# THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

3/4/2022

DATE RECEIVED

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

end of this form [pages (i)-(vii)].

## SA1-2 **Short Form**

Return to: Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:				
Accounting Period		July 1-December 31, 20	021				
<b>B</b> Owner	inco rate	rrect information and print or type the of Give the full legal name of the owner or title of the subsidiary, not that of the pi- List any other name or names under of If there were different owners during to ngle statement of account and royalty for	correct information beside it. of the cable system. If the owner is a su arent corporation. which the owner conducts the business of the accounting period, only the owner on see payment covering the entire account	the last day of the accounting period should submit	215		
	LE	GAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM				
		Eagle Communications Inc	<b>).</b>				
					215 2021/2		
		PO Box 817 Hays KS 67601					
С		, 0 ,		ntify the business and operation of the system us a system if different from the address given in s			
System	1	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           1         IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM	1:				
	2	(Number, street, rural route, apartment, or suite r	number)				
		(City, town, state, zip code)					
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.						
		CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First Community	Bu	rlington	CO				
				·			
form in order to pro numbers. By provid search reports pre	icess y ling Pl pared f	our statement of account. PII is any person I, you are agreeing to the routine use of it to or the public. The effects of not providing th	al information that can be used to identify or t establish and maintain a public record, which	a personally identifying information (PII) requested on this trace an individual, such as name, address and telephone h includes appearing in the Offce's public indexes and in ig of your statement of account and its placement in the would be made by a court of law.			

Form SA1-2c Rev 04/2011

### ACCOUNTING PERIOD: 2021/2

me	LEGAL NAME OF OWNER OF CABLE SYS	SIEM:		SYSTEM
	Eagle Communications Inc.	STATE		STATE
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
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Name	LEGAL NAME OF OWNER OF C/	ABLE SYSTEM:						SYS	TEM ID	
Name	Eagle Communications	Inc.							21	
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES					
E	In General: The information in s			-						
0	system, that is, the retransmission									
Secondary Transmission	about other services (including p last day of the accounting period						nose exist	ing on the		
Service: Sub-							le svstem	. broken		
scribers and	<b>Number of Subscribers:</b> 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									
Rates	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). <b>Rate:</b> 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.									
	category, but do not include disc	•	,		iy standa					
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	ce that cable		
	systems most commonly provide									
	that applies to your system. <b>Note</b> categories, that person or entity									
	subscriber who pays extra for ca					0,				
	first set" and would be counted o									
	Block 2: If your cable system h	0								
	printed in block 1 (for example, ti									
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	and diock. A tv	o- or three	e-wora description	on of the s	service is		
		DCK 1					BLOC	K 2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		108	25.00						
	<ul> <li>Service to additional set(s)</li> </ul>									
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel									
	Commercial		35	62.95						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMISS							
-	In General: Space F calls for rat					l your cable syst	em's serv	rices that were		
F	not covered in space E, that is, th	nose services t	hat are	not offered in a	ombinatio	n with any seco	ndary tran	Ismission		
0	service for a single fee. There an	•			•					
Services Other Than	furnished at cost or (2) services of amount of the charge and the un									
Secondary	enter only the letters "PP" in the		usually	billed. If arry ra			ible pei-pi	logiani basis,		
ransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that									
	listed in block 1 and for which a s	1 0			shed. List	these other serv	vices in the	e form of a		
	brief (two- or three-word) description and include the rate for each.									
		BLO				DATE	CATEO	BLOCK 2		
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE	
	Continuing Services:	RATE	CATEG	ORY OF SER		RATE	CATEG		RATE	
	Continuing Services: • Pay cable	RATE 27.95	CATEG Installa • Mot	ORY OF SER Ition: Non-res		RATE	CATEG		RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEO Installa • Mot • Cor	ORY OF SER ation: Non-res rel, hotel nmercial		RATE	CATEG		RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 27.95	CATEG Installa • Mot • Cor • Pay	GORY OF SER ation: Non-res tel, hotel nmercial v cable	idential	RATE	CATEG		RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 27.95	CATEG Installa • Mot • Cor • Pay • Pay	GORY OF SER attion: Non-res rel, hotel nmercial v cable v cable-add'l ch	idential	RATE	CATEG		RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 27.95 50.50	CATEG Installa • Mot • Cor • Pay • Pay • Fire	GORY OF SER <b>ition: Non-res</b> rel, hotel nmercial v cable v cable-add'l ch e protection	idential	RATE	CATEG		RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 27.95 50.50 15.00	CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur	GORY OF SER tition: Non-res tel, hotel nmercial v cable v cable-add'l ch e protection glar protection	idential	RATE	CATEG		RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 27.95 50.50	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	GORY OF SER ation: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection services:	idential		CATEG		RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 27.95 50.50 15.00 5.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	CORY OF SER ation: Non-res tel, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential	RATE	CATEG		RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 27.95 50.50 15.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	GORY OF SER ation: Non-res rel, hotel nmercial c cable c cable-add'l ch protection glar protection glar protection services: connect connect	idential	30.00	CATEG		RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 27.95 50.50 15.00 5.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise • Out	CORY OF SER ation: Non-res tel, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential annel		CATEG		RATI	

Name

G

Primary Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Eagle Communications Inc.	215
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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program	n
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.	
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.	
<b>Column 2</b> : Give the number of the channel on which the station's broadcasts are carried in its own community.	
This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream	
associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as	
the same on the form.	

