THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3 Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

FOR COPYRIGH	T OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/17/2021	\$ ALLOCATION NUMBER

Return to: Library of Congress Copyright Office-LD 101 Independence Avenue SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date. January 1-June 30 .2021 July 1-December 31								
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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 subma 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. 1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation 3253 2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
	3 MAILING ADDRESS OF OWNER OF CABLE SYS PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, North Carolina 28459 (City, town, state, zip)	TEM:							
C	INSTRUCTIONS: In line 1, give any business or trade name names already appear in space B. In line 2, give the mailling								
System	1 ATMC								
	MAILING ADDRESS OF CABLE SYSTEM: PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, North Carolina 28459 (City, town, state, zip code)								
D Area	Instructions: For complete space D instructions, see page all communities.	1b. Identify only the first community s	served below and re	list on page 1b with					
Served	CITY OR TOWN	STATE							
First >	Shallotte	NC							
Community	Below is a sample for reporting communities if you report n	ultiple channel line-ups in Space G.	40 100						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample ▶	Alfiance Gering	MD MD MD	A B B	1 2 3					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				Name				
Atlantic Telephone Membership Corporation 3253								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you 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.								
Note: Entities and properties such as hotels, apartments, condominiums, or mobile the identified city or town.	home parks sh	ould be reported in	parentheses below	Served				
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a								
channel line-up designated by an alpha-letter(s) (based on your Space G reporting (based on your reporting from Part 9 of the DSE Schedule) in the appropriate col	ng) and a subs	scriber group desig	nated by a number					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
SHALLOTTE	NC	A	1	⋖ First				
BOLIVIA	NC	A	1	Community				
BRICKLANDING	NC	Α	1	•				
	NC	Δ	1					
CALABASH	NC	Λ	1					
CAROLINA SHORES			4					
HOLDEN BEACH	NC	.A	1					
OCEAN ISLE BEACH	NC	.A	1					
SUNSET BEACH	ŅĊ	.A	1					
VARNAMTOWN	NC	.A	1					
TOWN OF LELAND	NC	<u>,A</u>	1					
UNINCORPORATED BRUNSWICK COUNTY	NÇ	. <u>A</u>	1					
TABOR CITY	NC	Α	1					
WHITEVILLE	NC	Α	1					
UNINCORPORATED COLUMBUS COUNTY	NC	Α	1					
CT IAMEC	NC	Α	1					
	NC	A	1					
SUNSET HARBOR	NC	Δ	1					
OAK ISLAND			:					
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								FORM SA	3, PAGE 2
Name	LEGAL NAME OF OWNER OF CABLE SYSTE	M:						T do no dilitir.	
Rance	Atlantic Telephone Membershi	p Corpo	ration					3253	
Secondary Transmission Service: Sub- scribers 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 ca system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give informat about other services (including pay cable) in space F, not here. All the facts you state must be those existing on 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, broad down by categories of secondary transmission service. In general, you can compute the number of subscribers each category by counting the number of billings in that category (the number of persons or organizations charg 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 unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular r 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 ca systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categ that applies to your system. Note: Where an individual or organization is receiving service that falls under differ categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residen subscriber who pays extra for cable service to additional sets would be included in the count under "Service to 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 transmissions, list them, toget with the number of subscribers and rates, in the right-hand block. A two- or three-wor								
	sufficient.					DI OOK A			
	BLOCK				BLOCK 2		T		
	CATEGORY OF SERVICE		O. OF CRIBERS	RATE	CATEGOR	Y OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	2	7,946	\$35.05					
Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN S In General: Space F calls for ra not covered in space E, that is service for a single fee. There furnished at cost or (2) service amount of the charge and the u enter only the letters "PP" in th Block 1: Give the standard Block 2: List any services th listed in block 1 and for which brief (two- or three-word) descri	te (not si s, those s are two es or fac init in wh e rate co rate chai nat your a separa ription ai	ubscriber) is services the exceptions illities furnition it is usefulum. If you have a by the cable systate charge and include	nformati at are no s: you do shed to ually bille e cable s em furnis was mad	on with respent offered in continued to not need to nonsubscribed. If any rates system for eached or offered or establisi	ct to all y combinat give rate ers. Rate are char ch of the sed during	ion with any information information ged on a valuable street the accourt	y secondary trans on concerning (1) s on should include to oriable per-program of services listed. On the period that we services in the form	mission services both the m basis, vere not
		BLO	CK 1					BLOCK 2	I -
	CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable—add'l channel Fire protection	\$6.50 \$6.50	Installati • Motel, • Comm	on: Non- hotel ercial	ERVICE residential	\$80.00 \$80.00	CATEGO	RY OF SERVICE	RATE

