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.

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SA1-2E Short Form

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Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:	
	ry Transmissions by	DATE RECEIVED	AMOUNT		
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	03/02/21	\$	<u>coplicsoa@copyright.gov</u> 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))		
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting	20202	Barcode Data Filing Period (optiona	I - see instructions)		
Period					
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corpo		diary of another corporation, give the full corp	porate title of	
Owner	List any other name or names under which	the owner conducts the business of th	ne cable system.		
	If there were different owners during the a statement of account and royalty fee payn		he last day of the accounting period should su riod.		
	Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	062660	
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
	CEQUEL COMMUNICATIONS LLC				
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS				
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite n	umbori			
	TYLER, TX 75701				
	(City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 2				
System	IDENTIFICATION OF CABLE SYSTEM:				
	FORRESTRY CAMP STATE		UTION		
	MAILING ADDRESS OF CABLE SYSTEM				
	2 (Number, street, rural route, apartment, or suite n	umber)			
	(City, town, state, zip code)				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	062660
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	BELLEFONTE	PA
Community	(FORRESTRY CAMP SCI)	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT								06266
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
_	system, that is, the retransmission			-		-			
Secondary	about other services (including p								
Transmission	last day of the accounting period						L.I		
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					,	,	
Rates	each category by counting the n			•		•			
	separately for the particular serv	ice at the rate in	ndicate	d-not the number	er of set	s receiving serv	/ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				standar	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				s of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide							0,	
	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	0			· · ·	service that are	different	from those	
	printed in block 1 (for example, t					-	,	-	
	with the number of subscribers a sufficient.	ind rates, in the	right-h	and block. A two-	- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCONIBE	110		0/11		(IIIOE	CODOCI (IDEI (C	Totte
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		19	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES					
F	In General: Space F calls for rat	(,			, ,			
Г	not covered in space E, that is, t					,			
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the				.				
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							twere not	
Nates	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (CATEG	ORY OF SERVIC	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-reside	ential				
	• Pay cable			el, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l chan	nel				
	Installation: Residential			protection					
	First set	-		glar protection					
	Additional set(s)	- 0		ervices:					
	• FM radio (if separate rate) • Converter			onnect connect		-			
			• DISC						1
	Converter								
	Convener		• Out	let relocation ve to new address	c	-			

ng Period: 2				
ame	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I
	CEQUEL COMMUNIC	ATIONS LLC		0626
	PRIMARY TRANSMITTERS:	TELEVISION		
G imary smitters: avision	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(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	also in space I, if the station was carried b	 stations carried only on a part-till carriage of certain network progra (e)(2) and (4))]; and (2) certain statistical ried by your cable system on a sub- special Statement and Program I both on a substitute basis and also 	me basis under ams [sections tions carried on a bstitute program Log)—if the o on some other
		on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro		
	multicast stream associated	d with a station according to its over-the-a		
	"WETA-2" as the same on Column 2: Give the chann	the form. el number the FCC assigned to the televi	ision station for broadcasting over	the air in its community
		/RC is channel 4 in Washington, D.C. h case whether the station is a network sta	ation on indonendant station or a	nanonmoroial
		ering the letter "N" (for network), "N-M" (fo		
	(for independent multicast)	, "E" (for noncommercial educational), or	"E-M" (for noncommercial educati	
		erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th		is licensed by the
		idian stations, if any, give the name of the	,	,
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				the second s
	WATM-1	23	N	
	WATM-1	23	<u>N</u>	ALTOONA, PA
Necessary	WJAC-1	6	N N	JOHNSTOWN, PA
lecessary	WJAC-1 WKBS-1	6 47		JOHNSTOWN, PA ALTOONA, PA
lecessary	WJAC-1 WKBS-1 WPCW-1	6 47 19	N 	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA
Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1	6 47 19 3	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA
Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N 	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1	6 47 19 3	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA
Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
; Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
s Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
is Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
s Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
s Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
35 Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
s as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
; as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
5 as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
5 as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
5 as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA

EGAL NAME OF								SYSTEM I 0626
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to irmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a checl	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically processor < mark in the "S/D" column.	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 062660
	SUBSTITUTE CARRIAGE				a <i>distant</i> static	on, that you	r cable systen	n carried on a
Substitute	substitute basis during the ad explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special Statement and	During the accounting per	riod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev	ision progran	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is '	'Yes," you mι	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE		-	ta lina. I laa ah braviatiana y	wherever	aible if the	ir mooning is	
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re	of every nor distant stati	add additional r nnetwork televi ion and that yo	rows to the tables. ision program ("substitute p ur cable system substituted	program") tha d for the prog	it, during th ramming c	ne accounting of another sta	l
	Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	ies like "mo Bulls." n was broad	vies" or "baske dcast live, ente	tball." List specific progran r "Yes." Otherwise enter "N	n titles, for ex lo."			1.
	Column 4: Give the broat the case of Mexican or Can	adcast statio adian statio	on's location (th ons, if any, the o	Isting the substitute progra ne community to which the community with which the s tem carried the substitute p	station is lice station is iden	itified).		ath
	first. Example: for May 7 giv	ve "5/7." es when the	substitute pro	gram was carried by your o	cable system.	List the tir	nes accurate	
	stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program	and regulation	ons in effect du	3	; enter the let	ter "P" if th	e listed progr	
	effect on October 19, 1976.			·	WHE		ITUTE	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		5. MONTH		TIMES	7. REASON FO
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>то</u>	
							_	
							_	
		· · · · · · · · · · · · · · · · · · ·			 			
					······			

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 062660
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ission service mount, see	,698.00
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 \$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. 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 th 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		52.00 0.00
	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 \$137,10 1. Base amount under statutory formula		52.00
	2. Enter amount of gross receipts from space K 3. Subtract line 2 from line 1 4. Enter the amount of gross receipts from space K 5. Enter the amount from line 3 6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	1. Enter the amount of gross receipts from space K \$ 2. Base amount under statutory formula \$ 3. Subtract line 2 from line 1	<u>1,319.00</u> 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 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # <u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC				SYSTEM ID# 062660
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	s, and (2) the cable system's t number of channels on which	total num h the cal s	ber of activated channels durin		s 7
		-				45
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		DRMATION IS NEEDED (Identi	fy an individual to whom	
for Further Information	Name	RODNEY HASKINS				ne (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)	nent, or su			
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM	Fax (optional	
O Certification	I, the undersigned (Owner (Agent X (Office i I have examined	d, hereby certify that (Check on r other than corporation or pa of owner other than corporat in line 1 of space B and that the er or partner) I am an officer (if in line 1 of space B. the statement of account and h e, and correct to the best of my	ne, <i>but or</i> artnersh tion or p e owner it f a corpo nereby de	<i>by one</i> , of the boxes.) p) I am the owner of the cable sy artnership) I am the duly authori in ot a corporation or partnership ation) or a partner (if a partnersh	ip) of the legal entity identified as o statements of fact contained herei	e B; or system as identified wner of the cable system
		Typed or printed Title:	Enter signame:	/s/ Alan Dannenbaum electronic signature on the line ab nature using an "/s/ signature" (e.e ALAN DANNENBAUM PROGRAMMING	g., /s/ John Smith)	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06266
 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	
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.	ο
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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