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

				Return completed workbook by
STATEM	ENT OF ACCOUNT	FOR COPYRIC	email to	
	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Syste	ems (Short Form)			For additional information,
Conoral instru	untions are leasted	9/15/22	\$	contact the U.S. Copyright
-	uctions are located of this workbook.	3/13/22	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.
	or this workbook.		ALLOGATION NOMBER	
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	'YYY/(Period))	
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2022/1	Feriou 1 – January 1 - Julie So	Peniou 2 – July 1 - December 31	
		-		
	2022	21 Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
	Instructions: Give the full legal name of the owner o	f the cable system. If the owner is a subs	idiary of another corporation, give the full corp	porate title
B	of the subsidiary, not that of the parent			
Owner	List any other name or names under w	nich the owner conducts the business of	the cable system.	
	If there were different owners during t	ne accounting period, only the owner on	the last day of the accounting period should s	ubmit a
	single statement of account and royalty	r fee payment covering the entire account	nting period.	010570
	Check here if this is the system's first fi	ing. If not, enter the system's ID number	r assigned by the Licensing Division.	010579
	LEGAL NAME OF OWNER/MAIL	NG ADDRESS OF CABLE SYSTEM	1	
	CEQUEL COMMUNICATIONS LLC	:		
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	Т)	
	SUDDENLINK COMMUNICATIONS	3		
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM		
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite	a number)		
	TYLER, TX 75701	,		
	(City, town, state, zip)			+
С	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	TRENTON, MO			

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.

(Number, street, rural route, apartment, or suite number)

MAILING ADDRESS OF CABLE SYSTEM:

City, town, state, zip code)

2

Name		SYSTEM ID: 010570							
D	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate								
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filing	ys.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First Community	TRENTON GRUNDY COUNTY(PORTION)	MO MO							
dd Rows as Necessary									

								FORM SA1-			
Name	LEGAL NAME OF OWNER OF C			TEM ID 01057							
	CEQUEL COMMUNICATIONS LLC										
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND RA	ATES						
E	In General: The information in s	•		-		•					
0	system, that is, the retransmission										
Secondary Transmission	about other services (including particular to a service) as the accounting period						nose exis	ung on the			
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 of					•	,	ge and the			
	unit in which it is generally billed	-	-	•				-			
	category, but do not include disc										
	Block 1: In the left-hand block systems most commonly provide			-		•					
	that applies to your system. Not										
	categories, that person or entity	should be cou	nted as	a subscriber in	each app	licable category	. Example	: a residential			
	subscriber who pays extra for ca					d in the count un	der "Servi	ice to the			
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those			
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a						,.				
	sufficient.							()			
	BLU	OCK 1 NO. OF					BLOC	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		428	50.00							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel		4.4	45.05							
	Commercial Converter		14	45.95							
	Residential										
	Non-residential										
	Non residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S						
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were										
F	not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services										
Services	5	•			•		0 (,			
Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,										
Secondary	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										
nutoo	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) descrip										
		BLO						BLOCK 2			
	CATEGORY OF SERVICE	RATE		BORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:			ation: Non-resi	dential						
	• Pay cable	17.00		tel, hotel							
	Pay cable—add'l channel	19.00	-	mmercial							
	Fire protection		-	/ cable / cable_add'l ab	oppel						
	•Burglar protection Installation: Residential		-	/ cable-add'l ch	annei						
	• First set	99.00		e protection glar protection							
	Additional set(s)	25.00		services:							
	• FM radio (if separate rate)	20.00		connect		40.00					
	Converter			connect							
						05.00					
			• ()()	let relocation		25.00					
				tlet relocation ve to new addre	ess	25.00 99.00					

