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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
9/15/2022	\$ ALLOCATION NUMBER						

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20221 Barcode Data Filing Period (optional - see instructions)
Accounting 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
	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)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify 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:
	MARYVILLE, MO
	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 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:	2022/1	
	I	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community"	037307
D	separate and distinct community or municipal entity (including unincorporated commununincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discrete sa form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	
F 14	CITY OR TOWN MARYVILLE	STATE
First Community	NODAWAY COUNTY	MO MO
	NORTHWEST MO STATE	MO
Add Rows as Necessary	NONTIWEDI MODIATE	ino
Table 1815 S. Recession,		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 037307

F

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable 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 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 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 service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	890	50.00			
Service to additional set(s)					
FM radio (if separate rate)					
Motel, hotel					
Commercial	31	45.95			
Converter					
Residential					
Non-residential					
				1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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 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, enter only the letters "PP" in the rate column.

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 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) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE			
Continuing Services:		Installation: Non-residential		
Pay cable	17.00	Motel, hotel		
 Pay cable—add'l channel 	19.00	Commercial		
Fire protection		• Pay cable		
•Burglar protection		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
First set	99.00	Burglar protection		
 Additional set(s) 	25.00	Other services:		
• FM radio (if separate rate)		Reconnect	40.00	
Converter		Disconnect		
		Outlet relocation	25.00	
		Move to new address	99.00	

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 037307

PRIMARY TRANSMITTERS: TELEVISION



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, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not 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 network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCPT-1	19	E	KANSAS CITY, MO
KCPT-HD1	19	E-M	KANSAS CITY, MO
KCTV-1	5	N	KANSAS CITY, MO
KCTV-HD1	5	N-M	KANSAS CITY, MO
KCTV-2	5.2	I-M	KANSAS CITY, MO
KCTV-3	5.3	I-M	KANSAS CITY, MO
KCWE-1	29	l	KANSAS CITY, MO
KCWE-HD1	29	I-M	KANSAS CITY, MO
KMBC-1	9	N	KANSAS CITY, MO
KMBC-HD1	9	N-M	KANSAS CITY, MO
KMCI-1	38	<u> </u>	LAWRENCE, KS
KMCI-2	38.2	I-M	LAWRENCE, KS
KMCI-HD1	38	I-M	LAWRENCE, KS
KNPN-3	26.3	<u> </u>	ST. JOSEPH, MO
KNPN-HD3	26.3	I-M	ST. JOSEPH, MO
KQTV-1	2	N	ST. JOSEPH, MO
KSHB-1	41	N	KANSAS CITY, MO
KSHB-HD1	41	N-M	KANSAS CITY, MO
KSMO-1	62	l	KANSAS CITY, MO
WDAF-1	4	l	KANSAS CITY, MO
WDAF-2	4.2	I-M	KANSAS CITY, MO
WDAF-HD1	4	I-M	KANSAS CITY, MO

Accounting Period: 2022/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

037307

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
07.122 0.011	7	0,0	200/11011011011	07.22 0.0.1	7 5	0,2	2007111011 01 017111011
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Accounting Perio	ing Period: 2022/1 FORM SA1-2E. PA									
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	.C					037307		
ı	SUBSTITUTE CARRIAGE In General: In space I, identif	y every non	network televisi	ion program, broadcast by	- / a <i>distant</i> stat					
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special					acia any nonn	otwork tolo	ision progra	m		
Statement and	During the accounting peri	-	ir cable system	carry, on a substitute ba	asis, any noni	ietwork teiev				
Program Log	broadcast by a distant station?									
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	2. LOG OF SUBSTITUTE	PROGRAI	MS							
	In General: List each subst			ite line. Use abbreviation	s wherever po	ossible, if the	eir meaning i	is		
	clear. If you need more space					4		_		
	Column 1: Give the title period, was broadcast by a	or every no distant stat	nnetwork telev ion and that vo	ısıon program ("substitut ıur cable system substitu	e program") น ted for the pro	nat, during t parammina d	ne accountin of another sta	g ation		
	under certain FCC rules, reg	gulations, o	r authorization	s. See page (v) of the ge	eneral instruct	ions for furth	ner information	on.		
	Do not use general categori		vies" or "baske	etball." List specific progr	am titles, for e	example, "I L	ove Lucy" o	r		
	"NBA Basketball: 76ers vs. Column 2: If the program		deast live ente	r "Ves " Othenvise enter	"No "					
	Column 3: Give the call s	sign of the	station broadca	asting the substitute prog	ram.					
	Column 4: Give the broa	dcast statio	on's location (th	ne community to which th	ne station is lic		e FCC or, in			
	the case of Mexican or Cana Column 5: Give the mon						with the me	anth.		
	first. Example: for May 7 giv		when your sys	tem camed the substituti	e program. Os	se numerais	, with the mo	oriuri		
	Column 6: State the time		substitute pro	gram was carried by you	ır cable syster	n. List the ti	mes accurate	ely		
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:0	1:15 p.m. to 6	:28:30 p.m.	should be			
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	r "R" if the	listed program	was substituted for proc	ramming that	vour eveter	n was require	ed		
	to delete under FCC rules a									
	was substituted for program	ming that y	our system wa	s permitted to delete und	der FCC rules	and regulat	ions in			
	effect on October 19, 1976.									
					WH	EN SUBST	ITUTE			
	S	UBSTITUT	E PROGRAM			RIAGE OCC		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION		
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Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			S	037307
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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.	stem's sec	ondary transmis compute this ar	ssion service mount, see	8,551.28 oss 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 bt. • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bt. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	ut less thar		53,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00.	ee that you	must pay for this	s six-month	
	Line 1. Royalty fee for accounting period				
	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				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	,	re than \$137,1	00)	
	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 at	nd 8	·····		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but le	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	308,551.28		
	Base amount under statutory formula	\$	263,800.00		
	·	\$	44,751.28		
	4. Multiply line 3 by .01		\$	447.51	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)	-		1,319.00	
		-	Ψ		
	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	5, and 6	• • • • • • • • • • • • • • • • • • • •	\$	1,766.51
	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)	· · · · · · · · · · · · · · · · · · ·	\$	1,766.51	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · .	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,786.51
	EFT Trace # or TRANSACTION ID #				
	<u>Important:</u> Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2 form and the E				

Accounting Period:	2022/1							F	ORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:							SYSTEM ID# 037307
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the c	u must give (1) the number of and (2) the cable system's to number of channels on which television broadcast stations number of activated channel able system carried television cast services	total num ch the cat ns	nber of activated cl ble	nannels during the a	accounting period		384	
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accoun		ORMATION IS NE	EDED (Identify an i	ndividual			
for Further Information	Name	RODNEY HASKINS					Telephone	(903) 579-3152	
		3027 S SE LOOP 323 (Number, street, rural route, apartn		uite number)					
		TYLER, TX 75701 (City, town, state, zip)	,						
	Email		KINS@A	ALTICEUSA.COM		Fax (optional			
O Certification	 I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system 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 herein 								
	[18 U.S.C., Sectio	e, and correct to the best of my n 1001(1986)]	, Kilowiod	go, illomaton, and	bollot, and are made	, in good idian.			
				-	on the line above to signature" (e.g., /s/		nent.		
		Typed or printed	name:	ALAN DANN	ENBAUM				
				PROGRAMMIN al position held in corpo					
		Date:				8/24/2022	2		

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	037307
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."	Special Statement Concerning Gross
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	
INTERFOR ACCECUMENT	
INTEREST ASSESSMENT 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	
ID number First community served Accounting period	

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