FORM SA1-2. PAGE 3.

the same on the form. 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.

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 identifed.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
KWGN CW	2	I	Denver CO	
KCNC CBS	4	N	Denver CO	
KDVR FOX	31	I	Denver CO	
KRMA PBS	6	E	Denver CO	
KMGH ABC	7	N	Denver CO	
KTVD MYTV	8	<u> </u>	Denver CO	
KUSA NBC	9	N	Denver CO	

### ACCOUNTING PERIOD: 2021/2

FORM SA1-2. F LEGAL NAME OF		CABLE SY	/STEM:				SYSTEM ID#	Name
Eagle Comm							215	ivaine
							210	
	NOWITTERS							
PRIMARY TRA			rriad on a concrete and discr	ata basis and list	those EM stati	000 007	ied on an	н
			rried on a separate and discr nerally receivable" by your ca					
	-	-		-	-			
			-Band FM Carriage: Under (					Primary
			em whenever it is received a					Transmitters Radio
			ved at the headend, with the Copyright Office regulations					Radio
			each station carried.		page (v) of the	genere		
			n is AM or FM.					
			al was electronically process	ed by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.					
			on (the community to which th		-	C or, in t	he case of	
lexican or Can	adian stations	s, if any, t	he community with which the	e station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			
					+			
					+			
					+			
					+			
					+			
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					+			
					+			
					+			
					1			
					1			
				11		1		
							ll	

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#	
Name	Eagle Communications	s Inc.						215	
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE					
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant stat							XNo	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete th	ne program		
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS								
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is								
	clear. If you need more space	clear. If you need more space, please attach additional pages. <b>Column 1:</b> Give the title of every nonnetwork television program (substitute program) that, during the accounting							
	period, was broadcast by a c								
	under certain FCC rules, reg Do not use general categori								
	"NBA Basketball: 76ers vs. I	Bulls."							
				"Yes." Otherwise enter "N sting the substitute progra					
				e community to which the		nsed by the F	CC or, in		
	the case of Mexican or Cana								
	first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	numerals, wit	h the montr	ו	
	Column 6: State the time	s when the		gram was carried by your o					
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sho	uld be		
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	as required		
	to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period	; enter the let	ter "P" if the lis	sted pro		
	gram was substituted for pro effect on October 19, 1976.	ogramming	that your syste	m was permitted to delete	under FCC r	ules and regul	ations in		
								1	
						EN SUBSTIT			
						IAGE OCCUI 6. TIN		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	ТО		
						_			
					·				
						_			
						_			
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						_			
						_			

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	215	
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent 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 a page (vii) of the general instructions.         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	K Gross Receipts
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information.</li> </ul>	263,800	L Copyright Royalty Fee
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	is six-month	
Line 1. Royalty fee for accounting period	\$ 52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	)0)	
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		
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 \$527,6	600)	
1. Enter the amount of gross receipts from space K		
2. Base amount under statutory formula		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross recepits (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		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page general instructions for more information.	e I of the	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID# 215
		21:
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	7
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	109
	and nonbroadcast services	109
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
	we can write or call about this statement of account.)	
Individual to		
Be Contacted	N. Maria Canaanlana Talashaa O	44 005 0040
for Further Information	Name Marie Censoplano Telephone 9	14-235-8313
internation		
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	(a), a,	
	Email (optional)         marie.censoplano@vyvebb.com         Fax (optional) 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ins
0	as explained in the general instructions.)	
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Continuation		
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy	vstem as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own	er of the cable system
	in line 1 of space B.	·
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 02/26/2022	

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 effects 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: 2021/2

FORM	SA1-2.	PAGE	8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nomo
Eagle Communications Inc.	215	Name
<ul> <li>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 lowing sentence:             "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sectio     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions:</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	basic clude sub- n 119." s.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
x		Assessment
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** enter here and on line 3, block 4,		
space L, (page 7) \$ (interest	-	
	0,	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ice please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce list below the owner, address, first community served, ID number, and accounting period as given in the origin	-	
Owner Address		
ID number		
First community served		
Accounting period		
		d en deie
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying interview of account. Pluid any personal information that can be used to identify an trace an individual such		

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 effects 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 filing, a determination that would be made by a court of law.