## 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

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE Washington, DC 20557-6400 \$ (202) 707-8150 General instructions are at the 4/10/2023 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

Period Instru- incorr Owner Owner	rect information and print or type the Give the full legal name of the owner itle of the subsidiary, not that of the List any other name or names under if there were different owners during gle statement of account and royalty	hed under the information given below. c correct information beside it. r of the cable system. If the owner is a parent corporation. which the owner conducts the busines the accounting period, only the owner y fee payment covering the entire acco first filing. If not, enter the system's ID ADDRESS OF CABLE SYSTEM	on the last day of the accounting period should subn	nit 0353
B incorr Owner c rate t a sin LEG	rect information and print or type the Give the full legal name of the owner title of the subsidiary, not that of the List any other name or names under <i>If there were different owners during</i> <i>gle statement of account and royalt</i> Check here if this is the system's <b>GAL NAME OF OWNER/MAILING A</b>	correct information beside it. r of the cable system. If the owner is a parent corporation. which the owner conducts the busines of the accounting period, only the owner of first filing. If not, enter the system's ID ADDRESS OF CABLE SYSTEM	subsidiary of another corporation, give the full corpo- s of the cable system. on the last day of the accounting period should subm unting period.	
			*0	3535020202
				035350 2020/
	101 Stewart St, Suite 700 Seattle, WA  98101			
			entify the business and operation of the system unner system, if different from the address given in s	
	DENTIFICATION OF CABLE SYSTEM Northland Cable Televisio WAILING ADDRESS OF CABLE SYSTE 1500 North Beaton Number, street, rural route, apartment, or suit Corsicana, TX 75110 City, town, state, zip code)	DN EM:		
D Instr in FC	<b>uctions:</b> List each separate com CC rules: "a separate and distinct	community or municipal entitiy (inc	A "community" is the same as a "community ur luding unincorporated commuinites within uninco 6.5(dd). The first community that list will serve a	orporated
Area of system Served Note	stem identification hereafter know	wn as the "first community." Please	use it as the first community on all future filings. or mobile home parks should be reported in para	
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
	sboro Country	TX TX		
	on 111 of title 17 of the United States Co	de authorizes the Copyright Offce to collect	the personally identifying information (PII) requested on this	ś

Form SA1-2c Rev 04/2011

## ACCOUNTING PERIOD: 2020/2

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Northland Cable Ventures, LLC (Hillsboro)									
	CITY OR TOWN	STATE		CITY OR TOWN	STATE					
_										
D										
continued)										
Area										
Served										

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SY	STEM ID
Name	Northland Cable Ventur	es, LLC (Hil	Isbor	)					03535
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not	pace E should on of televisior bay cable) in sp I (June 30 or E b blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$ counts allowed in space E, the to their subsc e: Where an ir	cover a a and ra bace F, becembe ce E ca service gs in tha indicate ch categ 20/mth" for adv le form cribers. idividua	all categories of dio broadcasts not here. All the er 31, as the ca ll for the numbe . In general, yo at category (the ed—not the num ory of service. ). Summarize a ance payment. ists the catego Give the numbe I or organization	secondar by your sy a facts you se may be r of subso u can con number of hober of se Include bo ny standar ries of sec or of subso n is receiv	vistem to subsci u state must be e). cribers to the ca npute the numb of persons or or ts receiving ser oth the amount ird rate variation condary transm cribers and rate ving service that	those exists of those exists of those exists of sub- able syster of sub- ganization vice). of the characteristic of the characterist	ive information disting on the em, broken escribers in ons charged arge and the a particular rate rvice that cable n listed category der different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted c <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to once again unc has rate categ iers of service	additior ler "Ser ories fo s that in	al sets would b vice to additiona r secondary trai clude one or m	e includeo al set(s)." nsmission ore secon	d in the count u n service that ar ndary transmiss	nder "Se e differe ions), lis	rvice to the nt from those : them, together	
		DCK 1					BLO	CK 2	
		NO. OF		DATE	0.4.7			NO. OF	DATE
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		28	39.99					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		44	39.99					
	Converter								
	Residential     Non-residential								
	• Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	te (not subscril chose services re two exceptic or facilities fur hit in which it is rate column. te charged by f t your cable sy separate charge	ber) info that are ons: you nished t usually the cabl stem fu ge was i	ermation with re e not offered in do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer nade or establi	spect to a combinati give rate ers. Rate i ates are cl ach of the ed during	on with any sec information con nformation sho harged on a van applicable serv the accounting	condary t incerning uld includ riable per ices liste period tl	ransmission (1) services de both the r-program basis, d. d. nat were not	
		BLO	CK 1			-		BLOCK 2	
	CATEGORY OF SERVICE	RATE		BORY OF SER		RATE	CATE	GORY OF SERVICE	RATE
	Continuing Services:	25 50		ation: Non-res tel, hotel	idential				
	Pay cable     Pay cable—add'l channel	25.50 16.00		mmercial					
	Fire protection	10.00	_	y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	50.00		glar protection					
	<ul> <li>Additional set(s)</li> </ul>	20.00		services:					
	• FM radio (if separate rate)		• Re	connect		75.00			
	Converter	1	I						1
	Conventer		• Dis	connect					
	Converter		• Ou	connect tlet relocation ve to new addre		45.00 45.00			

