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

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Short Form) General instructions are located	05/05/22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: 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.
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.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Great Plains Cable Television
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P. O. Box 50 (Number, street, rural route, apartment, or suite number)
		Blair, NE 68008 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
		· · · · · · · · · · · · · · · · · · ·

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 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 suffciency of the fling, a determination that would be made by a court of law.

Name D Area Served First Community dd Rows as Necessary	separate and distinct community or municipal entity (including unincorpor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	'community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first r mobile home parks should be reported in parentheses below the identified STATE Nebraska
Area Served First Community	separate and distinct community or municipal entity (including unincorpor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, o city. CITY OR TOWN	ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first r mobile home parks should be reported in parentheses below the identified STATE
First Community		
Community		
Community	Ponca	Nebraska
-		
d Rows as Necessary		
rows as necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							515	TEM ID 3678
	Great Plains Cable Television								3070
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Secondary	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								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E ca	Il for the numb	er of subso	cribers to the ca	ble system	, broken	
scribers and	down by categories of secondary			•		•			
Rates	each category by counting the ne separately for the particular serv							charged	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed	· ·				rd rate variation	s within a p	particular rate	
	category, but do not include disc							4441-1-	
	Block 1: In the left-hand block systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity	should be cour	nted as	a subscriber in	n each app	licable category	. Example:	a residential	
	subscriber who pays extra for ca					d in the count un	ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system	0			· · ·	service that are	different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.				1			(a	
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:				-	-		100	
	Service to first set		180	24.95	Broadc	aster Fee		180	22.0
	Service to additional set(s)							400	44.0
	• FM radio (if separate rate)				HD Rer	1(8)		120	14.9
	Motel, hotel				Convor	ter Rental		93	4.9
	Commercial Converter				Conver				4.3
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		-	• •			
F	not covered in space E, that is, t								
Services	service for a single fee. There ar 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: Rates	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								
Rates	listed in block 1 and for which a				0				
	brief (two- or three-word) descrip								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	17.00	• Mo	tel, hotel					
	• Pay cable—add'l channel	15.00	• Co	mmercial					
	Fire protection		• Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l cl	hannel				
	Installation: Residential		• Fire	e protection					
	• First set	65.00	• Bui	rglar protectior	1				
	 Additional set(s) 	65.00	Other	services:					
			- De			65.00			
	• FM radio (if separate rate)		• Re	connect		05.00			
	 FM radio (if separate rate) Converter 		• Dis	connect					
	, , ,		• Dis			65.00			

	LEGAL NAME OF OWNER O)F CABLE SYSTEM:		SYSTEM
Name	Great Plains Cable To			36
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(4 substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each statioon multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	TELEVISION lentify every television station (including tra em during the accounting period, <i>except</i> (1 ; in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph. s: With respect to any distant stations carr rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried b ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a	1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta ried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also dee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a for network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	elevision stations) ime basis under ams [sections ations carried on a bstitute program Log)—if the p on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	KNEN	2. B'CAST CHANNEL NUMBER 35.1	3. TYPE OF STATION	Norfolk, NE
Rows as Necessary	КРТН	44.1	Ν	Sioux City, Iowa
lows as iveressuing	KPTH-SI	44.1	I-M	
	KPTH-LA	44.2	I-M	
		44.3	I-M	
			1-161	
	κτιν	4.1	N	Sioux City, Iowa
	KTIV-LA	4.2	I-M	
	KTIV-W	4.3	I-M	
	KTIV	4.4	I-M	
	KUON	12.1	E	Lincoln, NE
	KUON-EW	12.2	E-M	
		12.3	E-M	
	KUON-EC	12.0		
	KUON-EC	12.0		
	KCAU	9.1	N	Sioux City, Iowa
			N I-M	Sioux City, Iowa
	KCAU	9.1		Sioux City, Iowa
	KCAU KCAU-SI	9.1 9.2	I-M	Sioux City, Iowa
	KCAU KCAU-SI KCAU-LA	9.1 9.2 9.3	I-M I-M	Sioux City, Iowa
	KCAU KCAU-SI KCAU-LA	9.1 9.2 9.3	I-M I-M	
	KCAU KCAU-SI KCAU-LA KCAU-LAI	9.1 9.2 9.3 9.4	I-M I-M I-M	Sioux City, Iowa

counting Period:	2021/2			FORM SA1-2E. PAG			
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	Great Plains Cable Te	levision		367			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system FCC rules and regulations in	during the accounting period, <i>except</i> effect on June 24, 1981, permitting th	translator stations and low power televi (1) stations carried only on a part-time le carriage of certain network programs	basis under s [sections			
Primary Transmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC rul	explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations:	1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substit	tute program			
	• Do <i>not</i> list the station here station was carried <i>only</i> on a		e Special Statement and Program Log))—if the			
	• List the station here, and al	so in space I, if the station was carried	l both on a substitute basis and also on see page (v) of the general instructions				
	Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. 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, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	RC is channel 4 in Washington, D.C. case whether the station is a network s ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c ms, see page (iv) of the general instru	station, an independent station, or a no for network multicast), "I" (for independ r "E-M" (for noncommercial educationa	oncommercial dent), "I-M" al multicast).			
	FCC. For Mexican or Canad	ian stations, if any, give the name of th	e community with which the station is i	identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
		10.5	I-M				

