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.

Γ

## **SA1-2E Short Form**

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	by email to:			
for Seconda	ary Tr	ansmissions by	DATE RECEIVED	AMOUNT	-		
Cable Syste General instru in the first tab	ems (	Short Form)	2/28/22	\$ ALLOCATION NUMBER	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))			
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
Accounting Period			Barcode Data Filing Period (optional	- see instructions)			
renou							
В		Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare	•	idiary of another corporation, give the full c	orporate		
Owner		List any other name or names under which	h the owner conducts the business of	the cable system.			
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should ting period.	l submit a		
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	38508		
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM				
		Consolidated Communications of P	ennsylvania Co. LLC (fka: Bentl	eyville Communications Corporation)			
		BUSINESS NAME(S) OF OWNER OF					
		Consolidated Communications					
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		2116 S 17th Street					
		(Number, street, rural route, apartment, or suite nu Mattoon, IL 61938 (City, town, state, zip)	umber)				
<u> </u>	INST	RUCTIONS: In line 1, give any busin	ness or trade names used to ide	ntify the business and operation of th	ne system unless these		
С	name	s already appear in space B. In line	2, give the mailing address of the	ne system, if different from the addre	ss given in space B		
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite nu	imber)				
		(City, town, state, zip code)					
	0						

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.

SYSTEM ID#
38508
as defined in FCC rules: as and including single, ification hereafter known
entheses below the

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS		
Name	Consolidated Communi	cations of F	Pennsy	/Ivania Co,	LLC (fka	: Bentleyvil	le Comm	1	3850	
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	ATES					
E	In General: The information in s	•		-						
<b>.</b>	system, that is, the retransmission									
Secondary Transmission	about other services (including p last day of the accounting period						nose existir	ng on the		
Service: Sub-	Number of Subscribers: Both						le svstem.	broken		
scribers and	down by categories of secondary	•								
Rates	each category by counting the n							charged		
	separately for the particular serv							a and the		
	Rate: Give the standard rate c unit in which it is generally billed	-	-				-			
	category, but do not include disc				ny standar		, within a b			
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	e that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca				••	• • •	•			
	first set" and would be counted of									
	Block 2: If your cable system					service that are	different fro	om those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tv	vo- or three	e-word description	on of the se	ervice is		
	sufficient.	OCK 1			1		BLOCK	()		
		NO. OF					BLUUR	NO. OF	<u> </u>	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		515	81.50						
	<ul> <li>Service to additional set(s)</li> </ul>									
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	<ul> <li>Non-residential</li> </ul>									
									<u> </u>	
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for rational not covered in space E, that is, t	•	,		•	• •				
•	service for a single fee. There ar					,	,			
Services	furnished at cost or (2) services	•			•		0 ( )			
Other Than	amount of the charge and the un		usually l	billed. If any ra	ites are cha	arged on a varia	able per-pro	ogram basis,		
Secondary	enter only the letters "PP" in the			<b>- -</b>			1:-41			
Transmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Ruco	<b>BIOCK 2:</b> List any services that your cable system turnished 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.									
		BLO	∩K 1		BLOCK 2					
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			tion: Non-res			0,1120			
	• Pay cable		• Mot	el, hotel			нво		17.7	
	• Pay cable—add'l channel			nmercial			Showti	me	15.7	
	Fire protection		-	cable				vie Channel	11.0	
	•Burglar protection		-	cable-add'l cł	nannel		Cinema		14.0	
	Installation: Residential			protection			Playbo		12.0	
	• First set	42.00		glar protection						
	Additional set(s)			services:						
	• FM radio (if separate rate)			connect		30.00				
	Converter			connect						
	50110101									
				let relocation /e to new addr	ess	10.00				

