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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook.	03/01/2022	ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20212 Barcode Data Filing Period (optional - see instructions)	
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.	063883
		L	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF 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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Chillicothe Correctional Center	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
[
1			

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.

Accounting Period	: 2021/2	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community served by the cable system.	063883
Area	"a separate and distinct community served by the cable system. A comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mol identified city.	ed communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known s.
Served		
	CITY OR TOWN	STATE
First	CHILLICOTHE	MO
Community	(CHILLICOTHE CORRECTIONAL CENTER)	
Add Rows as Necessary		
nau nous as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	
Name	CEQUEL COMMUNICAT	TIONS LLC							06388
			RECOU		TEO				
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	/ transmission se	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						ose existi	ng on the	
Transmission	last day of the accounting period							haaltaa	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv	rice at the rate i	ndicated	-not the num	ber of set	s receiving service	ce).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny standar	d rate variations	within a p	articular rate	
	Block 1: In the left-hand block				es of seco	ondary transmiss	ion servic	e 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 of					In the count und	ier "Servic	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-h	and block. A tv	o- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SER	VICE	SUBSCRIBERS	RAT
	• Service to first set		0						
	Service to additional set(s)		v	-					
	• FM radio (if separate rate)								
	• FM radio (il separate rate) Motel, hotel								
	Commercial		162	42.41					
	Converter		102	42.4					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	3				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
								BLOCK 2	
		BLOO	JK 1						
	CATEGORY OF SERVICE	BLO0 RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATI
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG	ORY OF SER tion: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE	RATE	CATEG Installa			RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG Installa • Mot	tion: Non-res		RATE	CATEG	ORY OF SERVICE	RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE	CATEG Installa • Mot • Cor • Pay	tion: Non-res el, hotel nmercial cable	dential	RATE	CATEG	ORY OF SERVICE	RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mot • Cor • Pay	tion: Non-res el, hotel nmercial	dential	RATE	CATEG	ORY OF SERVICE	RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	dential	RATE	CATEG	ORY OF SERVICE	RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch	dential	RATE	CATEG	ORY OF SERVICE	RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	dential	RATE	CATEG	ORY OF SERVICE	RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	dential	RATE -	CATEG	ORY OF SERVICE	RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	dential	RATE	CATEG	ORY OF SERVICE	RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	dential	RATE	CATEG	ORY OF SERVICE	RAT

ounting Period:	2021/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			063883
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, Wf Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations co- les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p with a station according to its over-the	<i>t</i> (1) stations carried only on a part-ti- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bastitute program Log)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КМВС-1	9	N	KANSAS CITY, MO
	KCTV-1	5	Ν	KANSAS CITY, MO
Rows as Necessary	KCWE-1	29	l	KANSAS CITY, MO
	WDAF-1	4	I	KANSAS CITY, MO
	KSHB-1	41	Ν	KANSAS CITY, MO
	KMOS-1	6	E	SEDALIA,MO

LEGAL NAME O								SYSTEM 063
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo	it is carried b monitoring, to ormation abou rm. dentify the call	y the sy be rece it the Co I sign of	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	at the system's system's FM a	neadend, and ntenna, during	(2) it ca certain	n be expected, stated intervals.	Primary Transmitters Radio
ignal, indicate Column 4: 0	this by placing Give the station	g a cheo n's locat	gnal was electronically proces ok mark in the "S/D" column. tion (the community to which , the community with which th	the station is lice	nsed by the F			
			1	1	1	1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063883
	SUBSTITUTE CARRIAGE				G			
1	In General: In space I, identi				-	ion that you	ır cəhlə svetə	m carried on a
•	substitute basis during the ad							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		RNING SUBST	ITUTE CARRIAGE				
Special	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televis	sion program	1 <u> </u>
Statement and Program Log	broadcast by a distant stat	ion?					YES	× NO
Program Log	Notes If your energy is "No.	"		a blank lfreen anarrania	"		-	-
	Note: If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete	e the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations	wherever nos	sible if thei	r meaning is	
	clear. If you need more space				wherever pee		r mouning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, req Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."				p.o, . <u>-</u> o		
	Column 2: If the program							
	Column 3: Give the call s Column 4: Give the broa	sign of the s	station broadca	sting the substitute progra	am. Actation is lice	neod by the	ECC or in	
	the case of Mexican or Can						, i CC 01, iii	
	Column 5: Give the mon	th and day	when your syst	tem carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv							
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program came	eu by a system nom 0.01.	15 p.m. to 0.2	o.ou p.m. si		
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that y	our system was	s permitted to delete unde	er FCC rules a	ind regulation	ons in	
								•
						EN SUBSTI		
		2. LIVE?	E PROGRAM		5. MONTH	IAGE OCC 6. 1		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							_	
			_					
			+		-			
			+		-		<u> </u>	
			_		-			
							_	
							_	
			†		-			
			+		-			
			L					
							_	
			+		-			
			+		-			
			L		-			
							_	
]			
			+		-			
			L					
							_	
]		_	
			+		-			
			_		-		—	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID#
			063883
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 amount, see	,292.00 ss 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 \$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 t 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		
	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)	
	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	
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 Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: DMMUNICATIONS LLC	SYSTEM ID# 063883
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	e vou must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	6 37
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual ct about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Telephone (90	03) 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	I, the undersite (Ow (Ag X (Of I have examinare true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, but only one, of the boxes.) uner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. scient 1001(1986)] Image: A correct is the dest of my knowledge, information, and belief, and are made in good faith. the tra 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	m as identified
		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 the 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 telephol 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 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 t 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

unting Period: 2021/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0638
 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 	P Special Statemer Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?	
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	-
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	-
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	-
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	-

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.