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

STATEM	FNT	OF ACCOUNT	FOR COPYRIG	 Return completed workbook by email to 					
-		ransmissions by	DATE RECEIVED	AMOUNT	_				
		Short Form)		\$	For additional information, contact the U.S. Copyright				
General instr in the first tat			07/26/2022	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.				
		S WOINDOOK.		ALLOCATION NOMBER					
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
			Barcode Data Filing Period (optional	- see instructions)					
Accounting Period									
В		Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full corp	porate title				
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 fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	62366				
		LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM						
		Goldfield Communications Service	es, Corp.						
		BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFERENT	Γ)					
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM						
		Po Box 20 (Number, street, rural route, apartment, or suite	number)						
		Kanawha, IA 50447 (City, town, state, zip)							
С				ntify the business and operation of the ne system, if different from the address					
System	1	IDENTIFICATION OF CABLE SYSTEM:		·	<u> </u>				
		MAILING ADDRESS OF CABLE SYSTE	M:						
	2	(Number, street, rural route, apartment, or suite	number)						
		(City, town, state, zip code)							
Brivaov Act Noti			and a since the Operation of the Office is a since the operation of the op	be percenally identifying information (PII) reques	An el ese Aleb				

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Goldfield Communications Services, Corp.	623
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filir	ted communities within unincorporated areas and including singl- rou list will serve as a form of system identification hereafter know ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or me identified city.	obile home parks should be reported in parentheses below the
First	CITY OR TOWN Humboldt	STATE Iowa
Community		
dd Rows as Necessary		

	FORM SA1-									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	Goldfield Communications Services, Corp.									
-	SECONDARY TRANSMISSION	I SERVICE: S	JBSCRIB	ERS AND R	ATES					
E	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									
Secondary	system, that is, the retransmission about other services (including particular services)									
Transmission	last day of the accounting period							ing on the		
Service: Sub-	Number of Subscribers: Bot						ole system	, broken		
scribers and	down by categories of secondar			•		•				
Rates	each category by counting the n separately for the particular server			•••				charged		
	Rate: Give the standard rate of					•	,	ge and the		
	unit in which it is generally billed	l. (Example: "\$	20/mth"). \$	Summarize a						
	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			-		-				
	subscriber who pays extra for ca						der "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system						different f	rom those		
	printed in block 1 (for example, t	0								
	with the number of subscribers a									
	sufficient.									
	BLO	OCK 1 NO. OF					BLOCK	2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SER	RVICE	SUBSCRIBERS	RAT	
	Residential:						-			
	Service to first set		82	44.95	Expand	ded Basic		59	89.9	
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
					•					
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all vour cable svs	tem's serv	rices that were		
F	not covered in space E, that is, t	•			•	• •				
	service for a single fee. There a	•			•		• • • •			
Services Other Than	furnished at cost or (2) services									
Secondary	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.									
ransmissions:	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 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									
		lices in the	e form of a							
	brief (two- or three-word) description and include the rate for each.									
		BLO		RY OF SER		DATE		BLOCK 2 DRY OF SERVICE		
	CATEGORY OF SERVICE Continuing Services:	RATE		on: Non-res	-	RATE	CATEGO	DRY OF SERVICE	RATI	
	Pay cable		Motel		luentiai					
	Pay cable—add'l channel		• Comr	·						
	Fire protection		• Pay c							
	•		-	able-add'l ch	annel					
	 Burglar protection 		-	rotection						
	•Burglar protection Installation: Residential		1100				1			
	e 1		•	ar protection						
	Installation: Residential	35.00	•	ar protection						
	Installation: Residential • First set	35.00	• Burgla	ar protection r vices:						
	Installation: Residential • First set • Additional set(s)	35.00	• Burgla Other se	ar protection r vices: nnect						
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	35.00	• Burgla Other se • Recon • Disco	ar protection r vices: nnect						

counting Period:	2022/1				FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER C				SYSTEM ID# 62366					
	Goldfield Communications Services, Corp.									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and	tentify every television station (including em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations: are in space G—but do list it in space I (the n a substitute basis. I also in space I, if the station was carrie ion concerning substitute basis stations,	 t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als 	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other						
	Column 1: List each static	on's call sign. <i>Do not</i> report origination p	program services such as HBO, ESI	PN, etc. Identify each						
	"WETA-2" as the same on Column 2 : Give the chann	ed with a station according to its over-the the form. nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C.	c							
	Column 3: Indicate in eac	ch case whether the station is a network	•							
		tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), c								
	For the meaning of these t Column 4: Give the locati	terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station	is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION C	OF STATION					
	woi	5	N Des Moines, IA							
	кссі	8	N	Des Moines, IA						
Add Rows as Necessary	WHO	13	N	Des Moines, IA						
	KDIN	11	N	Des Moines, IA						
	KDSM	17	Ν	Des Moines, IA						
	ксш	23	Ν	Des Moines, IA						

