THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

Return to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/28/23	\$ ALLOCATION NUMBER				

Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:						
Accounting Period		January 1-June 30, 202	3						
B	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. 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. 27830 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	LE	Eagle Communications Inc.							
				2		20231			
					27830	2023/1			
		PO Box 817							
		Hays KS 67601							
С				tify the business and operation of the system e system, if different from the address given i					
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite nu	mber)						
		(City, town, state, zip code)							
D	in F	CC rules: "a separate and distinct c	ommunity or municipal entitiy (inclu	A "community" is the same as a "community ding unincorporated communites within unin	corporate	d			
Area		0 0 1	. ,	.5(dd). The first community that list will serve use it as the first community on all future filing		n			
Served		e: Entities and properties such as he identified city.	otels, apartments, condiminiums, or	mobile home parks should be reported in pa	ıratheses	below			
F *4	Ца	CITY OR TOWN	STATE KS	CITY OR TOWN	ST	ATE			
First Community	по	Xie	NS .						

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 effects 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.

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYS	STEM:	SYSTEM ID#			
Name	Eagle Communications Inc.			27830		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
_						
D						
(continued)						
Area						
Served						
			- 1111111111111111111111111111111111111			

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 27830 **Eagle Communications Inc.** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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 BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 21.95 · Motel, hotel · Pay cable • Pay cable—add'l channel 66.50 Commercial Fire protection • Pay cable Burglar protection Pay cable-add'l channel Installation: Residential Fire protection First set Burglar protection 15.00 Additional set(s) Other services: 5.00

Reconnect

Disconnect

Outlet relocation

· Move to new address

2.50

30.00

49.99

• FM radio (if separate rate)

Converter

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Eagle Communications Inc.

27830

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 specifc 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.
 - **Column 2:** Give the number of the channel on which the station's broadcasts are carried in its own community.

This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.

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.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KAAS MyNetwork .2	24.2	I-M	Wichita KS
KAAS - FOX	24	<u> </u>	Wichita KS
KAAS Comet .3	24.3	I-M	Wichita KS
KAAS HD FOX	24.1	I-M	Wichita KS
KAKE ABC	10	N	Wichita KS
KAKE HD ABC	10.1	N-M	Wichita KS
KAKE MeTV .2	10.2	I-M	Wichita KS
KBSH CBS	7	N	Hays KS
KBSH HD CBS	7.1	N-M	Hays KS
KBSH Hero's & Icon	7.3	I-M	Hays KS
KBSH Wx .2	7.2	I-M	Hays KS
KMTW Charge TV .3	36.3	I-M	Hutchinson KS
KMTW DABL	36	l	Hutchinson KS
KMTW DABL HD	36.1	I-M	Hutchinson KS
KMTW Stadium .2	36.2	I-M	Hutchinson KS
KOOD Create PBS .3	16.3	Е-М	Hays KS
KOOD HD PBS	16.1	E-M	Hays KS
KOOD Kids PBS .2	16.2	E-M	Hays KS
KOOD PBS	16	E	Hays KS
KSCW Antenna .3	33.3	I-M	Wichita KS
KSCW CW	33	<u> </u>	Wichita KS
KSCW-Catchy Come	33.2	I-M	Wichita KS
KSCW HD CW	33.1	I-M	Wichita KS

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27830

Eagle Communications Inc.



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 specifc 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.

Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream

associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.

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.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KSCW Start TV .4	33.4	I-M	Wichita KS
KSNC HD NBC	2	N	Great Bend KS
KSNC NBC	2.1	N-M	Great Bend KS
KSNC Telemundo .2	2.2	I-M	Great Bend KS
KSNC True Crime .4	2.4	I-M	Great Bend KS

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	FOWNER OF C	CABLE SY	/STEM:					SYSTEM ID#	Name
Eagle Comm	nunications	Inc.						27830	
	NOMITTERS	DADIO							
PRIMARY TRA			rried on a separate and discre	۵ta	a hasis and list t	hose FM stati	one carr	ied on an	Н
			enerally receivable" by your ca						• •
Snocial Instruc	Primary								
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.									Transmitters: Radio
For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried.								l instructions.	
		-	n is AM or FM.						
			nal was electronically process	ed	d by the cable sy	/stem as a sep	oarate a	nd discrete	
			mark in the "S/D" column.	_	_4_4: :_ !!		S :- 41	f	
			on (the community to which th the community with which the				or, in u	ie case oi	
		, ,,	,			,			
CALL CICN	AM 27 FM	C/D	LOCATION OF STATION		CALL CICN	ΛΜ az ΕΜ	C/D	LOCATION OF STATION	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				İ					
				-					
				ľ					
				-					
				F					
				-					
				F					
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				ıt					

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				;	SYSTEM ID#		
Name	Eagle Communication	s Inc.						27830		
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the ac explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title	E: SPECIA ify every no ecounting pe ing that must T CONCEP riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no	nnetwork televineriod, under spest be included in RNING SUBS ur cable system e rest of this parameter attach addition onnetwork televineriod, under specific properties of the specific	sion program broadcast by ecific present and former FC in this log, see page (v) of the TITUTE CARRIAGE in carry, on a substitute base age blank. If your answer that line. Use abbreviation all pages.	a distant statice rules, regune general instants asis, any nonics "Yes," you as wherever perprogram) the	lations, or authorized and tructions. network telever must complete consible, if the lat, during the	rision progra Yes te the progra	a carried on a For a further am XNo am		
	Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	egulations, ories like "mo Bulls." m was broasign of the adcast statinadian statinath and day we "5/7." es when the Example: ter "R" if the and regulative gramming	or authorization ovies" or "bask adcast live, ent station broaddion's location (ons, if any, the when your sy le substitute program care listed programions in effect of	ns. See page (v) of the general sets and it is the specific program of the substitute program of the community to which the community with which the stem carried the substitute ogram was carried by your ried by a system from 6:0 m was substituted for progluring the accounting perioder of the substituted for progluring the substitute	eneral instruction am titles, for a "No." gram. ne station is lifted program. Use program. Use program. Use program. to 6 gramming that od; enter the	censed by the lentified). Is a numerals, em. List the tire 5:28:30 p.m. styletter "P" if the	er informatiove Lucy" of e FCC or, in with the mes accura should be n was require e listed pro	on. or onth tely		
	SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S					EN SUBSTIT IAGE OCCU 6. TII	JRRED	RED 7. REASON		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО			
					-					

FORM SA1-2.	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID# 27830	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	rice	K Gross Receipts
		of gross receipts)	
Instructions • • • •	TROYALTY FEE : To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		L Copyright Royalty Fee
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mor accounting period is \$52.00	ni	
	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		
	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 recepits (under statutory formula)	0	
	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	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 # Not Av	/ailable	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inf	formation.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc. SYSTEM ID# 27830							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations							
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 200							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)							
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-235-8313							
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)							
	Rye Brook, NY 10573 (City, town, state, zip)							
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)]							
	Handwritten signature: /s/ Daniel J White							
	Typed or printed name: Daniel J White							
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)							
	Date: 8/25/23							

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST	EM ID#	Name
Eagle Communications Inc.	27830	Name
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."		P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. 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		Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
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.		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	-	
x	days	
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** enter here and on line 3, block 4, space L, (page 7)	-	
(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@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.		
Owner Address		
ID number		
First community served		
Accounting period		

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