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						
3/1/23	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20222 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
		VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 7 (Number, street, rural route, apartment, or suite number)
		HERREID, SD 57632 ((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:
		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 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 Offce'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.

Accounting Period:	2022/2	
	LEGAL NAME OF OWNER OF CARLE SYSTEM.	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	2995
	VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC. Instructions: List each separate community served by the cable system. A "community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	HERREID	SD
Community	HOSMER	SD
	EUREKA	SD
Add Rows as Necessary	IPSWICH	SD
	LEOLA	SD
	LONG LAKE	SD
	GLENHAM	SD
	POLLOCK	SD
	MOUND CITY	SD

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

2995

#### VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.

Ε

#### 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.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,242	19.99	Economy	1,242	25.30
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		<b>†</b>		<b> </b>	

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 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel			BASIC	80.97
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			BASIC PLUS	89.47
Fire protection		• Pay cable			EXPANDED	91.41
•Burglar protection		Pay cable-add'l channel			EXPANDED PLUS	99.67
Installation: Residential		Fire protection			НВО	16.99
<ul> <li>First set</li> </ul>		Burglar protection		(	CINEMAX	12.99
<ul> <li>Additional set(s)</li> </ul>		Other services:		,	SHOWTIME	14.94
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect		1	STARZ/ENCORE	12.99
Converter		Disconnect			NFL REDZONE	12.99
		Outlet relocation				
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2995

# VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.

G

#### 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
KDLO	3.1	N	Sioux Falls, SD
KDLO-2	3.2	N-M	Sioux Falls, SD
KFYR	5.1	N	Bismarck, ND
KELO-2	11.2	N-M	Sioux Falls, SD
KELO-4	11.4	N-M	Sioux Falls, SD
KXMB	12.1	N	Bismarck, ND
KSFY	13.1	N	Sioux Falls, SD
KSFY-2	13.2	N-M	Sioux Falls, SD
KSFY-3	13.3	N-M	Sioux Falls, SD
KCSD	24.1	<b>E</b>	Sioux Falls, SD
KCSD-3	24.3	E-M	Sioux Falls, SD
KCSD-4	24.4	E-M	Sioux Falls, SD
КСРО	26.1	<u> </u>	Sioux Falls, SD
KWSD-DT	36.1	N	Sioux Falls, SD
KDLT	46.1	N	Sioux Falls, SD
KDLT-2	46.2	N-M	Sioux Falls, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

# VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.

2995

#### 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
						ļ 	
						ļ 	
						ļ 	
						<b> </b>	
		1		<u> </u>	l	1	<u> </u>

