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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT		
Cable Systems (Short Form)	2/7/23	\$	For additional information, contact the U.S. Copyright	
General instructions are located in the first tab of this workbook	2/1/23	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150	
		ALLOCATION NOMBER		
A ACCOUNTING PERIOD COV	/ERED BY THIS STATEMENT: (Y	'YYY/(Period))		
2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period				
B Instructions: Give the full legal name of the title of the subsidiary, not that	owner of the cable system. If the owner is a sub of the parent corporation.	osidiary of another corporation, give the full	corporate	
Owner List any other name or names u	under which the owner conducts the business of	f the cable system.		
	during the accounting period, only the owner or d royalty fee payment covering the entire accou		d submit a	
Check here if this is the system	's first filing. If not, enter the system's ID numbe	er assigned by the Licensing Division.	36879	
LEGAL NAME OF OWNER	R/MAILING ADDRESS OF CABLE SYSTE	И		
SJOBERGS CABLEVISION	INC			
	WNER OF CABLE SYSTEM (IF DIFFEREN	T)		
MAILING ADDRESS OF OV 315 MAIN AVE N	VNER OF CABLE SYSTEM			
(Number, street, rural route, apartme				
(City, town, state, zip)	S, MN 56701-1905			
	any business or trade names used to ide 3. In line 2, give the mailing address of t	,	2	
System	YSTEM:			
MAILING ADDRESS OF CABLE	E SYSTEM:			
2 (Number, street, rural route, apartme	nt or suite number)			
(Number, sueet, furai route, apartmen ((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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 36879
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	
First	CITY OR TOWN NEWFOLDEN	STATE MN
Community		
Rows as Necessary		
		***************************************

								FORM SA1	TEM IC
Name	LEGAL NAME OF OWNER OF O							313	3687
	SJOBERGS CABLEVIS								
Е	SECONDARY TRANSMISSION								
<b>_</b>	In General: The information in system, that is, the retransmissi	•		-		•			
Secondary	about other services (including								
Transmission	last day of the accounting period	d (June 30 or D	ecembe	er 31, as the ca	ase may b	e).		0	
Service: Sub-	Number of Subscribers: Bot								
scribers and Rates	down by categories of secondar each category by counting the r								
Nates	separately for the particular service							scharged	
	Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed	· · ·	,			ard rate variation	is within a	particular rate	
	category, but do not include dis Block 1: In the left-hand block					condary transmi	ssion son	ice that cable	
	systems most commonly provid								
	that applies to your system. No								
	categories, that person or entity								
	subscriber who pays extra for ca						nder "Serv	ice to the	
	first set" and would be counted Block 2: If your cable system	0			( )		e different	from those	
	printed in block 1 (for example,	-		•					
	with the number of subscribers	and rates, in the	e right-h	and block. A t	wo- or thre	ee-word descript	ion of the	service is	
	sufficient.							<u> </u>	
	BL	OCK 1 NO. OF					BLOCI	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Residential:						_		
	Service to first set		46	96.29	MOTEL	_ EXTRA SE	Γ	18	1.50/
	<ul> <li>Service to additional set(s)</li> </ul>	N/A							
	• FM radio (if separate rate)	N/A							
	Motel, hotel	N/A							
	Commercial	N/A							
	Converter	N/A							
	Residential	N/A							
	Non-residential	N/A							
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
-	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,								
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• •	,	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the	rate column.				C C		0	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a				-	-			
	brief (two- or three-word) descri								
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE		-	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res			0,1120		
	• Pay cable		• Mot	el, hotel					
	• Pay cable—add'l channel		• Cor	nmercial					••••••••
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	nannel				••••••••
	Installation: Residential		• Fire	protection					
	• First set		• Bur	glar protection					
	1		Other s	ervices:					
	<ul> <li>Additional set(s)</li> </ul>	II					[		
	<ul><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		• Rec	connect					
	. ,			connect connect					
	• FM radio (if separate rate)		• Disc						

