### 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.

DATE RECEIVED

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

FOR COPYRIGHT OFFICE USE ONLY

AMOUNT

# SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

\$ 3/30/22 (202) 707-8150 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2020 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В 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 corpo-Owner rate 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. 28877 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 Eagle Communications Inc. 28877 2020/2 **PO Box 817** Hays KS 67601 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites 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. Area Served 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 Wray со First Community 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 Office'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

## ACCOUNTING PERIOD: 2020/2

Name	LEGAL NAME OF OWNER OF CABLE SY	/STEM:		SYSTEM I
Name	Eagle Communications Inc.			288
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
-				
D				
ontinued)				
Area				
Served				
			+	
			H	

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID		
Name	Eagle Communications	Inc.							2887		
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES						
E	In General: The information in s					y transmission s	ervice of tl	he 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										
Service: Sub-	Number of Subscribers: Both										
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged										
nutoo	separately for the particular servi			0,0				onargoa			
	Rate: Give the standard rate cl							e and the			
	unit in which it is generally billed.	· · ·			ny standa	rd rate variations	s within a p	oarticular rate			
	category, but do not include disc										
	Block 1: In the left-hand block systems most commonly provide			•		•					
	that applies to your system. Note										
	categories, that person or entity										
	subscriber who pays extra for cal										
	first set" and would be counted once again under "Service to additional set(s)."										
	Block 2: If your cable system h										
	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.	nu rates, in the	e nym-r	IATIU DIOCK. A IV		e-word description	ion of the service is				
	BLOCK 1							K 2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		22	21.95							
	<ul> <li>Service to additional set(s)</li> </ul>										
	<ul> <li>FM radio (if separate rate)</li> </ul>										
	Motel, hotel			21.95							
	Commercial		7	21.95							
	Converter										
	Residential										
	Non-residential										
								· ·			
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6						
-	In General: Space F calls for rate				-	Il your cable syst	tem's servi	ices that were			
F	not covered in space E, that is, th	nose services	that are	not offered in a	combinatio	on with any seco	ndary tran	smission			
- ·	service for a single fee. There are										
Services Other Than	furnished at cost or (2) services of										
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any fa	lies are cr	larged on a valia	able per-pr	ografii basis,			
Transmissions:	Block 1: Give the standard rate		he cabl	e system for ea	ch of the	applicable servic	es listed.				
Rates	Block 2: List any services that	your cable sys	stem fur	nished or offere	ed during	the accounting p	eriod that	were not			
	listed in block 1 and for which a s				shed. List	these other serv	vices in the	e form of a			
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.							
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Install	ation: Non-res	idential						
			• Mo	tel, hotel							
	• Pay cable	21.95									
	• Pay cable • Pay cable—add'l channel	21.95 66.50	• Co	mmercial							
			_	mmerciai y cable							
	• Pay cable—add'l channel		• Pa		nannel						
	Pay cable—add'l channel     Fire protection		•Pa •Pa	y cable y cable-add'l ch	nannel						
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	66.50	•Pa •Pa •Fir	y cable y cable-add'l cł e protection							
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	66.50 15.00	•Pa •Pa •Fin •Bu	y cable y cable-add'l ch e protection rglar protection							
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	66.50 15.00	• Pa • Pa • Firo • Bu <b>Other</b>	y cable y cable-add'l ch e protection rglar protection <b>services:</b>		30.00					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	66.50 15.00 5.00	• Pa • Pa • Firo • Bu <b>Other</b> • Re	y cable y cable-add'l cł e protection rglar protection <b>services:</b> connect		30.00					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	66.50 15.00	• Pa • Pa • Firo • Bu <b>Other</b> • Re • Dis	y cable y cable-add'l ch e protection rglar protection <b>services:</b> connect sconnect							
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	66.50 15.00 5.00	• Pa • Pa • Firo • Bu <b>Other</b> • Re • Dis • Ou	y cable y cable-add'l cł e protection rglar protection <b>services:</b> connect		<u> </u>					

Name	LEGAL NAME OF OWN	ER OF CABLE SYSTE	M:	S	YSTEM ID 2887			
Humo	Eagle Communications Inc.							
	PRIMARY TRANSMITTERS	: TELEVISION						
G Primary ansmitters: relevision	<ul> <li>carried by your cable syst</li> <li>FCC rules and regulation:</li> <li>76.59(d)(2) and (4), 76.61</li> <li>substitute program basis,</li> <li>Substitute Basis Stat</li> <li>basis under specifc FCC</li> <li>Do not list the station here, and</li> <li>List the station here, and</li> <li>basis. For further infor</li> <li>Column 1: List each s</li> <li>Column 2: Give the n</li> <li>This may be different from</li> <li>associated with a station</li> <li>the same on the form.</li> <li>Column 3: Indicate in</li> <li>educational station, by er</li> <li>(for independent multicas</li> <li>For the meaning of these</li> <li>Column 4: Give the log</li> </ul>	em during the accou s in effect on June 24 (e)(2) and (4), or 76. as explained in the r <b>ions:</b> With respect to rules, regulations, or re in space G—but d y on a substitute bas d also in space I, if th mation concerning su tation's call sign. Do umber of the channel n the channel on which according to its over- each case whether th tering the letter "N" (i t), "E" (for noncomme terms, see page (iv) cation of each station	nting period, except, 1981, permitting 63 (referring to 76 next paragraph. o any distant static authorizations: lo list it in space I ( is. e station was carri ubstitute basis stat not report originat l on which the static ch your cab;e syste thje-air designatio he station is a netw for network), "N-M ercial educational), of the general inst n. For U.S. stations	g translator stations and low power television stations) of (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ns carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ed both on a substitute basis and also on some other ions, see page (v) of the general instructions. on program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as vork station, an independent station, or a noncommercial ' (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). ructions. s, list the community to which the station is licensed by the 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	34	I	Denver CO				
	КСОО КЗ	23	<u> </u>	Denver CO				
	KCNC CBS	35	N	Denver CO				
	KDVR FOX	32	I	Denver CO				
	KRMA PBS	6	E	Denver CO				
	KMGH ABC	7	N	Denver CO				
	KUSA NBC	9	N	Denver CO				
	KTVD MYTV	19	1	Denver CO				

