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

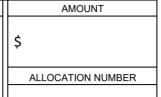
STATEMENT OF ACCOUNT

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 8/28/2023



Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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 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.	24031
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(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 unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System		IDENTIFICATION OF CABLE SYSTEM:	
-	1	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. BOX 428	
	~	(Number, street, rural route, apartment, or suite number)	
		BROWNSVILLE, KY 42210	
	<u> </u>	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
Name	MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	2403
D	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated community or municipal entity (including unincorporated community or C.F.R. 76.5(dd). The first community that you list will served	' is the same as a "community unit" as defined in FCC rules: "a nities within unincorporated areas and including single, discre
_	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the identifi
Area Served	city.	
	CITY OR TOWN	STATE
First	MORGANTOWN	KY
Community	BUTLER CO.	KY KY
	BROWNSVILLE EDMONSON CITY	KY KY
dd Rows as Necessary	EDMONSON CITY	

								FORM SA1-	TEM ID
Name	LEGAL NAME OF OWNER OF C/ MEDIACOM SOUTHEAS		RGAN					515	2403
				iom,ici)					
Е	SECONDARY TRANSMISSION							the echle	
-	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n	•		•		•			
	separately for the particular serv	rice at the rate	indicate	ed-not the num	ber of set	ts receiving service	vice).	-	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc	· · ·		,	iy standa	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	ssion servi	ice that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-i	nand block. A tw	o- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOC	٢2	
		NO. OF		DATE	0.4.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		165	40.49-53.04					
	Service to additional set(s)		105	40.49-55.04					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-53.04					
	Converter								
	Residential								
	Non-residential			······					
								ł	
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rai	•	'		•				
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	/ billed. If any rat	tes are ch	narged on a vari	able per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cab	le system for ea	ch of the	applicable servi	ces listed		
Rates	Block 2: List any services that			-				t were not	
	listed in block 1 and for which a				hed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and includ	le the r	ate for each.			T		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE
				ation: Non-resi	dential		Family	Cabla	
	Continuing Services:						Family		####
	• Pay cable	PP		otel, hotel				Cable	####
	• Pay cable • Pay cable—add'l channel	PP PP	• Co	mmercial				Cable	####
	Pay cable Pay cable—add'l channel Fire protection		•Co •Pa	mmercial y cable	annel			Cable	####
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		•Co •Pa •Pa	mmercial y cable y cable-add'l cha	annel				####
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	PP	•Co •Pa •Pa •Fin	mmercial y cable y cable-add'l cha e protection	annel				####
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	PP 109.99	∙Co ∙Pa ∙Pa ∙Fir ∙Bu	mmercial y cable y cable-add'l cha e protection rglar protection	annel				####
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP	•Co •Pa •Pa •Fir •Bu Other	mmercial y cable y cable-add'l cha e protection rglar protection services:	annel	49.00			####
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	PP 109.99 49.00	•Co •Pa •Pa •Fin •Bu Other •Re	mmercial y cable y cable-add'l cha e protection rglar protection services: connect	annel	49.00			###1
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP 109.99	• Co • Pa • Fir • Bu Other • Re • Dis	mmercial y cable y cable-add'l cha e protection rglar protection services:	annel	49.00			****

Accounting Period: 2	2023/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	MEDIACOM SOUTHEA	AST LLC (MORGANTOWN,KY)		24031
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	a during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t b(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrie in concerning substitute basis stations 's call sign. <i>Do not</i> report origination p with a station according to its over-the ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), of each station. For U.S. stations, lis	translator stations and low power telect (1) stations carried only on a part-tim the carriage of certain network program (1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substi- the Special Statement and Program Loc d both on a substitute basis and also of see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a n (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	e basis under ns [sections ns carried on a titute program bg)—if the on some other ns. I, etc. Identify each multistream e air in its community noncommercial dent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		13	N I M	BOWLING GREEN, KY
	WBKO-DT2/WBKO-DT2 (HD)	13.2	I-M	BOWLING GREEN, KY
Add Rows as Necessary	WBKO-DT3 CW	13.3	I-M	BOWLING GREEN, KY
	WKGB/WKGB(HD) PBS	48	E	BOWLING GREEN, KY
	WKGB-DT2 KET2 (HD)	48.2	I-M	CHICAGO, IL
	WKGB-DT3 KY3	48.3	I-M	CHICAGO, IL
	WKGB-DT4 KET PBS Kids	48.4	E-M	CHICAGO, IL
	WKYU/WKYU(HD) PBS	18	E	CHICAGO, IL
	WKYU-DT2 Create	18.2	I-M	CHICAGO, IL
	WKYU-DT3 Radar	18.3	I-M	CHICAGO, IL
	WNKY/WNKY(HD) NBC	16	N	BOWLING GREEN, KY
	WNKY-DT2/WNKY-DT2 (HD) (16.2	I-M	BOWLING GREEN, KY
	WPBM IND	46	I	SCOTTSVILLE, KY
	WSMV NBC	10	N	NASHVILLE, TN
	WZTV FOX	15	I	NASHVILLE, TN
				·······