LEG	GAL NAME OF OWNE	ER OF CABLE SYS	TEM: SYSTEM ID						
No	(Hillsboro) 03535								
PRIMARY TRANSMITTERS: TELEVISION									
carried by your cable system during the acc	counting period, exc	ept (1) stations ca	arried only on a part-time basis under						
76.59(d)(2) and (4), 76.61(e)(2) and (4), or substitute program basis, as explained in the	76.63 (referring to 7 ne next paragraph.	76.61(e)(2) and (4							
basis under specifc FCC rules, regulations,	or authorizations:								
		•							
bas Col	sis. For further inforr I <b>umn 1:</b> List each s	nation concerning tation's call sign. I	bstitute basis and also on some other g substitute basis stations, see page (v) of the general instructions. Do not report origination program services such as HBO, ESPN, etc. nel on which the station's broadcasts are carried in its own community						
associated with a station according to its ov the same on the form.	ver-thje-air designat	ion. For example	, report multicast stream "WETA-2" as						
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomm 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 lic 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							
	-		FORT WORTH, TX						
			DALLAS, TX						
			DALLAS, TX						
			DALLAS, TX						
	-	-	DALLAS, TX						
KTVT-CBS	11	N	FORT WORTH, TX						
KDTX-TBN	12	I	DALLAS, TX						
KERA-PBS	13	E	DALLAS, TX						
KTXA-IND	16	I	FORT WORTH, TX						
KPXD-ION	17		ARLINGTON, TX						
	PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every telever carried by your cable system during the acceleration of the system during the system during the acceleration of the system during the sys	Northland Cable V           PRIMARY TRANSMITTERS: TELEVISION           In General: In space G, identify every television station (includ carried by your cable system during the accounting period, exc FCC rules and regulations in effect on June 24, 1981, permittir 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 7 substitute program basis, as explained in the next paragraph. Substitute Basis Statt basis under specifc FCC rules, regulations, or authorizations:           • Do not list the station here in space G—but do list it in space station was carried onl           • List the station here, and also in space I, if the station was carried onl           • List the station here, and also in space I, if the station was carried onl           • List the station here, and also in space I, if the station was carried onl           • List the station here, and also in space I, if the station was carried onl           • List the station here, and also in space I, if the station was carried onl           • List the station here, and also in space I, if the station was carried onl           • List the station here, and also in space I, if the station was carried onl           • Loont I: List each s Column 1: List each s           Column 2: Give the nort           r Column 3: Indicate in educational station, by entering the letter "N" (for network), "N- (for independent multicast), "E" (for noncommercial educationa For the meaning of these terms, see page (iv) of the general in Column 4: Give the lo           FCC. For Mexican or Canadian stations, if any, give the name           1	In General: In space G, identify every television station (including translator stat carried by your cable system during the accounting period, except (1) stations ca FCC rules and regulations in effect on June 24, 1981, permitting the carriage of 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4) substitute program basis, as explained in the next paragraph.         Substitute program basis, as explained in the next paragraph.         Substitute Basis Stations: With respect basis under specifc FCC rules, regulations, or authorizations:         • Do not list the station here, and also in space I, if the station was carried only on a substitute to • List the station here, and also in space I, if the station was carried both on a su basis. For further information concerning Column 1: List each station's call sign. I Column 2: Give the number of the chann This may be different from the channel on which your cab;e system carried the s associated with a station according to its over-thje-air designation. For example the same on the form.         Column 3: Indicate in each case whether educational station, by entering the letter "N" (for network), "N-M" (for network m (for independent multicast), "E" (for noncommercial educational), or "E-M" (for me For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each sta FCC. For Mexican or Canadian stations, if any, give the name of the community         1. CALL       2. B'CAST       3. TYPE SIGN         1. CALL       2. B'CAST       3. TYPE OF         SIGN       NUMBER       STATION         KXAS - Dallas (In Market)       5       N KXTX - Dallas/Fort Worth (Retrant 99       1 K						

