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	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:						
Accounting Period	January 1-June 30, 202	1						
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 filling. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM						
	Vyve Broadband A, LLC							
				014368 2021/1				
	4 International Dr Suite 330	•						
	Rye Brook, NY 10573	,						
С			ntify the business and operation of the system					
System	IDENTIFICATION OF CABLE SYSTEM:	The 2, give the maining address of the	o system, if different from the address given	Порисс В.				
	MAIL ING APPRESS OF GARLE OVOTEN							
	MAILING ADDRESS OF CABLE SYSTEM							
	2 (Number, street, rural route, apartment, or suite n	umber)						
	(City, town, state, zip code)							
D	·		A "community" is the same as a "community uding unincorporated commuinites within unir					
		·	6.5(dd). The first community that list will serv					
Area	'	•	use it as the first community on all future filing	ĭ				
Served	Note: Entities and properties such as he the identified city.	notels, apartments, condiminiums, c	or mobile home parks should be reported in p	aratheses below				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First	ATCHISON	KS						
Community	ATCHISON COUNTY PORTION	KS						
	BUCHANAN COUNTY	KS						
	LANCASTER	KS						
	LEWIS & CLARK	KS						
	WESTERN PLATTE	KS						

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 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

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	Vyve Broadband A, LLC	T		0143						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
D										
continued)										
Area										
Served										
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	•									

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband A, LLC

SYSTEM ID#

014368

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 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 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.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CA	TEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:						
 Service to first set 	606	28.50				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	95	28.50				
Converter						
 Residential 						
Non-residential						
		•			· •	•

F

Services Other Than Secondary Transmissions: Rates

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CA	TEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential				
• Pay cable	19.95	Motel, hotel				
 Pay cable—add'l channel 		Commercial				
 Fire protection 		• Pay cable				
Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set	64.95	Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	39.95			
 Converter 		Disconnect				
		Outlet relocation	20.00			
		Move to new address	39.95			
		I Wove to new address	39.93			I

KPXE-ION 50

KSHB-NBC 36

KSMO-MNT 62

KTWU-PBS 11

KSHB-GRIT TV 36.2

KSHB-LaffTV HD 36.3

KTWU-Enhance/PBS 11.3

KTWU-MHz Worldview/PBS 11.2

ACCOUNTING PERI	OD: 2021/1				FORM SA1-2. PAGE 3.						
		LEGAL N	NAME OF OWNER (OF CABLE SYSTEM:							
Name		014368									
	PRIMARY TRANSMITTERS: TELE	Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION									
G 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 pasis 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 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 noncon 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 loca										
	1. CALL	ALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL NUMBER STATION									
	KPXE-ION Plus HD 50		50	JIATION	KANSAS CITY MO						
	KPXE-ION Qubo HD 50		50.1		KANSAS CITY MO						
	KCPT-Create HD 19.3		19.3	N N	KANSAS CITY MO						
	KCPT-PBS 19		19		KANSAS CITY MO						
	KCPT-PBS Encore 19.2		19.2	N N	KANSAS CITY MO						
	KCPT-PBS Kids 19.4		19.4	N	KANSAS CITY MO						
	KCTV-CBS 5		5	E	KANSAS CITY MO						
	KCTV-Comet 5.2		5.2	E	TOPEKA KS						
	KCWE-CW 29		29		KANSAS CITY MO						
	KCWE-Justice 29.2		29.2		KANSAS CITY MO						
	KMBC-ABC 9		9	I-M	KANSAS CITY MO						
	KMBC-METV HD 9.2		9.2	I-M	KANSAS CITY MO						
	KMCI-Bounce TV 25.2		25.2	I-M	KANSAS CITY MO						
	KMCI-CourtTV Mystery 2	5 3	25.3	I-M	TOPEKA KS						
	KMCI-CourtTV Mystery 2	2.0	38.4	I-M	KANSAS CITY MO						
	KMCI-IND 25		25	I-M							
	KDVE JON 50			1-1VI	L/ANDAO OLTVINO						