	LEGAL NAME OF OWNER OF	E CABLE SYSTEM		SYSTEM
ame	SJOBERGS CABLEV			368
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1</b> : List each station multicast stream associated "WETA-2" as the same on <b>Column 2</b> : Give the channe of license. For example, W <b>Column 3</b> : Indicate in each educational station, by ente (for independent multicast), For the meaning of these to <b>Column 4</b> : Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate inctions 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. SPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KOLL	2	-	
	KGFE	2	E	GRAND FORKS, ND
	KXJB	4	E N	GRAND FORKS, ND VALLEY CITY, ND
√ecessary		•••		
Necessary	КХЈВ	4		VALLEY CITY, ND
Necessary	KXJB KCPM	4	N	VALLEY CITY, ND GRAND FORKS, ND
ecessary	KXJB KCPM WDAZ	4 5 8	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND
Necessary	KXJB KCPM WDAZ KVLY	4 5 8 11	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND
Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
s Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
s Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
s Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
as Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
as Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
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as Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
as Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
as Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
as Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
as Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
as Necessary	KXJB KCPM WDAZ KVLY KBRR	4 5 8 11 10	N	VALLEY CITY, ND GRAND FORKS, ND DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN

SJOBERGS	CABLEVIS	ION IN	С					SYSTEM I 368
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Sive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FOR	SYSTEM ID#
Name	SJOBERGS CABLEVI							36879
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM L	OG			
	In General: In space I, ident	tify every non	nnetwork televi	<i>ision program,</i> broadcast l	oy a <i>distant</i> sta	tion, that yo	our cable sys	stem carried on a
	substitute basis during the a							
	explanation of the programm				the general ins	structions ir	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	•	ir cable syster	n carry, on a substitute b	asis, any noni	network tel		
Program Log	broadcast by a distant sta				- "X "		YES	NO
	Note: If your answer is "No log in block 2.	b, leave the	rest of this pa	ige blank. If your answer	is res, you i	nust comp	lete the pro	gram
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett	a distant stati egulations, o ries like "mo . Bulls." m was broad sign of the s adcast statio nadian statio nth and day ive "5/7." es when the . Example: a	tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (" ons, if any, the when your sy e substitute pr a program carr	our cable system substit ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente sasting the substitute pro the community to which t e community with which t stem carried the substitu ogram was carried by yo ried by a system from 6:0	uted for the pro- eneral instruct ram titles, for e "No." gram. he station is li- he station is li- te program. U- ur cable syste 01:15 p.m. to 6	ogramming ions for fur example, "I censed by entified). se numera m. List the :28:30 p.m	y of another ther informa Love Lucy' the FCC or, ls, with the times accur n. should be	station ation. ' or , in month rately
	to delete under FCC rules a was substituted for program	and regulation	ons in effect d	uring the accounting per	iod; enter the l	etter "P" if	the listed p	
	to delete under FCC rules	and regulation mming that y	ons in effect d	uring the accounting per	iod; enter the l ider FCC rules	etter "P" if and regul	the listed pr ations in	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation mming that y S. UBSTITUTE	ons in effect d your system w E PROGRAM	luring the accounting per as permitted to delete ur	iod; enter the lader FCC rules WHE CARRI	etter "P" if and regul N SUBST	the listed prations in	7. REASON FO
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	S	STEM ID# 36879
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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	3,955.83 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 \$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	-	02.00
	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		
	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 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
	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		nts!

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 36879
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcass to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations	st stations
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Richard J Sjoberg	Telephone 218-681-3044
Information	Address 315 Main Ave N (Number, street, rural route, apartment, or suite number) Thief River Falls, MN 56701 (City, town, state, zip)	
	Email rsjoberg@mncable.net Fax (optional) 2	218-681-6801
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re</li> <li>I, the undersigned, hereby certify that (Check one,<i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ider in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact conta are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	1 of space B; or of the cable system as identified ntified as owner of the cable system
	X       /s/ Richard J Sjoberg         Enter an electronic signature on the line above to certify this stateme Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Richard J Sjoberg	ent.
	Title: President (Title of official position held in corporation or partnership)	
	Date: 01/30/2023	

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

AL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 8
	SYSTEM ID
OBERGS CABLEVISION INC	36879
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 s scribers 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 transmission made by satellite carriers to satellite dish owners?         X       NO	ub- Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address	
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	Interest Assessment
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	days
x       x         Line 2 Multiply line 1 by the interest rate* and enter the sum here       x         x       x         Line 3 Multiply line 2 by the number of days late and enter the sum here       x 0.00274	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	- ´
Line 3 Multiply line 2 by the number of days late and enter the sum here       x         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       \$	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3       Multiply line 2 by the number of days late and enter the sum here	
Line 3       Multiply line 2 by the number of days late and enter the sum here	

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 the 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.