2021/2			FORM SA1-2E. PAGE 3.						
			SYSTEM ID#						
Consolidated Commu	nications of Pennsylvania Co	, LLC (fka: Bentleyville Comm	r 38508						
PRIMARY TRANSMITTERS: TELEVISION									
<ul> <li>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, <i>except</i> (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.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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.</li> <li>Column 2: Give the channel number the FCC assigned to the television station, or a noncommercial educational station, by entering the letter "N" (for network, station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I-M" (for independent multicast), "E" (for noncommercial educational, numerical educational multicast).</li> <li>For the meaning of these terms, see page (v) of the general instructions in the paper SA1-2 form.</li> <li>Column 4: Give the location of each station. For U.S. stations,</li></ul>									
			Pittsburgh, PA						
			Pittsburgh, PA						
			Pittsburgh, PA						
			Pittsburgh, PA						
			Pittsburgh, PA						
			Pittsburgh, PA						
WQED (PBS)	13	Е	Pittsburgh, PA						
	Consolidated Commu PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	PRIMARY TRANSMITTERS:       TELEVISION         In General:       In space G, identify every television station (including carried by your cable system during the accounting period, excep FCC rules and regulations in effect on June 24, 1981, permitting tf 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6 substitute program basis, as explained in the next paragraph.         Substitute program basis, as explained in the next paragraph.         Substitute program basis, as explained in the next paragraph.         Substitute program basis, as explained in the next paragraph.         Substitute program basis, as explained in the next paragraph.         Substitute Basis Stations:         • Do not list the station here in space G—but do list it in space I (t station was carried only on a substitute basis.         • List the station here, and also in space I, if the station was carrie basis. For further information concerning substitute basis stations;         Column 1:       List each station's call sign. Do not report origination   multicast stream associated with a station according to its over-the "WETA-2" as the same on the form.         Column 2:       Give the channel number the FCC assigned to the tele of license. For example, WRC is channel 4 in Washington, D.C.         Column 3:       Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), GFC the meaning of these terms, see page (iv) of the general instruction = 1.         1.       CALL SIGN       2.	Consolidated Communications of Pennsylvania Co, LLC (fka: Bentleyville Comm           PRIMARY TRANSMITTERS: TELEVISION           In General: In space G, identify every television station (including translator stations and low power tele carried by your cable system during the accounting period, except (1) stations carried only on a part-till FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progran 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 stati 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 sub 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 L station was carried only on a substitute basis stations, see page (v) of the general instructit Column 1: List each station's call sign. Do not report origination program services such as HBO, ESP multicast stream associated with a station according to its over-the-air designation. For example, repor "WETA-2" as the same on the form.           Column 2: Give the channel number the FCC assigned to the television station for broadcasting over to 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 educational station, by entering the letter "N" (for network station, an independent station, for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educatio For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.						

Accounting I	Period: 2021	/2						FORM	I SA1-2E. PAGE 4
LEGAL NAME O	F OWNER OF	CABLE S	YSTEM:						SYSTEM ID
Consolidate	ed Commur	nication	ns of Pennsylvania Co,	L	LC (fka: Be	ntleyville C	Commu	unications Corporation	38508
PRIMARY TRA			arried on a separate and disc	ro	te basis and list	those EM sta	tions ca	rried on an	н
	•		nerally receivable by your cal						••
			I-Band FM Carriage: Under						Primary
			stem whenever it is received a						Transmitters:
			ived at the headend, with the						Radio
For detailed inf paper SA1-2 fo		it the Co	pyright Office regulations on	th	nis point, see pa	ge (v) of the g	general i	nstructions in the.	
		l sign of (	each station carried.						
Column 2: S	State whether	the static	on is AM or FM.						
		-	nal was electronically process k mark in the "S/D" column.	se	ed by the cable s	system as a se	eparate	and discrete	
			on (the community to which the	he	e station is licen	sed by the FC	C or, in	the case of	
			the community with which the				- ,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
0.122 01011		0,5			0.122 0.011	7 411 01 1 111	C/D		
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	+								
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	1	1					1		

