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 email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at:

STATEMENT OF ACCOUNT for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in

the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCO	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	(Y/(Period))	
		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20221	Barcode Data Filing Period (optional - s	see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c	-	ary of another corporation, give the full co	rporate title
Owner		List any other name or names under whic	ch the owner conducts the business of the	cable system.	
			accounting period, only the owner on the e payment covering the entire accounting	e last day of the accounting period should s g period.	submit a
		Check here if this is the system's first filin	g. If not, enter the system's ID number as	signed by the Licensing Division.	60787
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		Blue Ridge Cable Technologies Inc			
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
		Blue Ridge Communications			
		MAILING ADDRESS OF OWNER OF PO Box 215	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite r	number)		
		City, town, state, zip)			
С				fy the business and operation of the system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	Л:		
	2	(Number, street, rural route, apartment, or suite r	number)		
		(City, town, state, zip code)			

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

8/15/2022

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	31	STEM ID				
Name			6078				
	Blue Ridge Cable Technologies Inc 6078 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules						
D	"a separate and distinct community or municipal entity (includi discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first of as the "first community." Please use it as the first community of	g unincorporated communities within unincorporated areas and includ mmunity that you list will serve as a form of system identification here all future filings.	ling single, after know				
Area Served	identified city.	niniums, or mobile home parks should be reported in parentheses belo	w the				
	CITY OR TOWN	STATE					
First	S Creek Township	PA					
Community	Ashland	NY					
	Chemung Township	NY					
dd Rows as Necessary	Ridgebury Township	PA					
au nons as necessary							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM II
Name	Blue Ridge Cable Technologies Inc								6078
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
—	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
ransmission	last day of the accounting period						h.l		
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular server Rate: Give the standard rate of	vice at the rate	indicat	ed—not the nur	nber of se	ts receiving ser	vice).	-	
	unit in which it is generally billed	• •		,	any standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc							46 -4 61-	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity					•••	•		
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that an	a different t	from those	
	printed in block 1 (for example, t	-							
	with the number of subscribers a								
	sufficient.			1					
	BLO	OCK 1 NO. OF		1			BLOCK	K 2 NO. OF	<u> </u>
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		105	\$33.36/Mth					
	 Service to additional set(s) 		92	\$0.00/Mth					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		3	\$33.36/Mth					
	Converter								
	Residential								
	Non-residential								
					0			•	
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuali	y blied. If any is		larged on a var	iable pei-p	logram basis,	
ansmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that								
	listed in block 1 and for which a separate charge was made or established. List these other set brief (two- or three-word) description and include the rate for each.							e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RA
	Continuing Services:	NATE		ation: Non-res		NATE	CATEGO	JRT OF SERVICE	
	• Pay cable	\$20.50/Mth		otel, hotel					
	Pay cable—add'l channel	\$16.95/Mth		ommercial					
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l cł	nannel				1
	Installation: Residential			e protection					0
	• First set	\$54.95	• Bu	Irglar protection					1
	 Additional set(s) 		Other	services:					
						*5405	1		1
	• FM radio (if separate rate)		• Re	econnect		\$54.95			
	.,			econnect sconnect		\$54.95			
	• FM radio (if separate rate)		• Dis			\$54.95			

Name	LEGAL NAME OF OWNER	OF GABLE STSTEM.		SYSTEM					
Name	Blue Ridge Cable Te	echnologies Inc		607					
	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 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 : 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 and 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 othe 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 noncommercia 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 in								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION								
	WETM	18	N	ELMIRA, NY					
ld Rows as Necessary	WICZ	40	I	BINGHAMTON, NY					
ld Rows as Necessary		40 16	1 N						
ld Rows as Necessary	WICZ	40	I	BINGHAMTON, NY					
ld Rows as Necessary	WICZ WNEP	40 16	1 N	BINGHAMTON, NY SCRANTON, PA					
ld Rows as Necessary	WICZ WNEP WSKG	40 16 46	l N E	BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY					
ld Rows as Necessary	WICZ WNEP WSKG WSWB	40 16 46 38	I N E I	BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA					
ld Rows as Necessary	WICZ WNEP WSKG WSWB WVIA	40 16 46 38 44	I N E I	BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA					
ld Rows as Necessary	WICZ WNEP WSKG WSWB WVIA WYDC	40 16 46 38 44 48.2	I N E I E I	BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY					
ld Rows as Necessary	WICZ WNEP WSKG WSWB WVIA WYDC	40 16 46 38 44 48.2	I N E I E I	BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY					
ld Rows as Necessary	WICZ WNEP WSKG WSWB WVIA WYDC	40 16 46 38 44 48.2	I N E I E I	BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY					
ld Rows as Necessary	WICZ WNEP WSKG WSWB WVIA WYDC	40 16 46 38 44 48.2	I N E I E I	BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY					