LEGAL NAME OF	OWNER OF	CABLE S	YSTEM:						SYSTEM ID
Goldfield Co	mmunicat	ions S	ervices, Corp.						6236
PRIMARY TRA									
			arried on a separate and disci nerally receivable by your cal						Н
-		-	II-Band FM Carriage: Under			-	-		Primary Transmitters:
			stem whenever it is received a ived at the headend, with the						Radio
			pyright Office regulations on t						
paper SA1-2 for									
			each station carried. on is AM or FM.						
			nal was electronically process	se	d by the cable s	system as a se	eparate	and discrete	
signal, indicate t	this by placing	g a chec	k mark in the "S/D" column.						
			on (the community to which the				C or, in	the case of	
Mexican or Can	adian stations	s, if any,	the community with which the	e s	station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				ŀ					
				ľ					
				-					
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Accounting Perio	d: 2022/1						FORM	M SA1-2E. PAGE 5.		
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Goldfield Communicat	tions Serv	vices, Corp.					62366		
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fu explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Substitute Carriage:					ne general ins	structions in	the paper S	A I-2 Iorm.		
Special	1. SPECIAL STATEMEN	-								
Statement and	 During the accounting per 	-	ur cable syster	n carry, on a substitute ba	sis, any nonr	network tele	vision prog	ram		
Program Log	broadcast by a distant sta	tion?					YES	NO		
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust compl	ete the prog	gram		
	log in block 2.									
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Use abbreviation	s wherever n	nssihle if th	eir meanin	n is		
	clear. If you need more spa					5551510, 11 11		y 10		
				/ision program ("substitute						
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.	Bulls."				·····	,			
				er "Yes." Otherwise enter						
				asting the substitute prog he community to which th		censed by t	he FCC or.	in		
	the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	e station is id	entified).				
		•	when your sy	stem carried the substitute	e program. U	se numeral	s, with the n	nonth		
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	r cable syste	m List the t	imes accur	atelv		
	to the nearest five minutes.									
	stated as "6:00–6:30 p.m."	" D " : ()						. ,		
	to delete under FCC rules a			n was substituted for prog						
	was substituted for program							ogram		
			, ,							
	effect on October 19, 1976.		, ,			0				
			E PROGRAM	·	WHE	N SUBSTI		7. REASON FOR		
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	URRED IMES	7. REASON FOR DELETION		
	SI	UBSTITUT	E PROGRAM	· 	WHE	N SUBSTI AGE OCC	URRED			
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	URRED IMES			
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	URRED IMES			
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	URRED IMES			
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	URRED IMES			
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	URRED IMES			
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	URRED IMES			
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	URRED IMES			
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				
	SI	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T				

Accounting Period:	2022/1 FORM S/	A1-2E. PAGE 6.
Name		YSTEM ID#
	Goldfield Communications Services, Corp.	62366
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	2,252.84
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 \$263,800 • 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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month	
	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 \$137,100)	
	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 \$ 263,800.00	
	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 # 271171V8	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: nmunications Services, Co	rp.		SYSTEM ID# 62366
M Channels	to its subscribe 1. Enter the tota system carried 2. Enter the tota	rs, and (2) the cable system's t al number of channels on which	otal numb		ons 15
	and nonbroad	Icast services		· · · · · · · · · · · · · · · · · · ·	
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an individual	
for Further Information	Name	Jacob Berte		Telepho	one 641-762-3772
	Address	105 S Main St. / PO E (Number, street, rural route, apartr		te number)	
		Kanawha, IA 50447 (City, town, state, zip)			
	Email	jberte@ganiowa	a.com	Fax (optional)	
	CERTIFICATION	I (This statement of account m	ust be cer	tified and signed in accordance with Copyright Office regulation	ons)
O Certification	• I, the undersign	ned, hereby certify that (Check c	one, <i>but on</i>	lly one, of the boxes.)	
	(Own	er other than corporation or p	artnershi	p) I am the owner of the cable system as identified in line 1 of sp	pace B; or
				artnership) I am the duly authorized agent of the owner of the c ot a corporation or partnership; or	able system as identified
		cer or partner) I am an officer (i n line 1 of space B.	if a corpor	ration) or a partner (if a partnership) of the legal entity identified a	as owner of the cable system
	are true, comple			eclare under penalty of law that all statements of fact contained h ge, information, and belief, and are made in good faith.	nerein
			Х	/s/ Randy Yeakel	_
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Randy Yeakel	
		Title: (Title of of		lent/COO n held in corporation or partnership)	
		Date:		07/26/2022	

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counting Period: 2	2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID:
oldfield Comm	unications Services, Corp.	62366
The Satellite He lowing sentence "In deten service scribers For more inform	FATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
made by satelli	punting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
Name Mailing Address	Name Mailing Address	
You must comp For an explana	ASSESSMENT blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
	x	
Line 4 Multiply	x 0.00274	
* To view th contact th	L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 (interest charge) e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov. e decimal equivalent of 1/365, which is the interest assessment for one day late.	
	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community Accounting per		

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