50

36.2

36.3

36

62

11.3

11.2

11

E-M

I-M

I-M

I-M

I-M

I-M

I-M

I-M

KANSAS CITY MO

KANSAS CITY MO

KANSAS CITY MO

TOPEKA KS

TOPEKA KS

TOPEKA KS

TOPEKA KS

TOPEKA KS

EGAL NAME OF	OWNER OF C	'ARI E S'	/STEM:					SYSTEM ID#	Name
			TOTEIVI.						Name
Vyve Broadb	Janu A, LLC							014368	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: List	t every radio s	tation ca	rried on a separate and discr	et	te basis and list	those FM stati	ions car	ried on an	Н
all-band basis w	hose signals	were "ge	enerally receivable" by your ca	ab	ole system during	g the accounti	ng perio	d.	
				_	0#				
-		_	-Band FM Carriage: Under (-	_	-	Primary
` '	•	-	tem whenever it is received a		•	•	•	•	Transmitters:
	•		ved at the headend, with the		•				Radio
			Copyright Office regulations	or	n this point, see	page (v) of the	e genera	al instructions.	
	•	•	each station carried.						
			n is AM or FM.						
Column 3: If	the radio stati	on's sigr	nal was electronically process	se	d by the cable s	ystem as a se	parate a	nd discrete	
-			mark in the "S/D" column.						
Column 4: G	live the station	i's locatio	on (the community to which the	he	e station is licens	sed by the FC0	C or, in t	he case of	
Mexican or Can	adian stations	, if any, t	the community with which the	9 8	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CADIE SVS	TEN/:					CVCTEM ID#			
Name	Vyve Broadband A, LL		I EIVI.				,	014368			
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LO	G						
	In General: In space I, identify <i>every nonnetwork television program</i> 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 explanation of the programming that must be included in this log, see page (v) of the general instructions.										
	explanation of the programm	xplanation of the programming that must be included in this log, see page (v) of the general instructions. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE							
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant station? Note: If your answer is "Yes," you must complete the program										
	log in block 2.	, leave the	rest of this pag	e blank. It your answer is	"Yes," you m	iust complete ti	ne program				
	2. LOG OF SUBSTITUTE										
	In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call states.	ce, please a of every no distant stati gulations, o es like "mo Bulls." n was broad	attach additionannetwork televion and that your authorizations vies" or "baske	al pages. sion program (substitute ur cable system substitute s. See page (v) of the gen tball." List specific progra "Yes." Otherwise enter "	program) that ed for the pro eral instruction m titles, for ea	t, during the ac gramming of a ons for further i	counting nother station	on			
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	e station is lic	•	CC or, in				
	the case of Mexican or Cana						4h 4h a maam4l				
	Column 5: Give the mon first. Example: for May 7 giv	-	when your syst	tem carned the substitute	program. Us	e numerais, wi	in the monti	1			
	Column 6: State the time	es when the	•		-		-				
	to the nearest five minutes.	Example: a	ı program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. sho	ould be				
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that	your system wa	as required				
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	d; enter the le	tter "P" if the lis	sted pro				
	gram was substituted for proeffect on October 19, 1976.	ogramming	that your syste	em was permitted to delet	e under FCC	rules and regu	lations in				
	effect off October 19, 1976.										
	s	UBSTITUT	E PROGRAM		WHEN S	UBSTITUTE C OCCURRED		7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 0747101101 00471011	5. MONTH						
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО				
					-	_					
						_					
					-						

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	014368	- Numb
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identifed in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	mission service	K Gross Receipts
during the accounting period	\$ 121,361.57 (Amount of gross 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 • 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.	\$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 accounting period is \$52.00	this 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,	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	7,600)	
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)	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		
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pageneral instructions for more information.	age I of the	

ACCOUNTING PERIOD: 2021/1
FORM SA1-2 PAGE 7

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Vyve Broadband A, LLC	014368
M	CHANNELS Instructions: Volument give (1) the number of channels on which the cable evetem carried television broadcast	atationa
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Channels		
	Enter the total number of channels on which the cable system carried television broadcast stations	24
	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	160
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Be Contacted		
for Further Information	Name Marie Censoplano Telephone	914-235-8313
illiorillation	A lest a maretia mail Dr. Cosita 200	
	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) 914-234-836.	3
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulars explained in the general instructions.)	lations,
O 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	e B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab	e 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 identifed as a in line 1 of space B.	owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains the statement of account and hereby declare under penalty of law that all statements of fact contains the statement of account and hereby declare under penalty of law that all statements of fact contains the statement of account and hereby declare under penalty of law that all statements of fact contains the statement of account and hereby declare under penalty of law that all statements of fact contains the statement of account and hereby declare under penalty of law that all statements of fact contains the statement of account and hereby declare under penalty of law that all statements of fact contains the statement of account and hereby declare under penalty of law that all statements of fact contains the statement of th	ned 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	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	(Title of official position field in corporation of partnership)	
	Date: 08/27/2021	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	Name
Vyve Broadband A, LLC 014	4368 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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	Concerning Gross Receipts
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?	Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
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 4. Ententhe amount of late resument an undernaument	Interest
Line 1 Enter the amount of late payment or underpayment	Assessment
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xday	'S
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 charge)	
* 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	

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