Accounting P	eriod: 2023	/1					FOR	M SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
MEDIACOM	SOUTHEA	STLLC	(MORGANTOWN,KY)					24031
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing	y the sys be recein at the Co sign of e the station ion's sign g a check	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante his point, see pa his point, see pa ed by the cable s	adend, and (2 mna, during ce ge (v) of the ge system as a se) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
			on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (I	MORGANTO	WN,KY)				24031
	SUBSTITUTE CARRIAGE							
∎ Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	CC rules, regula	ations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TUTE CARRIAGE				
Special Statement and	• During the accounting per	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork telev	ision prograr	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this nao	e blank. If your answer is	"Yes " vou mi	ust complet		m
	log in block 2.	, leave the	rest of this pag		, ico, you in	dot comple	te the progra	
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst	titute progra	im on a separa		wherever pos	ssible, if the	eir meaning is	3
	clear. If you need more spa				n no aro no") the	at during th		
	Column 1: Give the title period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorizations	s. See page (v) of the ger	neral instructio	ns for furth	er informatio	n.
	Do not use general categor		vies" or "baske	tball." List specific progra	m titles, for ex	ample, "I L	ove Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live enter	r "Yes " Otherwise enter "	No "			
	Column 3: Give the call							
	Column 4: Give the broa						e FCC or, in	
	the case of Mexican or Can Column 5: Give the mor						with the mo	oth
	first. Example: for May 7 giv		when your sys		program. Osc	numerais,		iui
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. s	should be	
	Column 7: Enter the lett	er "R" if the	listed program	was substituted for progr	amming that y	/our system	n was <i>require</i>	d
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting perio	d; enter the let	tter "P" if th	e listed prog	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete und	er FCC rules a	and regulat	ions in	
								•
	s	UBSTITUT	E PROGRAM			EN SUBST	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							-	
		1					_	
		+						
		+	+				_	
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Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	S	YSTEM ID# 24031
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	3,716.91 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$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 the	nis 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	7,600)	
	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 Foc and			
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
	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		its!

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: OUTHEAST LLC (MORGAN	TOWN,KY	()		SYSTEM ID 24031
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system's to al number of channels on which ed television broadcast stations al number of activated channels e cable system carried television	otal numbe n the cable n broadcast	on which the cable system carried tele r of activated channels during the acc	ounting period.	21 66
N Individual to		O BE CONTACTED IF FURTHI t about this statement of account		MATION IS NEEDED (Identify an indiv	vidual to whom	
Be Contacted for Further Information	Name	Kenneth J. Kohrs			Telephone 8	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartme Mediacom Park, NY 1 (City, town, state, zip)		number)		
	Email	Copyrights@mec	diacomcc.	com	Fax (optional	
	CERTIFICATION	(This statement of account mus	st be certifi	ed and signed in accordance with Cop	oyright Office regulations)	
O Certification	(Ownord (Ownord (Agenord (Agen	t of owner other than corporati in line 1 of space B and that the cer or partner) I am an officer (if in line 1 of space B. d the statement of account and he	rtnership) ion or part owner is no a corporation ereby decla	one, of the boxes.) I am the owner of the cable system as i nership) I am the duly authorized agent ot a corporation or partnership; or on) or a partner (if a partnership) of the I re under penalty of law that all statemen , information, and belief, and are made i	of the owner of the cable syst legal entity identified as owner its of fact contained herein	tem as identified
			Enter an ele	's/ Kenneth J. Kohrs ectronic signature on the line above to cer sure using an "/s/ signature" (e.g., /s/ Joh		
			Group V	Kenneth J. Kohrs /ice President, Financial Rej	porting	
		(Title Date:	e of official po	sition held in corporation or partnership)	8/3/2023	

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unting Period: 2023/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (MORGANTOWN,KY)	2403
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 fol- lowing 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 sub- 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	P Special Statement Concerning Gross Receipts Exclusion
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.	
Name Mailing Address Mailing Address	
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 Assessmen
	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L

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