	LEGAL NAME OF OWNER C	 OF CABLE SYSTEM:			SYSTEM
Name	CEQUEL COMMUNIC				010
	PRIMARY TRANSMITTERS:				
G	carried by your cable syste	dentify every television station (including tra em during the accounting period, <i>except</i> (s in effect on June 24, 1981, permitting the	(1) stations carried only on a par	t-time basis under	
Primary	76.59(d)(2) and (4), 76.61	(e)(2) and (4), or 76.63 (referring to 76.61(
Fransmitters: Television	Substitute Basis Station	as explained in the next paragraph. as: With respect to any distant stations carr	ried by your cable system on a s	ubstitute program	
	basis under specific FCC	rules, regulations, or authorizations: ere in space G—but do list it in space I (the			
	station was carried only o	on a substitute basis.			
	basis. For further informat	d also in space I, if the station was carried t tion concerning substitute basis stations, se	ee page (v) of the general instru	ctions.	
	Column 1: List each station	on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	ogram services such as HBO, E	SPN, etc. Identify each	
	"WETA-2" as the same on	n the form.	c		
	of license. For example, W	nel number the FCC assigned to the televi VRC is channel 4 in Washington, D.C.	Ū		
	Column 3: Indicate in eac	ch case whether the station is a network sta tering the letter "N" (for network), "N-M" (fo			
	(for independent multicast	t), "E" (for noncommercial educational), or	"E-M" (for noncommercial educa		
		terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th		n is licensed by the	
		adian stations, if any, give the name of the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION O	F STATION
	KCPT-1	19	E	KANSAS CITY, MO	
	KCPT-2	18	E-M	KANSAS CITY, MO	
d Rows as Necessary	КСРТ-3	19.3	E-M	KANSAS CITY, MO	
	KCPT-HD1	19	E-M	KANSAS CITY, MO	
	КСТV-1	5	Ν	KANSAS CITY, MO	
	KCTV-HD1	5	N-M	KANSAS CITY, MO	
	KCTV-2	5.2	N	KANSAS CITY, MO	
	КСТV-3	5.3	N	KANSAS CITY, MO	
	KCWE-1	29	I	KANSAS CITY, MO	
	KCWE-2	29.2	I-M	KANSAS CITY, MO	
	KCWE-HD1	29	I-M	KANSAS CITY, MO	
				KANSAS CITY, MO KANSAS CITY, MO	
	KCWE-HD1	29	I-M		
	KCWE-HD1 KMBC-1	29 9	i-M N	KANSAS CITY, MO	
	KCWE-HD1 KMBC-1 KMBC-2	29 9 9.2	I-M N I-M	KANSAS CITY, MO KANSAS CITY, MO	
	KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1	29 9 9.2 9	I-M N I-M N-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1	29 9 9.2 9 50	I-M N I-M N-M I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1	29 9 9.2 9 50 50	I-M N I-M N-M I I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1 KSHB-1	29 9 9.2 9 50 50 41	I-M N I-M N-M I I I-M N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1 KSHB-1 KSHB-2	29 9 9.2 9 50 50 41 41.2	I-M N I-M N-M I I I-M N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1 KSHB-1 KSHB-2 KSHB-HD1	29 9 9.2 9 50 50 41 41.2 41	I-M N I-M N-M I I I-M N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1 KSHB-1 KSHB-2 KSHB-HD1 KSMO-1	29 9 9.2 9 50 50 41 41.2 41 62	I-M N I-M N-M I I I-M N N I-M I-M I I	KANSAS CITY, MO KANSAS CITY, MO	
	KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1 KSHB-1 KSHB-2 KSHB-HD1 KSMO-1 KSMO-HD1	29 9 9 9 50 50 41 41.2 41 62 62	I-M N I-M N-M I I I-M N-M I-M I I I I I I	KANSAS CITY, MO KANSAS CITY, MO	

	F OWNER OF (SYSTEM 010
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. lentify the call tate whether to the radio stat	y the sys be rece It the Co sign of the static ion's sig	II-Band FM Carriage: Under estem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's h system's FM an this point, see pa	eadend, and (tenna, during o age (v) of the g	2) it can certain s eneral ir	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	live the station	n's locati	on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			

Accounting Perio	od: 2022/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				010579
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every no	nnetwork televi	s <i>ion program,</i> broadcast by	a distant sta	tion, that your cable sys	tem carried on a
	substitute basis during the a						
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	structions in the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any noni	network te <u>levisi</u> on prog	ram
Program Log	broadcast by a distant sta	tion?				YES	× NO
Trogram Log	-				<i>"</i> , "		
	Note: If your answer is "No	," leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you i	must complete the proc	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				s wherever p	ossible, if their meaning	g is
	clear. If you need more spa			rows to the tables. /ision program ("substitute	program") t	hat during the account	ting
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.						
				er "Yes." Otherwise enter "			
				asting the substitute progr he community to which th		censed by the ECC or	in
	the case of Mexican or Car						
				stem carried the substitute			nonth
	first. Example: for May 7 giv	,	, ,		1 0 -	,	
				ogram was carried by you			ately
	to the nearest five minutes.	Example:	a program carr	ied by a system from 6:01	:15 p.m. to 6	6:28:30 p.m. should be	
	stated as "6:00–6:30 p.m."	ar "D" if tha	listed program	waa aubatitutad far praa	romanain a that		in d
	to delete under FCC rules a			n was substituted for progr			
	was substituted for program						ogram
	effect on October 19, 1976.		, ,			5	
							1
						N SUBSTITUTE	
	SI		E PROGRAM		-	AGE OCCURRED	7. REASON FOR DELETION
	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
						_	
						_	
						_	
							+
						_	
						_	
						-	
							1
							+
						_	
1						_	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	010579
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service mount, se
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 \$20 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$20 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	63,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this 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 \$137,100)
	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 \$527,60	00)
	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	
	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:	2022/1				FORM SA1-2E. PAGE 7.
Name		INER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 010579
M Channels	to its subscribers, a 1. Enter the total nu	and (2) the cable system's t umber of channels on which	total numl h the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	24
	on which the cabl	umber of activated channel le system carried television st services	broadcas	st stations	223
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accourt		RMATION IS NEEDED (Identify an individual	
for Further Information	Name F	RODNEY HASKINS		Telephon	e (903) 579-3152
	۳ ۲	3027 S SE LOOP 323 Number, street, rural route, apart TYLER, TX 75701 City, town, state, zip)		te number)	
	Email	RODNEY.HASI	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification		his statement of account m , hereby certify that (Check o		rtified and signed in accordance with Copyright Office regulations	;)
	(Owner o	other than corporation or p	oartnersh	ip) I am the owner of the cable system as identified in line 1 of spac	e B; or
	in line	e 1 of space B and that the c or partner) I am an officer (owner is n	partnership) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as	
	I have examined th	and correct to the best of my		eclare under penalty of law that all statements of fact contained her ge, information, and belief, and are made in good faith.	ein
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed		ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		8/24/2022	

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ounting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	01057
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.	Receipts Exclusion
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 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 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	
 * 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.	

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