Accounting Perio	d: 2021/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Consolidated Commu	nications	of Pennsylv	/ania Co, LLC (fka:  B	Bentleyville	Commu	nications O	
	SUBSTITUTE CARRIAGI	E: SPECI	AL STATEME	NT AND PROGRAM LO	DG			
	In General: In space I, ident					tion that vo	our cable syst	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of	the general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>				asis. anv non	network tele	evision proar	am
Statement and			,,,,,	,	, <b>,</b>	ſ		
Program Log	broadcast by a distant sta					L	YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer	is "Yes," you	must comp	lete the prog	ram
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Lise abbreviation	s wherever p	ossible ift	heir meaning	ı is
	clear. If you need more spa				is wherever p		nen meaning	15
	Column 1: Give the title				e program") t	hat, during	the accounti	ng
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progr	am titles, for o	example, "I	Love Lucy"	or
	Column 2: If the program		dcast live ente	er "Yes " Otherwise enter	"No "			
	Column 3: Give the call							
	Column 4: Give the broa	adcast stati	on's location (t	he community to which the	ne station is li		the FCC or, i	in
	the case of Mexican or Car							
	Column 5: Give the mor		when your sy	stem carried the substitut	e program. U	se numeral	s, with the m	ionth
	first. Example: for May 7 giv Column 6: State the time		e substitute pr	ogram was carried by you	ır cahle svete	m list the	times accura	ately
	to the nearest five minutes.							liely
	stated as "6:00–6:30 p.m."		1 3	, , , , , , , , , , , , , , , , , , ,				
	Column 7: Enter the lett							
	to delete under FCC rules a							ogram
	was substituted for progran effect on October 19, 1976.	•	your system w	as permitted to delete un	der FCC rules	s and regula	ations in	
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC		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	6. 1 FROM	TIMES — TO	DELETION
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Accounting Period:	2021/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications of Pennsylvania Co, LLC (fka: Bentleyvill	le Commun		38508 38508
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's sec (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transi compute this	mission servio amount, see	9,679.22
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 that • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information.	in \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LE	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yc accounting period is \$52.00	ou must pay fo	r this six-mon	tl
	Line 1. Royalty fee for accounting period		· · <u> </u>	
	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		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more	e than \$137,′	100)	
		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 le	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K	269,679.22		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	5,879.22		
	4. Multiply line 3 by .01	\$	58.79	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	· · · · · · · · · · · · · · · · · · ·	\$	1,377.79
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,377.79	
Total Remittance 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		\$	1,397.79
	Important: Your remittance must be in the form of an electronic payment payable See page i of the general instructions in the paper SA1-2 form for n	-		ights!

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications of Penns	sylvania Co, LLC (fka: Bentleyville Comr	munications Corporatio	SYSTEM ID# 38508
M Channels	to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which	s broadcast stations	ccounting period.	7 67
N Individual to Be Contacted	we can contact about this statement of accour	ER INFORMATION IS NEEDED (Identify an ind it.)	dividual to whom Telephone <b>509-96</b>	0.0070
for Further Information			Telephone 303-36	<b>///</b>
	Address 305 N Ruby Street (Number, street, rural route, apartm Ellensburg, WA 9892 (City, town, state, zip)			
	Email jana.manterola@	Jconsolidated.com	Fax (optional) 509-933-7453	
O Certification	<ul> <li>(Agent of owner other than corporation in line 1 of space B and that the original of the space B and that the original of the space B and the statement of account and here are space and the statement of account and here are space by the statement of account are space by the st</li></ul>	-	identified in line 1 of space B; or nt of the owner of the cable system as e legal entity identified as owner of the nents of fact contained herein	
		X /s/ Mike Shultz Enter an electronic signature on the line above to c Enter signature using an "/s/ signature" (e.g., /s/ Jo		
		name: Mike Shultz Vice President Legislative and Reg	gulatory	
	Date:		2/25/22	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and i 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 th 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

inting Period: 2021/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
solidated Communications of Pennsylvania Co, LLC (fka: Bentleyville Comm	3850
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gross Receipts Exclusio
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.	
Name Name Mailing Address	
<b>INTEREST ASSESSMENT</b> 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
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>
xdays	
	 3 
x days	 5 
x days	
x       x         x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here	 5 
x       x         x	
x       x       x         x       x       x         x       x       x         x       x       0.00274         x       x       x       0.00274         x       x       x       x         x       y       y       y         x       y       y       y         y       y       y       y         y       y       y       y       y         y       y       y       y       y         y       y       y       y       y         y       y       y       y       y         y       y       y       y       y         y       y       y       y       y	 5 
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x       x       x         x       x       x         x       x       x         x       x       0.00274         x       x       x       0.00274         x       x       x       x         x       y       y       y         x       y       y       y         y       y       y       y         y       y       y       y       y         y       y       y       y       y         y       y       y       y       y         y       y       y       y       y         y       y       y       y       y         y       y       y       y       y	 5 
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3       Multiply line 2 by the number of days late and enter the sum here	
x	
x	
Line 3       Multiply line 2 by the number of days late and enter the sum here       x	

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.