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

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

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
3/30/22	\$					
	ALLOCATION NUMBER					

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		July 1-December 31, 20	19				
Period							
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. 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.						
	LE	GAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM				
		Vyve Broadband A, LLC					
		•					
				03	57062	20192	
					035706	2019/2	
		4 International Dr Suite 330					
		Rye Brook, NY 10573					
С	INS		ne 2 give the mailing address of the	e system, if different from the address given in	n snace R		
System	Hall	IDENTIFICATION OF CABLE SYSTEM:	e z, give the maining address of the	b system, if uniterent from the address given in	Т эрасс В.		
System	1	IDENTIFICATION OF CABLE STSTEM.					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite nu	mber)				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************				
	H	(City, town, state, zip code)	9 11 9 11 1			6 1	
D		·		A "community" is the same as a "community ding unincorporated communites within unin-			
		•	, , , , ,	.5(dd). The first community that list will serve	•		
Area		0 0	• /	ise it as the first community on all future filing			
Served			otels, apartments, condiminiums, or	mobile home parks should be reported in pa	ratheses l	below	
	the	identified city.	CTATE	OUTY OF TOWN	0.7	A T.E.	
First	ОТ	CITY OR TOWN	STATE KS	CITY OR TOWN	517	ATE	
Community	<u> </u>						
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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 sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

Additional set(s)

Converter

• FM radio (if separate rate)

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 035706 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subscribers and 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). 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 BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 618 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 105 25.00 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential · Motel, hotel · Pay cable 19.95 • Pay cable—add'l channel Commercial Fire protection • Pay cable Burglar protection Pay cable-add'l channel Installation: Residential Fire protection First set Burglar protection 64.95

Other services:

Reconnect

Disconnect

Outlet relocation

· Move to new address

39.95

20.00

39.95

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 035706

Vyve Broadband A, LLC

G

Primary Transmitters: Television

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 specifc 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.
 - Column 2: 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.

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 identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
KP <mark>XE-ION</mark>	50	I	KANSAS CITY MO	
WDAF-FOX	4	I	KANSAS CITY MO	
KC <mark>TV-CBS</mark>	5	N	KANSAS CITY MO	
KC <mark>WE-CW</mark>	29	I	KANSAS CITY MO	
KMBC-ABC	9	N	KANSAS CITY MO	
KS <mark>MO-MNT</mark>	62	I	KANSAS CITY MO	
KT <mark>WU-PBS</mark>	11	E	TOPEKA KS	
KS <mark>HB-NBC</mark>	41	N	KANSAS CITY MO	
KC <mark>PT-PBS</mark>	19	E	KANSAS CITY MO	
KMCI-IND	38	I	KANSAS CITY MO	
KP <mark>XE-QUBO</mark>	50.2	I-M	KANSAS CITY MO	
KPXE-ION	50	I	KANSAS CITY MO	
KT <mark>WU-MHZ</mark>	11.2	I-M	TOPEKA KS	
KMCI-ESCAP	38.3	I-M	KANSAS CITY MO	
KMCI-BOUNCE	38.2	I-M	KANSAS CITY MO	
WDAF-ANTENNATV	4.2	I-M	KANSAS CITY MO	
KMBC-METV	9.2	I-M	KANSAS CITY MO	
KCPT-CREATE	19.3	E-M	KANSAS CITY MO	
KC <mark>WE-MOVIES</mark>	29.2	I-M	KANSAS CITY MO	
KMCI-GRITTV	38.4	I-M	KANSAS CITY MO	
KCPT-ENCORE	19.2	I-M	KANSAS CITY MO	
KSHB-COZI	41.2	I-M	KANSAS CITY MO	
KSHB-LAFF	41.3	I-M	KANSAS CITY MO	

ACCOUNTING PERIOD: 2019/2 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 035706 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 Television basis under specifc 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. Column 2: 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. 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 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER STATION 11.3 I-M TOPEKA KS KTWU-ENHANCE 5.2 KANSAS CITY MO I-M KCTV-Comet 19.4 E-M **KCPT-PBS Kids** KANSAS CITY MO