·Pay cable

\$80.00

· Fire protection

Other services:

Reconnect

Disconnect

·Burglar protection

Outlet relocation

· Move to new address

-Pay cable-add'l channel

\$20.00

\$90.00

\$20.00

Fire protection

First set

Converter

·Burglar protection

Additional set(s)

Instaliation: Residential

•FM radio (if separate rate)

FORM SA3. PAGE 3	3.							
LEGAL NAME OF OWN	ER OF CABLE SYSTEM:	- one con-				Name		
Atlantic Telepho	ne Membership	Corporation		·	3253			
in General: In spearried by your FCC rules and a 76.59(d)(2) and substitute programs basis under spears to not list the station was column 1: Lie each multicast cast stream as WETA-simulcas Column 2: Gits community of the station o	cable system duregulations in effical, 76.61(e)(2) are basis, as expasis Stations: We differ FCC rules, we station here in arried only on a sin here, and also ther information st each station's stream associate "WETA-2". Simulate, ive the channel of license. For example of the station of the station's stream associate "WETA-2". Simulate of the channel of license. For example of the station of	every television sing the accountiect on June 24, and (4), or 76.63 (blained in the neight respect to any regulations, or any space G—but of space I, if the sconcerning subsidiary streams multiple of the streams multiple of the sconcerning subsidiary of the sconcerning subsidiary of the streams multiple of the sconcerning subsidiary of the streams multiple of the FCC ample, WRC is Cample, WRC is Cample, wRC is Cample, wRC is Cample of the sconcerning subsidiary of the sconcerning s	ing period, except 1981, permitting referring to 76.6 ixt paragraph. Idistant stations withorizations: Ido list it in space station was carried stitute basis station according to its list be reported in thas assigned to 1981.	of (1) stations can the carriage of of 1(e)(2) and (4))]; a carried by your can be I (the Special S ed both on a subsons, see page (v) on program service over-the-air design to column 1 (list eact	s and low power television stations) ried only on a part-time basis under certain network programs [sections and (2) certain stations carried on a able system on a substitute program tatement and Program Log)—if the stitute basis and also on some other of the general instructions. es such as HBO, ESPN, etc. Identify gnation. For example, report multi-ach stream separately; for example tion for broadcasting over-the-air in s may be different from the channel	G Primary Transmitters: Television		
on which your cable system carried the station. 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 (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: 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. Note: If you are utilizing multiple channel line-ups, identify the line-up in the far right column here in Space G based on your channel line-up reported in Space D. Use a separate space G for each channel line-up.								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WWAY	3	N	NO		WILMINGTON, NC			
WECT	6	N	NO		WILMINGTON, NC			
WSFX	26	N	NO		WILMINGTON, NC			
WUNJ	39	Е	NO		WILMINGTON, NC			
WILM	NILM 10 N NO WILMINGTON, NC							

