This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

STATEMEN	IT OF ACCOUNT	FOR COPYRIC	FOR COPYRIGHT OFFICE USE ONLY				
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook.		DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>			
			\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.			
		2/28/2023					
A A		ED BY THIS STATEMENT: (YY	 YY/(Period))				

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20222 Barcode Data Filing Period (optional - see instructions)
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		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)
		(Number, steet, futal roue, apartment, or sale number) TYLER, TX 75701 (City, town, state, zip)
С		→ RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
	<u> </u>	HAWKINS, TX
		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:	2022/2							
News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	024555						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. 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	HAWKINS							
Community	BIG SANDY GLADEWATER	TX TX						
Add Rows as Necessary	GREGG COUNTY(PORTION)	TX						
had nows as necessary	OWENTOWN	TX						
	SMITH COUNTY(PORTION)	ТХ						
	WINONA	ТХ						
	WOOD COUNTY(PORTION)	TX						

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIP	FRS AND RAT	FS							
E	In General: The information in s					transmission se	ervice of th	e cable				
	system, that is, the retransmission											
Secondary	about other services (including p						ose existir	ng on the				
Transmission Service: Sub-	last day of the accounting period						o system	broken				
scribers and	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											
Rates	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 serv											
	Rate: Give the standard rate c	-	-	•			-					
	unit in which it is generally billed. category, but do not include disc	· · ·	,		y standard	a rate variations	within a pa	articular rate				
	Block 1: In the left-hand block				es of secc	ondary transmiss	ion service	e that cable				
	systems most commonly provide			-		•						
	that applies to your system. Note			•		•						
	categories, that person or entity						•					
	subscriber who pays extra for ca					in the count und	er "Service	e 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											
	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 a	nd rates, in the	e right-ha	and block. A two	o- or three	e-word descriptio	n of the se	ervice is				
	sufficient.	2014 4					D 1 0 01	()				
	BLC	OCK 1 NO. OF					BLOCK	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RATE			
	Residential:											
	 Service to first set 		125	50.00								
	 Service to additional set(s) 											
	 FM radio (if separate rate) 											
	Motel, hotel											
	Commercial		18	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES								
F	In General: Space F calls for rat											
	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services	•			•		• • • •					
Other Than	amount of the charge and the un											
Secondary	enter only the letters "PP" in the							-				
Fransmissions:	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 brief (two- or three-word) description and include the rate for each.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SERV	'ICE	RATE	CATEG	ORY OF SERVICE	E RATE			
	Continuing Services:		Installa	tion: Non-resi	dential							
	• Pay cable	17.00	• Mot	el, hotel								
	 Pay cable—add'l channel 	19.00	• Cor	nmercial								
	Fire protection		• Pay	cable								
	•Burglar protection		• Pay	cable-add'l cha	annel							
	Installation: Residential		• Fire	protection								
	• First set	99.00	• Bur	glar protection								
	 Additional set(s) 	25.00	Other s	ervices:			[
	• FM radio (if separate rate)		• Rec	onnect		40.00						
	• Converter		• Dise	connect								
			• Out	let relocation		25.00						
			- 1010	/e to new addre	SS	99.00						

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC	CATIONS LLC		024					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.610 substitute program basis, i Substitute Basis Station basis under specific FCC i • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. The number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list	(1) stations carried only on a part- e carriage of certain network prog l (e)(2) and (4))]; and (2) certain sta mined by your cable system on a su e Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other stions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).					
	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								
	KERA-1	13	Е	DALLAS, TX					
	KETK-1	56	N	JACKSONVILLE, TX					
Rows as Necessary	KFXK-1	51	I	LONGVIEW, TX					
Rows as Necessary		_	N	······					
	KLTV-1	7	N	TYLER, TX					
	KLTV-1 KSLA-1	12	N	TYLER, TX SHREVEPORT, LA					
		12		SHREVEPORT, LA					
	KSLA-1								
	KSLA-1 KTPN-1 KXAS-1	12 47 5	N I N	SHREVEPORT, LA TYLER, TX FORT WORTH, TX					
	KSLA-1 KTPN-1 KXAS-1 KYTX-1	12 47 5 19	N I N N	SHREVEPORT, LA TYLER, TX FORT WORTH, TX NACOGDOCHES, TX					
	KSLA-1 KTPN-1 KXAS-1 KYTX-1 KYTX-2	12 47 5	N I N	SHREVEPORT, LA TYLER, TX FORT WORTH, TX NACOGDOCHES, TX NACOGDOCHES, TX					
	KSLA-1 KTPN-1 KXAS-1 KYTX-1	12 47 5 19 19.2	N I N N I-M	SHREVEPORT, LA TYLER, TX FORT WORTH, TX NACOGDOCHES, TX					
	KSLA-1 KTPN-1 KXAS-1 KYTX-1 KYTX-2	12 47 5 19 19.2	N I N N I-M	SHREVEPORT, LA TYLER, TX FORT WORTH, TX NACOGDOCHES, TX NACOGDOCHES, TX					
	KSLA-1 KTPN-1 KXAS-1 KYTX-1 KYTX-2	12 47 5 19 19.2	N I N N I-M	SHREVEPORT, LA TYLER, TX FORT WORTH, TX NACOGDOCHES, TX NACOGDOCHES, TX					
	KSLA-1 KTPN-1 KXAS-1 KYTX-1 KYTX-2	12 47 5 19 19.2	N I N N I-M	SHREVEPORT, LA TYLER, TX FORT WORTH, TX NACOGDOCHES, TX NACOGDOCHES, TX					
	KSLA-1 KTPN-1 KXAS-1 KYTX-1 KYTX-2	12 47 5 19 19.2	N I N N I-M	SHREVEPORT, LA TYLER, TX FORT WORTH, TX NACOGDOCHES, TX NACOGDOCHES, TX					

