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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
01/18/21	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	1								
A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Develop Date Fillion Deviced (and hands one freedom)							
		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.							
	Check here it this is the system's first filling. If not, enter the system's 10 number assigned by the Licensing Division.								
		T							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		COON RAPIDS MUNICIPAL CABLE SYSTEM							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		123 3RD AVENUE SOUTH; PO BOX 207 (Number, street, rural route, apartment, or suite number)							
		COON RAPIDS, IA 50058							
		(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 these							
	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(manner) seeds, man reads, aparament, or each manner)							
		(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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2020/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	COON RAPIDS MUNICIPAL CABLE SYSTEM	0
Area Served	Instructions: List each separate community served by the cable system. A "co" a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter knownings.
	CITY OR TOWN	STATE
First	COON RAPIDS	IOWA
Community		
Add Rows as Necessary		

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

COON RAPIDS MUNICIPAL CABLE SYSTEM

(

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	29	74.95	Expanded Bundle	42	73.00
 Service to additional set(s) 					
 FM radio (if separate rate) 			Family Choice Bundle	278	73.05
Motel, hotel					
Commercial	22	74.95			
Converter			Nursing Home	33	14.95
 Residential 					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	17.95	 Motel, hotel 		Pay Channel (C-Max)	14.95
 Pay cable—add'l channel 	11.00	 Commercial 	20.00		
Fire protection		• Pay cable		Pay additional	14.00
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set	20.00	 Burglar protection 			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		 Reconnect 	30.00		
Converter		Disconnect			
		 Outlet relocation 	20.00		
		 Move to new address 	20.00		

accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM Name COON RAPIDS MUNICIPAL CABLE SYSTEM n General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under G FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(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 Primary Transmitters Television ubstitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations ca pasis under specific FCC rules, regulations, or authorizations:

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.
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe pasis. For further information concerning substitute basis stations, see page (y) of the general instructions

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each nutlicast 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: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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 station is identified 3. TYPE OF STATION 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION woi 5 DES MOINES, IOWA KDSM 17 Ν DES MOINES, IOWA KCCI DES MOINES, IOWA 8 KDIN 11 JOHNSTON, IOWA WHO 13 DES MOINES, IOWA KCWI 23 ANKENY, IOWA KDSM DT 17.1 DES MOINES, IOWA WOI DT DES MOINES, IOWA KCCI DT 8.1 DES MOINES, IOWA NBC DT 13.1 DES MOINES, IOWA KDIN DT 11.1 JOHNSTON, IOWA cw 23.1 ANKENY, IOWA LAFF 5.2 DES MOINES, IOWA GRIT 5.3 DES MOINES, IOWA COZI 5.4 DES MOINES, IOWA ME TV 8.2 DES MOINES, IOWA HNI DES MOINES, IOWA 8.3 IPTV KIDS JOHNSTON, IOWA 11.2 IPTV WORLD JOHNSTON, IOWA 11.3 IPTV SD3 11.4 JOHNSTON, IOWA COMET 17.2 DES MOINES, IOWA KDSM CHARGE! DES MOINES, IOWA 17.3 TBD DES MOINES, IOWA 17.4 KDMI 19.1 DES MOINES, IOWA Ν **ESCAPE** ANKENY, IOWA 23.2 BOUNCE ANKENY, IOWA 23.3 Ν

U.S. Copyright Office

WHO WEATHER

WHO NBCSD

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WHO ANTENNA TV

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COON RAPIDS MUNICIPAL CABLE SYSTEM

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF	0411 0:0:	l and	0.5		T 0411 0:0::	T and	0.5	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			 					
			 					
			 					
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ccounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF COON RAPIDS MUNIC			M				SYSTEM ID#	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant stance of the programm of the proadcast by a distant stance of the period of the period of the period, was broadcast by a under certain FCC rules, red Do not use general categor "NBA Basketball: 76ers vs."	E: SPECIA ify every no accounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant sta egulations, or Bulls."	AL STATEME nnetwork televi period, under sp ist be included i RNING SUBS ur cable syster e rest of this pa AMS am on a separ add additional connetwork televition and that y or authorization povies" or "bask	int and program, broadcast by becific present and former Fin this log, see page (v) of the triple of this log, see page (v) of the triple of this log, see page (v) of the triple of this log, see page (v) of the triple of triple of this log, see page log, and the triple of this log, see page log, and the triple of this log, see page (v) of the gent of the triple of this log, see page (v) of the gent of this log, see page (v) of this log, see page	y a distant starce of control of	ulations, or structions in the twork tel must compossible, if that, during ogramming ions for fur	evision prog YES lete the prog the account of another ther informa	stem carried on a ns. For a further sA1-2 form. ram X NO gram g is ting station stion.	
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	sign of the adcast statinadian statinth and day ve "5/7." es when the Example: ter "R" if the and regulate mming that	station broadd on's location (tons, if any, the when your sy e substitute pro a program carro e listed program ions in effect d your system w	e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 in was substituted for prog luring the accounting perion as permitted to delete unc	program. ich the station is licensed by the FCC o			e month urately e quired	
	S	UBSTITUT	BSTITUTE PROGRAM			CARRIAGE OCCURRED 5 MONTH 6. TIMES		7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то —		

Accounting Period:	2020/2 FORM SA1-2E. PAC	3E 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COON RAPIDS MUNICIPAL CABLE SYSTEM	ID# 0					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total call amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. \$ 166,189.64						
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)	1					
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 \$263,800 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.						
	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 this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	_					
		-					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	_					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)						
	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)_					
	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)						
	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)						
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)						
240	2. Filing Fee (See the instructions for more information on filing fee calculations)						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3						
	EFT Trace # or TRANSACTION ID # 26R0BE9V						
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.						

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7
Name		ER OF CABLE SYSTEM: JNICIPAL CABLE SYSTEN	1	SYSTEM ID# 0
M Channels	to its subscribers, an 1. Enter the total nun system carried telev 2. Enter the total nun on which the cable	d (2) the cable system's total ranger of channels on which the vision broadcast stations		21 119
N Individual to Be Contacted		CONTACTED IF FURTHER I tt this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name K a	ari Woodard	Telephone 712-9	99-2225
	Co	23 3rd Avenue South umber, street, rural route, apartment, oon Rapids, IA 50058 ty, town, state, zip)	or suite number)	
	Email	kari.woodard@crmu	unet Fax (optional)	11111111111111111111111111111111111111
O Certification	I, the undersigned, h (Owner oth (Agent of original in line or oth) X (Officer original in line or oth) I have examined the	her than corporation or partner cowner other than corporation 1 of space B and that the owner r partner) I am an officer (if a c 1 of space B. estatement of account and here ad correct to the best of my know 001(1986)] Typed or printed nar Title: Din	ership) I am the owner of the cable system as identified in line 1 of space B; or or partnership) I am the duly authorized agent of the owner of the cable system as is not a corporation or partnership; or orporation) or a partner (if a partnership) of the legal entity identified as owner of the declare under penalty of law that all statements of fact contained herein whedge, information, and belief, and are made in good faith. X /s/ Kari Woodard er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Date:	1/18/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ON RAPIDS MUNICIPAL CABLE SYSTEM	(
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	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- <u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>, </u>
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u>. </u>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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