This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM		OF ACCOUNT	FOR COPYRIG	 Return completed workbook by email to 					
		ransmissions by	DATE RECEIVED	AMOUNT	_				
	-	Short Form)	DATE NEOLIVED	<u>coplicsoa@copyright.gov</u>					
				\$	For additional information,				
General instru	ictions	s are located	03/01/2022	.	contact the U.S. Copyright Office Licensing Division at				
in the first tab	of this	s workbook.	00/01/2022	ALLOCATION NUMBER	(202) 707-8150.				
					-				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))					
1			1						
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
			Barcode Data Filing Period (optional	- see instructions)					
		20212	Barcode Data Filing Feriod (optional -						
Accounting									
Period									
		Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a subsid	diary of another corporation, give the full corp	porate title				
В		of the subsidiary, not that of the parent of							
Owner		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.							
1									
		Chack have if this is the system's first filin	a If not optor the system's ID number	assigned by the Licensing Division	014680				
1		Check here if this is the system's first filin	g. If not, enter the system's 1D number	assigned by the licensing Division.					
l I		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
l I		CEQUEL COMMUNICATIONS LLC							
1		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)					
1		SUDDENLINK COMMUNICATIONS							
1		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
		3027 S SE LOOP 323							
		(Number, street, rural route, apartment, or suite n	umber)						
1		TYLER, TX 75701 (City, town, state, zip)							
•	INST	RUCTIONS: In line 1, give any busi	ness or trade names used to ider	ntify 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								
System	1	1 IDENTIFICATION OF CABLE SYSTEM:							
1		BOONVILLE, AR							
		MAILING ADDRESS OF CABLE SYSTEM	:						
	2	(Number, street, rural route, apartment, or suite n	umber)						
	2		umber)						
	2	(Number, street, rural route, apartment, or suite n (City, town, state, zip code)	umber)						

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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	CEQUEL COMMUNICATIONS LLC	014					
D	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.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	BOONVILLE	AR					
Community							
dd Rows as Necessary							

	•						

								FORM SA1-				
Name	LEGAL NAME OF OWNER OF C											
	CEQUEL COMMUNICA			01468								
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES											
E	In General: The information in s	-		-		•						
. .	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information											
Secondary Transmission	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 (lune 30 or December 31 as the case may be)											
Service: Sub-	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											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the											
	unit in which it is generally billed	-	-	•				-				
	category, but do not include disc				ny stanua		s wiunn a					
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable				
	systems most commonly provide											
	that applies to your system. Not			-		-						
	categories, that person or entity subscriber who pays extra for ca											
		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, t	,.										
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	on of the	service is				
	sufficient.		BLOC	< 2								
		NO. OF		B 4 7 5		NO. OF			D 4 T 5			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:		405	24.00								
	Service to first set		125	34.99								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel		40									
	Commercial		13	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s							
F	In General: Space F calls for ra	te (not subscri	ber) info	rmation with re	spect to a	ll your cable sys	tem's ser	vices that were				
Г	not covered in space E, that is, t					,	,					
Services	service for a single fee. There a furnished at cost or (2) services	•			0		0 (,				
Other Than												
Secondary	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.											
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	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) descri		e ionn of a									
		BLO					BLOCK 2					
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			ation: Non-resi			0,1120					
	• Pay cable	-	• Mo	tel, hotel								
	• Pay cable—add'l channel	-		nmercial								
	Fire protection		• Pay	/ cable								
	•Burglar protection		-	/ cable-add'l ch	annel							
	Installation: Residential		-	e protection								
	First set	99.00	• Bur	glar protection								
	 Additional set(s) 	25.00		services:								
	• FM radio (if separate rate)			connect		40.00						
	, , ,											
	Converter		. Dia	connect								
	• Converter			connect tlet relocation		25.00						
	• Converter		• Out		ess	25.00 99.00						