## ACCOUNTING PERIOD: 2020/2

FORM SA1-2. PAGE 4.									NG PERIOD: 2020
LEGAL NAME OF	FOWNER OF (							SYSTEM ID#	Name
Northland C	able Ventu	res, LL	.C (Hillsboro)					035350	
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									н
			-Band FM Carriage: Under C						Primary
receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. <b>Column 1:</b> Identify the call sign of each station carried. <b>Column 2:</b> State whether the station is AM or FM. <b>Column 3:</b> If the radio station's signal was electronically processed by the cable system as a separate and discrete								Transmitters: Radio	
signal, indicate <b>Column 4:</b> G	this by placing live the statior	g a check n's locatio	c mark in the "S/D" column. on (the community to which the the community with which the	ne	station is licens	ed by the FC0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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				-					
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#
035350

Name	Northland Cable Ventures, LLC (Hillsboro) 03												
_	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LOO	3								
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC	C rules, regula	ations, or au							
Carriage:	1. SPECIAL STATEMENT				5								
Special Statement and Program Log	<ul> <li>During the accounting peri broadcast by a distant stati</li> </ul>	od, did you			is, any nonne	etwork telev		XNo					
Program Log	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust comple							
	log in block 2.	block 2.											
		.OG OF SUBSTITUTE PROGRAMS ieneral: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is											
	clear. If you need more space	ce, please a	attach addition	al pages.			-						
	<b>Column 1:</b> Give the title operiod, was broadcast by a							on					
	under certain FCC rules, rec												
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for e	xample, "I L	ove Lucy" or						
	Column 2: If the program	n was broad											
	Column 3: Give the call s Column 4: Give the broa					ensed by th	ne ECC or in						
	the case of Mexican or Cana	adian statio	ns, if any, the	community with which the	station is ide	ntified).							
	Column 5: Give the mon first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Us	e numerals	, with the mon	th					
	Column 6: State the time	es when the	e substitute pro	gram was carried by your	cable system	n. List the ti	mes accuratel	y					
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m.	should be						
	Column 7: Enter the lette												
	to delete under FCC rules a gram was substituted for pro												
	effect on October 19, 1976.	5 5	, ,	,			5						
					WHEN SU	JBSTITUTI	E CARRIAGE						
	S		E PROGRAM	 		OCCURR		7. REASON FOR DELETION					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO						
							_						
							_						
							_						
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Ventures, LLC (Hillsboro)	SYSTEM ID# 035350	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter 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 an page (vii) of the general instructions.	ssion service	K Gross Receipts
Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 21,978.29 (Amount of gross receipts)	
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 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 for more information.	63,800	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 this accounting period is \$52.00	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         \$ 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,	600)	
1. Enter the amount of gross receipts from space K		
2. Base amount under statutory formula		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page general instructions for more information.	e l of the	

FORM SA1-2. PAGE 6.

	· · · · · · · · · · · · · · · · · · ·	FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	Northland Cable Ventures, LLC (Hillsboro)	035350
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	10
	system carried television broadcast stations	10
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	55
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone 91	4-235-8313
Information		
	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	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ins,
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy	stem as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned	r of the cable system
	in line 1 of space B.	of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	herein
	[18 U.S.C., Section 1001(1986)]	
	Daniel 7 911hite	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 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 sufficiency of the fing, a determination that would be made by a court of law.

FORM SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Northland Cable Ventures, LLC (Hillsboro) 035350	Name
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 Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. 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	Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) requested	on this

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.