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 COPYRIG	Return completed workbook b email to						
		ansmissions by	DATE RECEIVED	AMOUNT	_					
Cable Systems (Short Form)			DATERECEIVED	7.000111	<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.		ALLOCATION NUMBER	(202) 707-8150.					
					7					
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))						
			·	· "						
			1							
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		20212	Barcode Data Filing Period (optional	- see instructions)						
		20212								
Accounting Period										
		Instructions:								
-			he cable system. If the owner is a subsi	diary of another corporation, give the full corp	orate title					
В		of the subsidiary, not that of the parent of	orporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.								
l		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 f								
		Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	037144					
		_								
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM							
		CEQUEL COMMUNICATIONS LLC								
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)						
		SUDDENLINK COMMUNICATIONS		• •						
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
		3027 S SE LOOP 323								
	(Number, street, rural route, apartment, or suite number)									
		TYLER, TX 75701 (City, town, state, zip)								
•	INST		ness or trade names used to ide	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	IDENTIFICATION OF CABLE SYSTEM:								
		ROTAN, TX								
		MAILING ADDRESS OF CABLE SYSTEM	:							
	2	(Number, street, rural route, apartment, or suite n	umber)							
l I										
1										
		(City, town, state, zip code)								

Privacy Act Notice: Section 111 of little 17 of the United States Code autorizes the Copyingti Office to collect the personally identifying information (PII) requested on thit 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						
Nume	CEQUEL COMMUNICATIONS LLC	0371						
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	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the						
Served	luentineu city.							
	CITY OR TOWN	STATE						
First	ROTAN	TX						
Community								
dd Rows as Necessary								

								FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	SYSTEM ID									
	CEQUEL COMMUNICA			03714							
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES						
E		In General: The information in space E should cover all categories of secondary transmission service of the cable									
Cocondom	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										
Secondary Transmission	last day of the accounting period (June 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		-					•				
Rates	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 server Rate: Give the standard rate of					•	,	ro and the			
	unit in which it is generally billed	-	-	•							
	category, but do not include disc	· ·			ny standa		5 within 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					0,					
	first set" and would be counted of										
	Block 2: If your cable system					service that are	different f	rom 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.	OCK 1					BLOCK	`)			
		NO. OF					DLOON	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		44	34.99							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		7	45.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S						
F	In General: Space F calls for ra	•	,		•						
•	not covered in space E, that is, the service for a single fee. There are										
Services	furnished at cost or (2) services	•			•		0.0				
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the										
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rales	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										
	, , ,	BLO						BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICF	RATE	CATEG	DRY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res							
	• Pay cable	17.00	• Mo	tel, hotel							
	• Pay cable—add'l channel	19.00		nmercial							
	Fire protection		•Pa	/ cable							
	•Burglar protection		-	/ cable-add'l ch	annel						
	Installation: Residential		-	protection							
	First set	99.00		glar protection							
	Additional set(s)	25.00		services:							
	• FM radio (if separate rate)			connect		40.00					
	• Converter			connect							
	Conventer		• Out	tlet relocation		25.00					
	Gonverter				ess	25.00 99.00					

counting Period: 2	2021/2			FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID# 037144						
Name	CEQUEL COMMUNICATIONS 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, <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 Dasis 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 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. <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, 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 noncommercial educational multicast). "I' (for independent, "I-M" (for independent multicast), "E'' (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 inst									
	1. CALL SIGN	4. LOCATION OF STATION								
	KIDZ-1	42	1	ABILENE, TX						
	KPCB-1	17	I	SNYDER, TX						
ws as Necessary	KRBC-1	9	N	ABILENE, TX						
,	KRMA-1	6	E	DENVER, CO						
	KTAB-1	32	Ν	ABILENE, TX						
	KTXS-1	12	Ν	SWEETWATER, TX						
	KTXS-2	12.2	I-M	SWEETWATER, TX						
	KXVA-1	15	I	ABILENE, TX						

LEGAL NAME O								SYSTEM 037
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If isignal, indicate	it is carried by monitoring, to prmation abou rm. Jentify the call tate whether t the radio stati this by placing	y the sys be receint t the Co sign of he static ion's sig g a check	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which th	at the system's he system's FM ant this point, see pa this point, see pa sed by the cable	eadend, and (; enna, during c ge (v) of the g system as a s	2) it can certain si leneral ir eparate	be expected, tated intervals. Instructions in the. and discrete	Primary Transmitter Radio
		_	the community with which the			1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	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					037144
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion, that yo	ur cable sys	tem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	authorizatio	ns. For a further
Substitute	explanation of the programm				he general ins	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-		-				
Statement and	 During the accounting per 		ur cable systen	n carry, on a substitute ba	sis, any nonr	network tele	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa Column 1: Give the title			rows to the tables. /ision program ("substitute	e program") ti	hat during t	he account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I	Love Lucy"	or
			dcast live, ente	er "Yes." Otherwise enter "	'No."			
	Column 3: Give the call	sign of the	station broadc	asting the substitute progr	am.			
				he community to which the			he FCC or,	in
	the case of Mexican or Car Column 5: Give the mor			stem carried the substitute			s. with the r	nonth
	first. Example: for May 7 giv	ve "5/7."						
				ogram was carried by your				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carr	led by a system from 6:01	:15 p.m. to 6	:28:30 p.m.	snould be	
		er "R" if the	listed progran	n was substituted for progr	ramming that	your syste	m was <i>requ</i>	iired
	to delete under FCC rules a							ogram
	was substituted for programe ffect on October 19, 1976.		your system wa	as permitted to delete und	er FCC rules	and regula	itions in	
		•						1
						N SUBSTI		
	3	1			CARRI	AGE OCC	JRRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN			AGE OCC		
		2. LIVE?	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	URRED IMES	

Accounting Period:	2021/2	FORM SA1	I-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	CEQUEL COMMUNICATIONS LLC		037144
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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.	nission servic∉ amount, se	763.59 is 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 \$ • 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		52.00
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross 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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	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 #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037144
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 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 and nonbroadcast services	8 54
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 identified as on in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)] 	B; or system as identified wner of the cable system
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position 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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	03714
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
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 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	
 * 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. 	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	

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 th 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.