unting Period:				FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM IE 01468						
	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ransmitters: 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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> 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 <i>only</i> 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. 									
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the								
	"WETA-2" as the same on	the form.	°							
	of license. For example, W Column 3: Indicate in each educational station, by entr (for independent multicast) For the meaning of these to Column 4: Give the location	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KAFT-1	9	E	FAYETTEVILLE, AR						
	KFSM-1	-								
		5	N	FORT SMITH, AR						
Rows as Necessary		24	N I	FORT SMITH, AR						
Rows as Necessary	KFTA-1	24		FORT SMITH, AR						
Rows as Necessary	KFTA-1 KHBS-1	24 40	l N	FORT SMITH, AR FORT SMITH, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2	24 40 40.2	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR						
Rows as Necessary	KFTA-1 KHBS-1	24 40	l N	FORT SMITH, AR FORT SMITH, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						
Rows as Necessary	KFTA-1 KHBS-1 KHBS-2 KNWA-1	24 40 40.2 51	I N I-M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR						

EGAL NAME O									SYSTEM 014
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	y the sys be rece t the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which th the community with which th	at ss th	the system's he ystem's FM antr is point, see page ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s leneral ii eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	TT	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALL SIGN		5/0	LOOKTON OF STATION	Π	UALL OIGH		5,0	LOOATION OF STATION	
								·	

Accounting Perio	od: 2021/2					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				014680
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident						
	substitute basis during the a explanation of the programm						
Substitute Carriage:					le general ins		A1-2 10111.
Special	 1. SPECIAL STATEMEN • During the accounting per 	-				otwork tolovision prog	rom
Statement and			a cable system	in carry, on a substitute bas	515, any nom		
Program Log	broadcast by a distant sta					YES	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	"Yes," you r	nust complete the proo	jram
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			ata lina. Llaa abbraviationa	whorever p	angible, if their meaning	a io
	clear. If you need more spa				wherever p		J 15
				vision program ("substitute	program") tl	hat, during the account	ing
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.					skampio, i Lovo Luoy	
				er "Yes." Otherwise enter "			
				asting the substitute progr he community to which the		censed by the ECC or	in
	the case of Mexican or Car		```	5			
		,	when your sys	stem carried the substitute	program. U	se numerals, with the r	nonth
	first. Example: for May 7 giv		o oubotituto pre	ogram was carried by your	achla avata	m List the times secur	atalı
	to the nearest five minutes.						atery
	stated as "6:00–6:30 p.m."				•	·	
				n was substituted for progr			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976.	• •	,			and regulations in	
	SI	UBSTITUT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	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. TIMES FROM — TO	DELETION
		103 01 110	OALL OIGH		AND DAT		
						_	
			·				
							······
							· · · · · · · · · · · · · · · · · · ·

Accounting Period:	2021/2 FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I
Name	CEQUEL COMMUNICATIONS LLC 0146
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form. 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.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$137,100)
	1. Base amount under statutory formula 263,800.00 2. Enter amount of gross receipts from space K
	2. Enter anitotin of gloss receipts non space 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
	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 \$ 263,800.00
	3. Subtract line 2 from line 1
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC			SYSTEM ID# 014680
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels able system carried television I	otal numi n the cab		53
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accoun		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)		ite number)	
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM Fax (optional)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but oi</i>	rtified and signed in accordance with Copyright Office regulations) <i>nly one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space	
	I have examined	ine 1 of space B and that the over an or partner) I am an officer (if ine 1 of space B. I the statement of account and e, and correct to the best of my	wner is n f a corpo hereby d	partnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as o eclare under penalty of law that all statements of fact contained here ige, information, and belief, and are made in good faith.	wner of the cable system
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
				PROGRAMMING on held in corporation or partnership)	
		Date:		2/1/2022	

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 filing, a determination that would be made by a court of law.

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	01468
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 Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
(inclusion on algo)	
 * 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@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. 	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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