LEGAL NAME OF Blue Ridge (SYSTEM 60
	every radio s	tation ca	rried on a separate and disc nerally receivable by your cal					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by nonitoring, to rmation abou m. entify the call ate whether t the radio stati	y the sys be recei t the Co sign of e he statio ion's sign	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. nal was electronically process	at the system's h system's FM an this point, see p	eadend, and (2 tenna, during c age (v) of the c	2) it can ertain st jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitter: Radio
Column 4: G	ive the statior	n's locatio	a mark in the "S/D" column. In (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	
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Accounting Perio	od: 2022/1						FORI	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Blue Ridge Cable Tec	hnologies	s Inc					60787
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every no	nnetwork televi	<i>ision program</i> , broadcast by	/ a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, c	or authorizatio	ns. For a further
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of t	he general in:	structions	in the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any noni	network te	levision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must com	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT			ate line. Lise abbreviation	s wherever n	ossible if	their meanin	a is
	clear. If you need more spa				s wherever p			y is
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.				,,	,	· _ · · · · · · · · · · · · · · · · · ·	
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		censed by	the FCC or	in
	the case of Mexican or Car		· · · · · · · · · · · · · · · · · · ·	,		,		
			when your sy	stem carried the substitute	e program. U	se numer	als, with the r	nonth
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	r cable syste	m listthe	times accur	ately
	to the nearest five minutes							atory
	stated as "6:00–6:30 p.m."	"D" : ()		1.00.0.10				
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976							
					WHE	N SUBST	TITUTE	
	S	1	E PROGRAM					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	-	TIMES — TO	DELETION
							_	
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1					·		<u> </u>	
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc	S	YSTEM ID# 60787
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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.	iission service amount, see	3,156.14
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	
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 \$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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 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,	,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	<u> </u>	
	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		50.00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

_	2022/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: DIe Technologies Inc				SYSTEM ID# 60787
M Channels	to its subscribers1. Enter the total system carried2. Enter the total on which the car	, and (2) the cable system's to number of channels on which	total numb h the cable Is i broadcas	t stations	ations	9 45
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Steven Holler		Tele	ephone 610-8	826-9210
	Address	PO Box 215 (Number, street, rural route, apartr		e number)		
		Palmerton, Pa 18071 (City, town, state, zip)	I			
	Email	sholler@pencor	or.com	Fax (optional)		
O Certification		This statement of account model, hereby certify that (Check o		tified and signed in accordance with Copyright Office regul <i>ly one</i> , of the boxes.)	ations)	
	(Owner	r other than corporation or p	partnershi	p) I am the owner of the cable system as identified in line 1 of p)	of space B; or	
	in li X (Office in li in li	ine 1 of space B and that the o er or partner) I am an officer (ine 1 of space B. I the statement of account and e, and correct to the best of my	owner is no (if a corpor d hereby de	artnership) I am the duly authorized agent of the owner of th ot a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identifie eclare under penalty of law that all statements of fact containe ge, information, and belief, and are made in good faith.	ed as owner of	
				/s/ David L. Masenheimer electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	_	
		Typed or printed	d name:	David L. Masenheimer		
		Title: (Title of of	Presid	lent n held in corporation or partnership)		
		Date:		8/15/22		

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GAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E	
AL NAME OF OWNER OF GABLE STSTEM.		TEMI
e Ridge Cable Technologies Inc		6078
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable sy service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursue	stem for the basic shall not include sub- ant to section 119."	Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general located in the paper SA1-2 form.	instructions Receipts Exc	lusioi
During the accounting period, did the cable system exclude any amounts of gross receipts for sec made by satellite carriers to satellite dish owners?	ondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late payme For an explanation of interest assessment, see page (viii) of the general instructions located in the		
Line 1 Enter the amount of late payment or underpayment	Interest Asses	ssme
v		
x		
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
X Line 2 Multiply line 1 by the interest rate* and enter the sum here	days days	
x	days tx 0.00274	
x	·	
x Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
x Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
x 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For fur	x 0.00274	
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	x 0.00274 	
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	x 0.00274 	
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	x 0.00274 	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274 	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For fur contact the Licensing Division at (202) 707-8150 or licensing@loc.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 Co list below the owner, address, first community served, ID number, and accounting period as given Owner Address	x 0.00274 	
X Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274 	

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