								FORIVI SAS. 1 AGE 4		
	LEGAL NAME OF	OWNER OF CABLE	SYSTE	M:				A		
Name	Atlantic Tele	phone Memb	ership	Corporation				3253		
Primary Transmitters: Radio	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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 (vi) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).									
	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 CABLE SYSTEM		:				3253		Name	
SUBSTITUTE CARRIAGE: In General: In space I, identify e carried on a substitute basis dur	SPECIAL /erv nonne	STATEMEN	n program broadcast b	y a distant s	tation tha	t your ca	ble system		
authorizations. For a further explanation of the programming that must be included in this log, see page (vi) of the general instructions.									
 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 									
2. LOG OF SUBSTITUTE PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of e period, was broadcast by a dis station under certain FCC rule information. Do not use genera Love Lucy" or "NBA Basketbal Column 2: If the program wa Column 3: Give the call sign Column 4: Give the broadca the case of Mexican or Canadia Column 5: Give the month at first. Example: for May 7 give " Column 6: State the times w to the nearest five minutes. Ex stated as "6:00–6:30 p.m." Column 7: Enter the letter "F to delete under FCC rules and gram was substituted for progr effect on October 19, 1976.	e program olease atta every nonnestant statics, regulation of the station of the station of the station of the station of the stations of the sumple: a part of the sumple: a pa	ach additional letwork televis on and that yo ons, or authores like "movies. Bulls." let live, enter "tion broadcas is location (the s, if any, the compour system bestitute program carried program with a program with the compour system or of the compour system bestitute program with the compour system or of the compour system or of the compour system with the compour system or of the compour system or of the compount of the co	pages. sion program (substitute our cable system substitute our cable system substitute. See page (vis." or "basketball." List "Yes." Otherwise enter ting the substitute programmunity to which is carried the substitute arm was carried by your ed by a system from 6 as substituted for program the accounting per	te program) tituted for to the gerespecific program. the station is program. Ur cable systems: c	that, dur the progra- neral instru- ogram tit is license identified lse numer em. List that to 6:28: at your syne letter "	ing the amming ructions les, for ed by the d). rals, with the times 30 p.m. vstem ways if the	accounting of another for further example, "I FCC or, in the month accurately should be as required listed pro-		
SUB	STITUTE F	PROGRAM		11	I SUBSTI		7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM -		DELETION		
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	LEGAL NAME OF OWNE	R OF CABLE SYSTEM	A:								
Name	Atlantic Telephor	ne Membership	Corporation		<u>.</u>	3253					
Part-Time Carriage Log	In General: This time carriage due hours your system Column 1 (Ca column 5 of space Column 2 (Da curred during the Give the monti "4/10." State the startiof the televisic "app." Example	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m									
			DATES AND HOURS OF	PART-TIME CAR	RIAGE	<u> </u>					
		WHEN CA	ARRIAGE OCCURRED		WHEN CA	RRIAGE OCCURRED					
	CALL SIGN	DATE	HOURS FROM TO	CALL SIGN	HOURS DATE FROM						
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-CHIVI	SA3. PAGE 7.	
LEGAL	NAME OF OWNER OF CABLE SYSTEM:	Name
Atlar	ntic Telephone Membership Corporation 3253	Name
Instr all an (as ic page G	DSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service dentified in space E) during the accounting period. For a further explanation of how to compute this amount, see a (vii) of the general instructions. ross receipts from subscribers for secondary transmission service(s) uring the accounting period. CRTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)	K Gross Receipts
	PYRIGHT ROYALTY AND FILING FEES	_
Instr • Co • Co • If y fee • If y ac	ructions: Use the blocks in this space L to determine the royalty fee you owe: complete block 1, showing your minimum fee. complete block 2, showing whether your system carried any distant television stations. your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum e from block 1 on line 1 of block 4, and calculate the total royalty fee. your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule occumpanying this form and attach the schedule to your statement of account. part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of	Copyright Royalty Fee
bl	part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block	
3 ▶ If	part 6 of the DSE schedule was completed, the amount from line 7 of block 0 should be entered on line below. part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line in block 4 below.	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? [Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4.	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger. Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) Line 4. FILING FEE: \$725.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate
	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here	form for submitting the additional fees.
	Remit this amount via <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:		
Name	Atlantic Telephone Membership Corporation	3253	Name
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried telev to its subscribers and (2) the cable system's total number of activated channels, during the a 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	vision broado	eriod.
	and nonbroadcast services		377
Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Laura Graff Telephone	910-755-178 rea code)	32
	PO Box 3198 Address (Number, street, rural route, apartment, or suite number)	••••••	
	Shallotte, NC 28459 (City, town, state, zip)	,	
******	Email (optional)	1	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with lations, as explained in the general instructions.)	n Copyright (Office regu-
Certification	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 ide of space B; or	entified in lin	e 1
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B and that the owner is not a corporation of	of the owner or partnershi	of o; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg owner of the cable system in line 1 of space B.	al entity ider	ntified as
	I have examined the statement of account and hereby declare under penalty of law that all contained herein are true, complete, and correct to the best of my knowledge, information, made in good faith. [18 U.S.C. sec. 1001]	statements and belief, a	of fact and are
	Handwritten signature: Huncolwol	(CB)	
	Typed or printed name: Kim Edwards		
	Title: Vice President-Accounting and Finance (Title of official position held in corporation or partn	ership}	
V V	Date: 7-19-2021		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filling, a determination that would be made by a court of law.