Accounting Day's	.d. 2022/2					F-01	DM 641 OF BACE T				
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:			FO	RM SA1-2E. PAGE 5. SYSTEM ID#				
Name	VALLEY TELECOMMU			ASSOCIATION INC.			2995				
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G						
Cubatituta	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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:	1. SPECIAL STATEMENT				ne general in	structions in the paper	0A1-2 101111.				
Special		• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant station?										
i rogram Log	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 In General: List each subst	titute progra	am on a separ		s wherever p	ossible, if their meani	ing is				
	period, was broadcast by a	of every no distant sta	onnetwork tele	vision program ("substitute our cable system substitut	ed for the pro	ogramming of anothe	r station				
	under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ies like "mo									
				er "Yes." Otherwise enter ' asting the substitute progr							
	Column 4: Give the broa	adcast stati	on's location (	the community to which th	e station is li		r, in				
	the case of Mexican or Can Column 5: Give the mor			e community with which the stem carried the substitute			month				
	first. Example: for May 7 giv	ve "5/7."									
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01							
	stated as "6:00–6:30 p.m."	er "D" if the	listed program	n was substituted for prog	ramming that	t vour evetem was rea	nuired				
	to delete under FCC rules a										
	was substituted for program effect on October 19, 1976.	•	your system w	as permitted to delete und	ler FCC rules	and regulations in					
	effect off October 19, 1970.						_				
	0.1	IDOTITUT				N SUBSTITUTE	7 DEASON FOR				
		2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	AGE OCCURRED  6. TIMES	7. REASON FOR DELETION				
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO					
						<u> </u>					
						_					
						_					
						_					
						_					
						_					
						_					
						_					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			8	SYSTEM I
Name	VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.				29
<b>K</b> ross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (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)	system's ion of ho	s secondary trans ow to compute this	mission servi	CE .
	during the accounting period			-	60,842.40 ross 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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less	s than \$527,60(	\$263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	Ity fee th	at you must pay fo	or this six-mon	tt
	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 li	ines 1 ar	nd 2	<u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but	more than \$137,	100)	
	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		· · · <u> </u>		
	Enter the amount from line 3     Subtract line 5 from line 4				
	6. Subtract line 5 from line 4				0.00
	6. Subtract line 5 from line 4				0.00
	6. Subtract line 5 from line 4	7 and 8			0.00
	6. Subtract line 5 from line 4	7 and 8			0.00
	6. Subtract line 5 from line 4	7 and 8	ut less than \$52	7,600)	0.00
	6. Subtract line 5 from line 4	7 and 8	ut less than \$527	7,600)	0.00
	6. Subtract line 5 from line 4	7 and 8	ut less than \$52 350,842.40 263,800.00 87,042.40	7,600)	0.00
	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.  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines.  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	7 and 8	ut less than \$527 350,842.40 263,800.00 87,042.40	7,600)	0.00
	6. Subtract line 5 from line 4	7 and 8	ut less than \$527 350,842.40 263,800.00 87,042.40\$	7,600) - - - 870.42	0.00
	6. Subtract line 5 from line 4	7 and 8	ut less than \$527 350,842.40 263,800.00 87,042.40\$\$	7,600) - - - 870.42 1,319.00 0.00	
	6. Subtract line 5 from line 4	7 and 8	ut less than \$527 350,842.40 263,800.00 87,042.40\$\$	7,600) - - - 870.42 1,319.00 0.00	2,189.42
	6. Subtract line 5 from line 4	7 and 8	ut less than \$527 350,842.40 263,800.00 87,042.40\$\$	7,600) - - - 870.42 1,319.00 0.00	
tal Remittance	6. Subtract line 5 from line 4	7 and 8	ut less than \$523 350,842.40 263,800.00 87,042.40\$\$	7,600) - - - 870.42 1,319.00 0.00	
-	6. Subtract line 5 from line 4	7 and 8	ut less than \$527 350,842.40 263,800.00 87,042.40\$\$	870.42 1,319.00 0.00	
otal Remittance	6. Subtract line 5 from line 4	7 and 8	ut less than \$52; 350,842.40 263,800.00 87,042.40\$\$	7,600) 870.42 1,319.00 0.00 \$	
Filing Fee and otal Remittance Due	6. Subtract line 5 from line 4	7 and 8	ut less than \$52; 350,842.40 263,800.00 87,042.40\$\$	870.42 1,319.00 0.00 \$ 2,189.42 20.00	2,189.42

Accounting Period:	2022/2			FORM	SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: COMMUNICATIONS COOP	ASSOCIATION INC.		SYSTEM ID# 2995
M Channels	to its subscribers	number of channels on which t	channels on which the cable system carried television broad number of activated channels during the accounting pothe cable	eriod.	
	on which the ca	number of activated channels able system carried television b ast services		186	
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account.	R INFORMATION IS NEEDED (Identify an individual to v	whom	
for Further Information	Name	Marcia Huber		Telephone <b>605-437-2615</b>	
	Address	PO Box 7 (Number, street, rural route, apartme	nt, or suite number)		
		Herreid, SD 57632-000 (City, town, state, zip)	7		
	Email	marcia.h@valleyt	el.coop Fax (option	nal)	
•	CERTIFICATION	(This statement of account mus	st be certified and signed in accordance with Copyright O	ffice regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check one	,but only one, of the boxes.)		
	(Owne	r other than corporation or par	tnership) I am the owner of the cable system as identified in	ı line 1 of space B; or	
			on or partnership) I am the duly authorized agent of the ow ner is not a corporation or partnership; or	ner of the cable system as identified	
		er or partner) I am an officer (if a ine 1 of space B.	corporation) or a partner (if a partnership) of the legal entity	ridentified as owner of the cable system	
		e, and correct to the best of my kr	reby declare under penalty of law that all statements of fact nowledge, information, and belief, and are made in good fait		
			X /s/ Jeff Symens		
			nter an electronic signature on the line above to certify this st nter signature using an "/s/ signature" (e.g., /s/ John Smith)	atement.	
		Typed or printed n	ame: Jeff Symens		
			General Manager/CEO sial position held in corporation or partnership)		
		Date:	February 2	23, 2023	

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Owner Address

ID number

First community served Accounting period SYSTEM ID#

VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.	2995
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  YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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.	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.	

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