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	F OWNER OF (CABLE S	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	С						035706	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discre	et	e hasis and list t	those FM stati	ons carr	ied on an	Н
			enerally receivable" by your ca						••
	_	_							
			I-Band FM Carriage: Under (Primary
			tem whenever it is received a						Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations of	or	n this point, see	page (v) of the	e genera	I instructions.	
		-	each station carried.						
			n is AM or FM.					1.8	
			nal was electronically process	e	d by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.		_4_4: :_ !:_ !:		S ! 41		
			on (the community to which th the community with which the				or, in u	ne case of	
Wexican or Can	iauian stations	s, ii ariy, i	the community with which the	5	station is identifie	eu).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL GIGIT	AWIOTIW	O/D	EGGATION OF GTATION		OALL GIGIT	AWIOTIW	O/D	EGGATION OF GTATION	
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	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				;	SYSTEM ID#			
Name	Vyve Broadband A, LLC										
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
1	In General: In space I, identify every nonnetwork television program 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										
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.										
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and Program Log	broadcast by a distant station?										
	Note: If your answer is "No log in block 2.	", leave the	e rest of this pa	age blank. If your answer	s "Yes," you	must compl	lete the progr	am			
	2. LOG OF SUBSTITUTI										
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting										
	period, was broadcast by a under certain FCC rules, re	distant sta	ition and that y or authorizatio	our cable system substitu ns. See page (v) of the ge	ted for the preneral instruct	ogramming tions for fur	of another st	tation on.			
	Do not use general categorum (NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progr	am titles, for o	example, "I	Love Lucy" o	r			
	Column 2: If the program	m was broa		er "Yes." Otherwise enter							
				the community to which the		censed by	the FCC or, in	า			
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which the	e station is id	lentified).					
	first. Example: for May 7 gi		/ when your sy	stem carried the substitut	e program. U	se numeral	is, with the m	onth			
	Column 6: State the time	es when th		ogram was carried by you				tely			
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	. should be				
	Column 7: Enter the let			n was substituted for proເ							
	to delete under FCC rules a gram was substituted for page 1										
	effect on October 19, 1976		y iliat your sys	terri was permitted to dele	te under FCC	J Tules allu	regulations ii	Į.			
					1 10/115	-NI CLIDOT	ITLITE	<u> </u>			
WHEN SUBSTITUTE PROGRAM CARRIAGE OCCUR								ED 7. REASON			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH 6. TIMES			FOR DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то				
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	YSTEM ID# 035706	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)		K Gross Receipts
during the accounting period	3,362.12 oss receipts)	
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 \$263,800 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 for more information.		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 this six-month accounting period is \$52.00		
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 \$137,100)		
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)		
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)		
6. Interest charge. Enter the amount from line 4, space Q, page 8		
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information.		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC 035706
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
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)
	Rye Brook, NY 10573 (City, town, state, zip)
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.)
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(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 system 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 identified as owner 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: Isl Daniel J White
	Typed or printed name: Daniel J White
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)
	Date: 2/26/2020

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LEGAL NAME OF OWNER OF OVER OF OF OR OWNER OF O			S'	YSTEM ID# 035706	Name
The Satellite Home Viewe lowing sentence: "In determining the service of providing	NT CONCERNING GROSS RECE r Act of 1988 amended Title 17, section 1 total number of subscribers and the gros g secondary transmissions of primary broa nts collected from subscribers receiving s	11(d)(1)(A), of the Copyr s amounts paid to the ca adcast transmitters, the	ight Act by adding the fo ble system for the basic system shall not include	: sub-	P Special Statement
For more information on w During the accounting per made by satellite carriers	when to exclude these amounts, see the notion did the cable system exclude any amo	ote on page (vii) of the gounts of gross receipts fo	eneral instructions.		Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSI	MENTS				
	orksheet for those royalty payments submest assessment, see page (viii) of the ger		payment or underpaym	ent.	Q
Line 1 Enter the amount	of late payment or underpayment		x		Interest Assessment
Line 2 Multiply line 1 by t	he interest rate* and enter the sum here .			_	
Line 3 Multiply line 2 by t	he number of days late and enter the sum	n here	x x 0.00274	days -	
	0.00274** enter here and on line 3, block (page 7)		\$ (interest char	ge)	
	rate chart click on www.copyright.gov/licer		or further assistance ple	ease	
** This is the decimal e	equivalent of 1/365, which is the interest a	ssessment for one day I	ate.		
NOTE: If you are fling this	worksheet covering a statement of accou ess, first community served, ID number, a	int already submitted to	he Copyright Offce, plea		
Owner Address					
ID number					
First community served Accounting period					
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