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					
07/23/21	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	COUNTING PERIOD COVERED BY THIS STATEM	IENT: (YYYY/(Period))
	2021/1 Period 1 = January 1 -	June 30 Period 2 = July 1 - December 31
	Barcode Data Filing P	eriod (optional - see instructions)
Accounting Period		
В	Instructions: Give the full legal name of the owner of the cable system. If the or the subsidiary, not that of the parent corporation.	vner is a subsidiary of another corporation, give the full corporate title of
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 to statement of account and royalty fee payment covering the entire	he owner on the last day of the accounting period should submit a single 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. 40052
	LEGAL NAME OF CHANFORMAN INC. APPRESS OF CARD	E OVOTEM
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABI	LE SYSTEM
	Hart Cable Inc.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF	DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	P.O. Box 750 (Number, street, rural route, apartment, or suite number)	
	Hartwell, GA 30643	
	(City, town, state, zip)	
С		used to identify the business and operation of the system unless these ddress of the system, if different from the address given in space B.
System	IDENTIFICATION OF CABLE SYSTEM:	
	1	
	MAILING ADDRESS OF CABLE SYSTEM:	
	(Number, street, rural route, apartment, or suite number)	
	(Number, street, rural route, apartment, or suite number)	
	(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:	2021/1							
	T	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Hart Cable Inc.	40052						
	Instructions: List each separate community served by the cable system. A "com	imunity" is the same as a "community unit" as defined in FCC rules: "a						
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
A ====	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Area Served	city.							
	CITY OR TOWN	STATE						
First	Hart County	GA						
Community	Avalon	GA						
•	Bowersville	GA						
		GA						
Add Rows as Necessary	Franklin County							
	Hartwell	GA						
	Lake Hartwell	GA						
	Martin	GA						

Accounting Period: 2021/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hart Cable Inc.

SYSTEM ID# 40052

Ε

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.

BLG	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	2,167	32.00	Hometown Digital	436	34.00		
Service to additional set(s)			Hometown Package	2,167	94.50		
FM radio (if separate rate)			Res. Digital Converter	70	5.95		
Motel, hotel			Res. HD Converter	182	5.95		
Commercial			Res. IPTV Converter	888	5.95		
Converter			DVR	384	9.95		
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		НВО	20.00
Pay cable—add'l channel		Commercial		Showtime	20.00
Fire protection		• Pay cable		HBO & Showtime	34.25
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	45.00	Burglar protection			
Additional set(s)	35.00	Other services:			
• FM radio (if separate rate)		Reconnect	65.00		
Converter		Disconnect			
		Outlet relocation	45.00		
		Move to new address	45.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 40052

PRIMARY TRANSMITTERS: TELEVISION

Hart Cable Inc.

G

Primary Transmitters: Television

In 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 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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis 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 other basis. For further information concerning substitute basis stations, see page (v) 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 multicast 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 noncommercial 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAGA	5	N	Atlanta, GA
WAGA-HD	5.1	N-M	Atlanta, GA
WGGS	16	l	Greenville, SC
WGTV	8	E	Athens, GA
WHNS	21	N	Greenville, SC
WHNS-HD	21.1	N-M	Greenville, SC
WHNSDT2-COZI	21.2	N-M	Greenville, SC
WHNSDT3-Escape	21.3	N-M	Greenville, SC
WHNSDT4-Bounce	21.4	N-M	Greenville, SC
WLOS	13	N	Asheville, NC
WLOS-HD	13.1	N-M	Asheville, NC
WLOSD3-AntennaTV	13.3	N-M	Asheville, NC
WLPSD4-Stadium	13.4	N-M	Asheville, NC
WMYA	40	N	Anderson, SC
WMYA-HD	40.1	N-M	Anderson, SC
WNTV	29	E	Greenville, SC
WSPA	7	N	Spartanburg, SC
WSPA-HD	7.1	N-M	Spartanburg, SC
WYCW	62	N	Asheville, NC
WYCWDT3-getTV	62.3	N-M	Asheville, NC
WYFF	4	N	Greenville, SC
WYFF-HD	4.1	N-M	Greenville, SC
WYFFDT2-MeTV	4.2	N-M	Greenville, SC

