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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	02/22/22	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Zito West Holding LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Zito Media
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 665 (Number, street, rural route, apartment, or suite number)
	Coudersport, PA 16915
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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.
System	1 Zito Media - McClure
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (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 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#
Name	Zito West Holding LLC	63837
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n	ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	McClure Borough, PA	PA
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								-2E. PAGE
Name		ABLE SYSTEM:						313	6383
	Zito West Holding LLC								
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		Ũ		•			
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and Rates	down by categories of secondary each category by counting the n								
Rales	separately for the particular serv			0,0			,	s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	• •	,	·	ny standai	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	ssion servi	ice that cable	
	systems most commonly provide	•		0					
	that applies to your system. Not	e: Where an in	ldividual	l or organization	is receiv	ing service that	falls unde	r different	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					I in the count ur	ider "Servi	ice to the	
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	nand block. A tw	o- or thre	e-word descript	ion of the	service is	
	sufficient. BL0	DCK 1					BLOC	Κ2	
		NO. OF		DATE	CAT			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		36	36.22					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS' RATES					
-	In General: Space F calls for rate					ll your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There an furnished at cost or (2) services	•			•		υ.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-			-		-	
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			-					
Rales	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-resi	dential				
	• Pay cable	17.95	1	tel, hotel					
	Pay cable—add'l channel		-	mmercial					
	Fire protection		1 1	y cable					
	•Burglar protection		1 1	y cable-add'l ch	annel				
	Installation: Residential	20.00		e protection					
	First set     Additional set(s)	30.00	1	rglar protection					
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	20.00	1	services: connect		30.00			
	• Converter		1	connect		30.00			
			1	tlet relocation		30.00			
			- Ou	INCLICIO COLICII					
				ve to new addre	ess	30.00			

2021/2			FORM SA1-2E. PAGE
LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
			6383
carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	m during the accounting period, <i>except</i> ( in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. With respect to any distant stations can ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis.	(1) stations carried only on a part-time e carriage of certain network program (e)(2) and (4))]; and (2) certain stati rried by your cable system on a subs e Special Statement and Program Le	ne basis under ns [sections ons carried on a stitute program og)—if the
basis. For further information Column 1: List each station multicast stream associated	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	see page (v) of the general instruction ogram services such as HBO, ESPN	ons. N, etc. Identify each
of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	/RC is channel 4 in Washington, D.C. in case whether the station is a network si ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t	tation, an independent station, or a r or network multicast), "I" (for indepen r "E-M" (for noncommercial educatio ctions in the paper SA1-2 form. the community to which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBRE	28.1	N	Scranton PA
WBRE	28.2	NM	Scranton PA
WHVL	29.1	I	State College, PA
WITF	33.1	E	Harrisburg, PA
WLYH	49.1	I	Harrisburg, PA
WNEP	16.1	N	Scranton PA
WNEP	16.2	NM	Scranton PA
WOLF	56.1	Ν	Scranton PA
WPSU			Clearfield, PA
WOMY			Williamsport PA
			Scranton PA
			Scranton PA
		F	Scranton PA
			Scranton PA
			Scranton PA
	Zito West Holding LL PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations if 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channu- of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WBRE WBRE WHVL WITF WLYH WNEP WNEP WOLF	carried by your cable system during the accounting period, except ofFCC rules and regulations in effect on June 24, 1981, permitting the76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61substitute Basis Stations: With respect to any distant stations catbasis under specific FCC rules, regulations, or authorizations:• Do not list the station here in space G—but do list it in space I (thstation was carried only on a substitute basis.• List the station here, and also in space I, if the station was carriedbasis. For further information concerning substitute basis stations, storm associated with a station according to its over-the-"WETA-2" as the same on the form.Column 1: List each station's call sign. Do not report origination prmulticast 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 telexof license. For example, WRC is channel 4 in Washington, D.C.Column 3: Indicate in each case whether the station is a network seducational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), orFCC. For Mexican or Canadian stations, if any, give the name of the1. CALL SIGN2. B'CAST CHANNEL NUMBERWBRE28.1WBRE28.1WBRE28.1WBRE28.1WBRE28.1WBRE31.1WULH29.1WITF33.1WLH49.1WNEP16.2WOLF56.1WPSU3	Zito West Holding LLC           PRMARY 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, accept (1) stations carried only on a part-lin FCC rules and regulations in effect on June 24, 1981, permitting the carried or (1) is 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 substitute 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.           • List the station here in allo in space I, if the station was carried both on a substitute basis and also basis. For further information concerning substitute basis stations, see page (V) of the general instruction Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the of license. For example, WRC is channel 4 in Washington, D.C.           Column 2: Give the channel and better N" (for network multicast), "I' (for indeper (for independent multicast), 'E'' (for noncommercial educational), or "E-M" (for noncommercial education For the station, by entering the letter 'N'' (for network), "N-M" (for network multicast), "I' (for indeper (for independent multicast), 'E'' (for noncommercial educational), or "E-M" (for noncommercial education FCC. For Mexican or Canadian station. For U.S. stations, list the community to which the station in FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station in FCC. For Mexican or Canadian stations, if any, give the name of the community with which the s

