation shoul arged on a varia applicable servio he accounting p	ndary trans cerning (1) d include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	14-19.99/mo		ation: Non-resi otel, hotel	uential				
	• Pay cable—add'l channel	14 10.00/110		mmercial		\$0 - \$49.95			
	• Fire protection		_	y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	• First set	\$0-\$49.95	• Bu	rglar protection					
	 Additional set(s) 	\$0-\$49.95	Other	services:					
	• FM radio (if separate rate)			connect		\$0-\$25			
	Converter			sconnect		10 00 00 00			
			∣ ∙Ou	Itlet relocation		19.98-39.96			
			• 14-	ove to new addre	200				

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
Name	TDS Metrocom, LLC			6382
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including t or during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a par e carriage of certain network prog	t-time basis under grams [sections
Primary ansmitters: elevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations:		
	• Do not list the station here station was carried only or	re in space G—but do list it in space I (th	·	0,
	basis. For further informati Column 1: List each statio	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instru rogram services such as HBO, E	ctions. SPN, etc. Identify each
	Column 2: Give the chann of license. For example, V	lel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network s	-	
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location	ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th	or network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	pendent), "I-M" ational multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wkow	27.1	N	Madison, WI
	WKOW-DT2	27.2	N-M	Madison, WI
	WKOW-DT3	27.2	N-M	Madison, WI
ws as Necessary	WKOW-DT4	27.4	N-M	Madison, WI
	WKOW-DT5	27.5	N-M	Madison, Wi
	WISC	3.1	N	
			N-M	Madison, WI
	WISC-DT2	3.2		Madison, WI
		47.1	N	Madison, WI
	WMSN-D12	47.2	N-M	Madison, WI
	WMSN-DT3	47.3	N-M	Madison, WI
	WMSN-DT4	47.4	N-M	Madison, WI
	WMTV	15.1	Ν	Madison, WI
	WMTV-DT2	15.2	N-M	Madison, WI
	WMTV-DT3	15.3	N-M	Madison, WI
	WMTV-DT4	15.4	N-M	Madison, WI
	WHA	21.1	E	Madison, WI
	WHA-DT2	21.2	E-M	Madison, WI
	WHA-DT3	21.3	E-M	Madison, WI
	WHA-DT4	21.4	E-M	Madison, WI
		57.1	I	Janesville, WI
	WIFS	01.1		
	WIFS			
	WIFS			
	WIFS			

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3.
Nome	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	TDS Metrocom, LLC			63820
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	during the accounting period, except	y translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	(2) and (4), or 76.63 (referring to 76.0 explained in the next paragraph.	carried by your cable system on a subs	ons carried on a
	basis under specific FCC rule	es, regulations, or authorizations: in space G—but do list it in space I (i	the Special Statement and Program Lo	
	• List the station here, and al- basis. For further information Column 1: List each station's multicast stream associated	so in space I, if the station was carrie concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-th	ed both on a substitute basis and also , see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each
	of license. For example, WR	number the FCC assigned to the tele C is channel 4 in Washington, D.C.	evision station for broadcasting over th	·
	educational station, by enteri (for independent multicast), " For the meaning of these terr	ng the letter "N" (for network), "N-M" E" (for noncommercial educational), ms, see page (iv) of the general instr		ndent), "I-M" nal multicast).
			t the community to which the station is the community with which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME O		CABLE	SYSTEM:					SYSTEM I 638
	t every radio	station c) arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio sta this by placin Sive the statio	by the sy be rece ut the C Il sign of the stati tion's sig g a chee n's locat	All-Band FM Carriage: Under restem whenever it is received a eived at the headend, with the copyright Office regulations on reach station carried. Fon is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the , the community with which the	at the system's h system's FM an this point, see p sed by the cable he station is lice	headend, and htenna, during hage (v) of the e system as a nsed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e 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	
I/A								

Accounting Perio	od: 2020/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	TDS Metrocom, LLC						63820
					0		
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every noi	nnetwork televis	<i>sion program,</i> broadcast by	a distant sta	tion, that your cable	system carried on a
	substitute basis during the a						
Substitute Carriage:	explanation of the programm				e general inst	tructions in the paper	SA1-2 form.
Special	1. SPECIAL STATEMEN	-				natwork tolovision n	rogram
Statement and	 During the accounting per broadcast by a distant star 	-	a cable system	in carry, on a substitute ba	515, any non		
Program Log	,					YE	
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you	must complete the	program
	log in block 2.		MO				
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if their mea	ining is
	clear. If you need more spa	ace, please	add additional	rows to the tables.		·	0
	Column 1: Give the title period, was broadcast by a			vision program ("substitute			
	under certain FCC rules, re						
	Do not use general categor	ries like "mo					
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	er "Yes." Otherwise enter	"No "		
	Column 3: Give the call	sign of the	station broadc	asting the substitute prog	ram.		
				he community to which th			or, in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			he month
	first. Example: for May 7 gi	ve "5/7."					
				ogram was carried by you			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example.	a program can	led by a system norm 6.0	1.15 p.m. to e	5.26.30 p.m. should	be
	Column 7: Enter the lett			n was substituted for prog			
	to delete under FCC rules a was substituted for program						
	effect on October 19, 1976		your system w			s and regulations in	
	s	UBSTITUT	E PROGRAM			N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	1	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		DELETION
	N1/A	103 01 10	ONLE OIGH				<u> </u>
	<u>N/A</u>	+					
						_	
						_	
					·		
		+			·		
		+			·		
		+			·		
						_	
						_	
		t			·		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
Humo	TDS Metrocom, LLC		63820
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	, 074.82 is receipts)
	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 \$2 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 t accounting period is \$52.00	his six-mon	
	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		
	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	<u> </u>	
	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		
	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 Due	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 Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	F OWNER OF CABLE SYSTEM: om, LLC	SYSTEM ID# 63820
M Channels	to its subscribe 1. Enter the to system carrie	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.	20
	on which the	tal number of activated channels cable system carried television broadcast stations dcast services	380
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	Stephanie Weber Telephone (60	08) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apartment, or suite number)	
		Madison, WI 53593 (City, town, state, zip)	
	Email	Finance@tdstelecom.com Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Off I have examin are true, complete	N (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.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ant of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syster in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. wed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
		X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Sharon V. Tisdale Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
		Date: August 25, 2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephon 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 Office's public indexes and 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 t 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

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 638
Metrocom, LLC	
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 Mailing Address Mailing Address	
	mi
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	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 - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x - x 0.00274	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	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	Interest Assessm

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th 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 Office'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.