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Hart Cable Inc. 40052

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
3, 122 01014	7 31 1 171	1		5. 122 51514	7 31 1 141		
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Accounting Perior	d: 2021/1 LEGAL NAME OF OWNER OF (ARI E SVST	EM.					FOF	SYSTEM ID#
Name	Hart Cable Inc.	SABLE GTOT	LIVI.						40052
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOC	 ;				
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televisi riod, under spe	ion program, broadcast by cific present and former F0	a <i>distan</i> CC rules,	, regula	ations, or au	ıthorizations.	For a further
Carriage:	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.								
Special Statement and									n
Program Log									NO
0	Note: If your answer is "No"	. leave the	rest of this pag	ie blank. If vour answer is	"Yes." \	ou mu	ust complet		
	log in block 2.	,	1 3	,	, ,			1 3	
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each substi				wherev	er pos	sible, if the	ir meaning i	s
	clear. If you need more space Column 1: Give the title of				progran	n") tha	at. durina th	e accountin	.
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	ed for the	e prog	ramming o	f another sta	ition
	under certain FCC rules, reg								
	Do not use general categori "NBA Basketball: 76ers vs. l		vies or baske	ibali. List specific progra	m uues,	ioi ex	ampie, i L	ove Lucy of	
	Column 2: If the program	was broad							
	Column 3: Give the call s Column 4: Give the broa	•				ic lico	need by the	ECC or in	
	the case of Mexican or Cana							FCC 01, III	
	Column 5: Give the mon	th and day						with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable s	vstem	List the tin	nes accurate	elv
	to the nearest five minutes.					-			, , , , , , , , , , , , , , , , , , ,
	stated as "6:00–6:30 p.m."	. "□" :f +b o	liated was arous	was substituted for presen	- na na in a	that v			
	Column 7: Enter the letter to delete under FCC rules a				-	-	•	•	
	was substituted for program								
	effect on October 19, 1976.								
						WHE	EN SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	<u> </u>			IAGE OCC	-	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	11 -	ONTH DAY	6. FROM	TIMES — TO	DELETION
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Accounting Period:	2021/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Hart Cable Inc.			\$	40052
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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.	system's secon of how to	condary transmis compute this ar	ssion service mount, see	13,376.00 pross receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more is	but less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	•	, ,	s six-month	
	Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	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				
	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	7 and 8	••••••		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	413,376.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	149,576.00		
	4. Multiply line 3 by .01		\$	1,495.76	
	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	1, 5, and 6		\$	2,814.76
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,814.76	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,834.76
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				ihts!

Accounting Period: 2	2021/1			FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:		SYSTEM ID# 40052					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations								
	on which the	number of activated channel cable system carried television cast services		262					
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)						
for Further Information	Name	Melissa Green	Teleph	one 706-856-2238					
	Address	PO Box 750 (Number, street, rural route, apartr Hartwell, GA 30643 (City, town, state, zip)	nent, or suite number)						
	Email	melissa@hartco	om.net Fax (optional						
	CERTIFICATION (This statement of account mu	ıst be certified and signed in accordance with Copyright Office regulatio	ns)					
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, but only one, of the boxes.)						
	(Owner	other than corporation or pa	artnership) I am the owner of the cable system as identified in line 1 of spa	ace B; or					
			tion or partnership) I am the duly authorized agent of the owner of the call e owner is not a corporation or partnership; or	ole system as identified					
		e r or partner) I am an officer (in line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified as	owner of the cable system					
		e, and correct to the best of my	nereby declare under penalty of law that all statements of fact contained her y knowledge, information, and belief, and are made in good faith.	rein					
			X /s/ Randy Daniel	_					
		- 0	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: Randy Daniel						
		Title:	President le of official position held in corporation or partnership)						
		Date:	7/21/2021						

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ounting Period: 2021/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
rt Cable Inc.	40052
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?	P Special Statement Concerning Gross Receipts Exclusion
NO NO	
YES. Enter the total here and list the satellite carrier(s) below	1
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	-
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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	_
(interest charge) * 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@loc.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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