EGAL NAME OF Lito West Ho								SYSTEM I 638
ll-band basis w	every radio s hose signals	tation ca were ge	rried on a separate and discre nerally receivable by your cab	le system during	the accounting	g period		н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to rrmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei It the Co sign of e he statio ion's sign g a checl	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process < 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. Istructions in the. Ind discrete	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	d: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito West Holding LLC	,						63837
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì			
∎ Substitute	In General: In space I, identi substitute basis during the ad explanation of the programmi	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-		• • • • • •	5			
Special	During the accounting period				is, any nonne	twork telev	vision program	n
Statement and Program Log	broadcast by a distant stat	•			,,			XNO
	,						YES	
	<b>Note:</b> If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	ete the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if th	eir meaning is	5
	clear. If you need more spa					,	5	
	Column 1: Give the title							
	period, was broadcast by a under certain FCC rules, re					•		
	Do not use general categori							
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." n was broad	lcast live, ente	"Yes." Otherwise enter "I	No."	• •	,	
	Column 3: Give the call s Column 4: Give the broa					need by th	a FCC ar in	
	the case of Mexican or Can		(	5		,	ie FCC or, in	
	Column 5: Give the mon						s, with the mo	nth
	first. Example: for May 7 giv	/e "5/7."						
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6.01.	15 p.m. to 6:2	:0:30 p.m.	should be	
	Column 7: Enter the lette							
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	and regula	tions in	
					WHE	EN SUBST	TITUTE	
		UBSTITUT	E PROGRAM		5. MONTH	IAGE OCO		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
					-			
					-			
					-			
							_	
					-		_	
							_	
					-			
					-			
					-			
					-			
							_	
							_	
							_	
1								
					-		 	

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	Ş	63837
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file 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 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.	ssion service mount, see \$	1 <b>4,157.79</b> ross 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 but less than or equal to \$2 Use block 3 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.	63,800	
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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	,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 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		
	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	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito West Hold	WNER OF CABLE SYSTEM: ing LLC				SYSTEM ID# 63837
M Channels	to its subscriber 1. Enter the tota	ou must give (1) the number of rs, and (2) the cable system's al number of channels on whic	total number of ac	ivated channels during the	accounting period.	15
	2. Enter the tota on which the	ed television broadcast station Il number of activated channe cable system carried televisio dcast services	ls on broadcast station	าร		188
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		N IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Teri McMullen PO Box 665			Telephone	814-260-0434
	Address	(Number, street, rural route, apartr Coudersport PA 1694 (City, town, state, zip)				
	Email	teri.mcmullen@	zitomedia.com		Fax (optional	
о	CERTIFICATION	(This statement of account mu	ust be certified and	signed in accordance with	Copyright Office regulations)	
Certification		ed, hereby certify that (Check or			as identified in line 1 of space E	s: or
		of owner other than corpora	ition or partnershi	<b>o)</b> I am the duly authorized a	gent of the owner of the cable s	
	X (Offic	in line 1 of space B and that the er or partner) I am an officer (i in line 1 of space B.			the legal entity identified as own	er of the cable system
		the statement of account and t te, and correct to the best of m				
			Enter an electronic	nes Rigas signature on the line above tu ng an "/s/ signature" (e.g., /s,		
		Typed or printed	name: Jame	s Rigas		
		Title: (Tit	President	eld in corporation or partnership)		
		Date:			02/23/2022	

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 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 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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
West Holding LLC	63837
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> </ul>	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Mailing Address         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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Lange Carlor Car
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Lange Carlor Car
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Lange Carlor Car
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days - e
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days - e

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 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 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.