EGAL NAME OF									SYSTEM 024
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. In is AM or FM. hal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis ec	he system's hea stem's FM anter point, see page I by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	_	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
S. ILL DIGIT		0,0		1	SALL OIGH		0,0		
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Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5		
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	.C					024555		
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG						
	In General: In space I, identif	y every non	network televisi	on program, broadcast by a	a <i>distant</i> statio	on, that your o	cable system	carried on a		
	substitute basis during the ac	counting pe	riod, under spe	cific present and former FC	C rules, regul	ations, or aut	horizations. I	For a further		
Substitute	explanation of the programmi				e general instr	uctions in the	paper SA1-2	2 form.		
Carriage: Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 									
Statement and			r cable system	carry, on a substitute basi	is, any nonne	twork televis	lion program			
Program Log	broadcast by a distant stat	ion?					YES	X NO		
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is '	"Yes," you m	ust complete	the program	n		
	log in block 2.									
	2. LOG OF SUBSTITUTE									
	In General: List each substi				wherever pos	ssible, if their	meaning is			
	clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting									
	period, was broadcast by a	distant stati	on and that you	ur cable system substitute	d for the prog	gramming of	another stat	tion		
	under certain FCC rules, rec							٦.		
	Do not use general categori "NBA Basketball: 76ers vs.		vies of baske	toall. List specific program	n ulles, for ex	ampie, i Lo	ve Lucy of			
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "N	lo."					
	Column 3: Give the call s									
	Column 4: Give the broat the case of Mexican or Cana						FCC or, in			
	Column 5: Give the mon			3		,	with the mor	nth		
	first. Example: for May 7 giv	e "5/7."			_					
	Column 6: State the time to the nearest five minutes.							ly		
	stated as "6:00–6:30 p.m."	Example. a	program carne	eu by a system nom 0.01.	15 p.m. to 0.2	20.30 p.m. si				
	Column 7: Enter the lette									
	to delete under FCC rules a was substituted for program							am		
	effect on October 19, 1976.	ming that y	our system wa	s permitted to delete unde	r rues a	and regulatio	15 11			
	,				 			T		
					WHEN SUBSTITUTE CARRIAGE OCCURRED					
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	1	IMES	7. REASON FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то			
							-			
						-	_			
						-	_			
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 024555
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service mount, see	9,973.26 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.	his six-month	
	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		0.00
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 024555
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, and (2) the cable system otal number of channels on wh ried television broadcast static otal number of activated channel ac cable system carried televis	ons	nels during the a	ccounting period.	10 79
N Individual to Be Contacted		TO BE CONTACTED IF FUR	THER INFORMATION IS NEED	DED (Identify an ir	ldividual	
for Further Information	Name	RODNEY HASKINS			Telephone (90	03) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	-			
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM		Fax (optional	
O Certification	I, the undersig (Owr (Age X (Off I have examination are true, comp	ned, hereby certify that (Check ner other than corporation or nt of owner other than corpo in line 1 of space B and that icer or partner) I am an officer in line 1 of space B. ed the statement of account an elete, and correct to the best of iction 1001(1986)]	ration or partnership) I am the other owner is not a corporation or	he cable system a duly authorized ago partnership; or a partnership) of th a w that all statem belief, and are mad	s identified in line 1 of space B; or ent of the owner of the cable syste ne legal entity identified as owner c nents of fact contained herein	em as identified
		Typed or printe Title:	Enter an electronic signature on Enter signature using an "/s/ sig	i the line above to c (nature" (e.g., /s/ J NBAUM	•	
		Date:			2/28/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	02455
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	P Special Statement Concerning Gross Receipts Exclusion
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 payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
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 \$ -	
(interest charge)	
* 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	

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