# ACCOUNTING PERIOD: 2020/2

FORM SA1-2. F EGAL NAME OF Eagle Comm	OWNER OF (		/STEM:					SYSTEM ID# 28877	Name
-									
									LI
			rried on a separate and discre nerally receivable" by your ca						Н
	-	-			-				
			-Band FM Carriage: Under ( em whenever it is received a						Primary Transmitters
			ved at the headend, with the						Radio
or detailed info	rmation abou	t the the	Copyright Office regulations						
		-	ach station carried. n is AM or FM.						
			al was electronically process	ed by	the cable sy	stem as a ser	oarate a	nd discrete	
ignal, indicate t	this by placing	a check	mark in the "S/D" column.						
			on (the community to which th he community with which the				C or, in tl	he case of	
		s, ii ariy, i	ne community with which the	static		u).			
		1		<b>1</b>			1	1	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	C	ALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								L	
								[	
								[	
		+							

								FORM	VI SA1-2. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF (	CABLE SYST	EM:						SYSTEM ID#	
Name	Eagle Communications	s Inc.							28877	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identii	: SPECIA iy every non counting per ng that mus CONCER od, did your ion? , leave the EPROGRA itute progra ce, please a	network televis riod, under spei t be included in NING SUBST r cable system rest of this pag MS m on a separa uttach additiona	ion program broadcast by cific present and former Fi this log, see page (v) of the <b>TIUTE CARRIAGE</b> carry, on a substitute bather the blank. If your answer is the line. Use abbreviations al pages.	a dist CC rulo ne gen sis, ar s "Yes	es, regula leral instru ny nonnet ," you mu rever poss	that your cable system carried on a ons, or authorizations. For a further stions. vork television program Yes XNo t complete the program			
	period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call s <b>Column 4:</b> Give the broat the case of Mexican or Can. <b>Column 5:</b> Give the mon first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the letter to delete under FCC rules a gram was substituted for pro- effect on October 19, 1976.	distant stati gulations, or es like "mov Bulls." n was broad sign of the s dcast statio adian statio adian statio adian statio e "5/7." s when the Example: a er "R" if the nd regulatic	on and that you r authorizations vies" or "baske cast live, enter tation broadca n's location (th ns, if any, the of when your syst substitute prog- program carrie listed program ons in effect du	ur cable system substitut s. See page (v) of the ge tball." List specific progra r "Yes." Otherwise enter isting the substitute prog- ne community to which the community with which the tem carried the substitute gram was carried by you ed by a system from 6:01 was substituted for prog- ring the accounting period	ed for neral i m title 'No." cam. e static e static progr cable :15 p. rammi od; ent	the progr instruction es, for exa on is licer on is ident ram. Use e system. m. to 6:28 ing that yo the the lett	ramming of an as for further in ample, "I Love hsed by the F0 iffied). numerals, with List the times 3:30 p.m. show our system wa er "P" if the lis	other static nformation. Lucy" or CC or, in h the month accurately uld be as required sted pro	'n	
	0					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS			7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		5	MONTH	EOR DE		FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		ND DAY	FROM —	то		
							<u></u>			
							<u>_</u>			

s	UBSTITUT		IAGE OCCURRED	7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION
	163 01 10	CALL SIGN	4. STATIONS LOCATION			, 
						······
					_	
					_	
					_	
					_	

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	28877	
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 transm (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	00)	
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,	500)	
	500)	
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:	SYSTEM ID#
	Eagle Communications Inc.	28877
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
141		
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
onumero	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	8
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	41
	and nonbroadcast services	41
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Ν	we can write or call about this statement of account.)	
Individual to	······································	
Be Contacted		
for Further	Name Marie Censoplano Telephone 9	14-235-8313
Information		
	A latematica al De Cuite 220	
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	(City, town, state, zip)	
	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	nc.
0	as explained in the general instructions.)	<i>i</i> 13,
0		
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
		01
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	in line 1 of space B and that the owner is not a corporation of partnership, of	
	(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	
	Handwritten signature: /s/ Daniel J Unite	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	<b>································</b>
	Date: 2/26/2021	

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: 2020/2

FORM SA1-2. PAG	E 8	3.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nomo
Eagle Communications Inc.	28877	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 ir scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section.     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instruction. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade 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>	e basic nclude sub- on 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 unde For an explanation of interest assessment, see page (viii) of the general instructions.	rpayment.	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 assistant 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 Offc 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 Offce to collect the personally identifying in		

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.