EGAL NAME OF								SYSTEM II 367
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					Н
ecceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. entify the call tate whether the the radio stati this by placing ive the station	y the syst be receive t the Co sign of e he station on's sign g a check n's location	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the states)	the system's hea ystem's FM anter his point, see pag ed by the cable sy e station is license	dend, and (2) nna, during ce e (v) of the ge stem as a sep ed by the FCC) it can b ertain sta eneral in parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
	Great Plains Cable Tel	evision						36786
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	C rules, regul	ations, or a	uthorizations	. For a further
Substitute Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting perboadcast by a distant sta Note: If your answer is "No log in block 2. LOG OF SUBSTITUTE	r CONCER riod, did you tion? ", leave the PROGRA titute progra ace, please of every no distant star gulations, o ries like "mo Bulls." m was broa sign of the adcast statit hadian statid th and day ve "5/7." es when the	INING SUBST ar cable system rest of this page model and this page and on a separa add additional onnetwork televention and that yo or authorization povies" or "basked dcast live, enter station broadca on's location (the on's location (the ones, if any, the when your system a program carr	ITUTE CARRIAGE in carry, on a substitute bas ge blank. If your answer is ate line. Use abbreviations rows to the tables. rows to the tables. rision program ("substitute pour cable system substitute s. See page (v) of the gen etball." List specific progra et "Yes." Otherwise enter "fl asting the substitute progra he community to which the community with which the stem carried the substitute ogram was carried by your	is, any nonne "Yes," you m wherever pos program") that d for the prog eral instruction n titles, for ex No." am. e station is lice station is lice station is lice program. Use cable system 15 p.m. to 6:2	etwork telev ust comple ssible, if th at, during t gramming i ons for furth cample, "I L ensed by th ntified). e numerals i. List the ti 28:30 p.m.	vision progra YES ete the progra eir meaning i he accountin of another sta ner informatic Love Lucy" of he FCC or, in s, with the mo s, with the mo should be	m NO am is g ation on. r
	to delete under FCC rules a was substituted for program effect on October 19, 1976	nming that		as permitted to delete und	er FCC rules a		TITUTE	Jram
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	1	TIMES — TO	DELETION
							_	
							_	
							_	
							.=	
							—	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID
	Great Plains Cable Television		36786
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions 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.	ission service mount, see	7,620.39 ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$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 located in the paper SA1-2 form for more information. 	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00		
	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		
	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)	
		000)	
	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 receipts (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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
240	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: able Television				SYSTEM ID# 36786
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	rs, and (2) the cable system's to al number of channels on which ed television broadcast stations al number of activated channels e cable system carried television	otal numb n the cable s s n broadca		nting period.	24 109
N Individual to Be Contacted		O BE CONTACTED IF FURTHE		RMATION IS NEEDED (Identify an individ	lual to whom	
for Further Information	Name	LeaAnn Quist			Telephone	402-456-6434
	Address	P. O. Box 500 (Number, street, rural route, apartme Blair, NE 68808	ient, or suite	number)		
	Email	(City, town, state, zip)	om	F	Fax (optional	
O Certification	I, the undersign (Own (Ager X (Offic I have examine are true, comple	ed, hereby certify that (Check one er other than corporation or part in line 1 of space B and that the cer or partner) I am an officer (if in line 1 of space B. d the statement of account and he ste, and correct to the best of my tion 1001(1986)]	e, but only artnership ion or pa e owner is a corpora ereby decl knowledg X Enter an e	fied and signed in accordance with Copyri <i>r one</i> , of the boxes.)) I am the owner of the cable system as idea rtnership) I am the duly authorized agent of not a corporation or partnership; or tion) or a partner (if a partnership) of the leg are under penalty of law that all statements e, information, and belief, and are made in g /s/Janelle Allison lectronic signature on the line above to certifi ature using an "/s/ signature" (e.g., /s/ John S	ntified in line 1 of space B f the owner of the cable sy gal entity identified as owner of fact contained herein good faith.	rstem as identified
		Typed or printed r Title:	name: CFO &	Janelle Allison		
		(Title Date:	e of official	position held in corporation or partnership)	March 1, 2022	

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unting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
at Plains Cable Television	3678
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." 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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 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 \$ - - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here -<	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here -<	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - x 0.00274 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	

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