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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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	ACC	ACCOUNTING 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)								
counting 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								
		MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)								
		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 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	4	IDENTIFICATION OF CABLE SYSTEM:								
	1	MEDIACOM SOUTHEAST LLC								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite number)								
		EXCELSIOR SPRINGS, MO 64024								
		(City, town, state, zip code)								

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/28/2023

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.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	SYSTEM ID# 4026				
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First Community	CARROLTON	MO				
Add Rows as Necessary						
Add hows as Necessary						

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							SYSTEM ID#	
Name	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)									
	SECONDARY TRANSMISSION		BSCRIB		FS					
E	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		bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission Service: Sub-										
scribers and							,			
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular servi									
	Rate: Give the standard rate cl unit in which it is generally billed.	-	-	•			-			
	category, but do not include disc	•	,		Stanuart		wiunn a pa			
	Block 1: In the left-hand block				es of seco	ndary transmis	sion service	e that cable		
	systems most commonly provide									
	that applies to your system. Note categories, that person or entity			0		0				
	subscriber who pays extra for cal									
	first set" and would be counted o									
	Block 2: If your cable system h	-		•						
	printed in block 1 (for example, ti with the number of subscribers a									
	sufficient.	nd rates, in the	e ngnt-na	and DIOCK. A LWC	- or three	-word descriptio	on of the se	ervice is		
		DCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	000001110			0, 11					
	 Service to first set 		153	74.49						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO		NSMISS	IONS: RATES						
F	In General: Space F calls for rate									
	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	5	•	-	0			0 ()			
Other Than	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,									
Secondary	enter only the letters "PP" in the rate column.									
Fransmissions: Rates	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			tion: Non-resid	lential					
	• Pay cable	PP		el, hotel			FAMIL	(105.0	
	• Pay cable—add'l channel	PP		nmercial						
	Fire protection		-	cable						
	•Burglar protection		-	cable-add'l cha	nnel					
	Installation: Residential	400.00		protection						
	First set	109.99		glar protection						
	Additional set(s) EM radio (if separate rate)	49.00		ervices:		40.00				
	 FM radio (if separate rate) Converter 	40.50		onnect connect		49.00				
	- CONVERTER	10.50		let relocation		49.00				
			Jour			43.00				
			• Mos	e to new addre	ee					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MEDIACOM SOUTHE	AST LLC (CARROLLTON, MO)		40					
	PRIMARY TRANSMITTERS:			-					
G	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 program	s [sections					
Primary		(2) and (4), or 76.63 (referring to 76.61)	e)(2) and (4))]; and (2) certain statio	ns carried on a					
Fransmitters: Television		explained in the next paragraph. With respect to any distant stations carr	ied by your cable system on a subst	itute program					
10101101011	basis under specific FCC rul	es, regulations, or authorizations:							
	 Do not list the station here 	in space G-but do list it in space I (the	Special Statement and Program Lo	g)—if the					
	station was carried only on a	a substitute basis. so in space I, if the station was carried b	oth an a substitute basis and also a	a same other					
		concerning substitute basis stations, se							
	Column 1: List each station	s call sign. Do not report origination pro	gram services such as HBO, ESPN	, etc. Identify each					
	multicast stream associated "WETA-2" as the same on the	with a station according to its over-the-a	ir designation. For example, report	multistream					
		number the FCC assigned to the televis	sion station for broadcasting over the	air in its community					
		C is channel 4 in Washington, D.C.							
		case whether the station is a network sta ng the letter "N" (for network), "N-M" (fo							
		E" (for noncommercial educational), or							
	For the meaning of these ter	ms, see page (iv) of the general instruct	ions in the paper SA1-2 form.						
		of each station. For U.S. stations, list th							
	FCC. For Mexican or Canad	ian stations, if any, give the name of the	community with which the station is	identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO					
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO					
Rows as Necessary	KCPT-DT3 PBS Create	18.3	E-M	KANSAS CITY, MO					
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO					
	KCTV/KCTV(HD)CBS	24	N	KANSAS CITY, MO					
	[
	KCTV-DT2 Circle	24.2	I-M	KANSAS CITY, MO					
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO					
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO					
	KCWE CW/KCWE CW HD	31	<u> </u>	KANSAS CITY, MO					
	KCWE-DT2 True Crime	31.2	I-M	KANSAS CITY, MO					
	KGKC Telemundo	39		LAWRENCE, KS					
	KGKM Telemundo	36		COLUMBIA, MO					
	KMBC/KMBC(HD)ABC	29	N	KANSAS CITY, MO					
	KMBC-DT2 METV	29.2	I-M	KANSAS CITY, MO					
	KMCI/KMCI (HD) IND	41	<u> </u>	LAWRENCE, KS					
	KMCI-DT2 BOUNCE TV	41.2	I-M	LAWRENCE, KS					
	KMCI-DT3 ION Mystery	41.3	I-M	LAWRENCE, KS					
	KMOS PBS	15	E	SEDALIA, MO					
	KPXE ION/KPXE ION HD	51	<u> </u>	KANSAS CITY, MO					
	KPXE-DT2 Court	51.2	I-M	KANSAS CITY, MO					
		51.3							
	KPXE-DT3 Defy	51.3	I-M	KANSAS CITY, MO					
	KPXE-DT4 Scripps News	51.4	I-M	KANSAS CITY, MO					
	KPXE-DT5 JTV	51.5	I-M	KANSAS CITY, MO					
	KQTV ABC	7	N	ST JOSEPH, MO					
	KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO					
	KSHB-DT2 Grit	42.2	I-M	KANSAS CITY, MO					
	KSHB-DT3 LAFF	42.3	I-M	KANSAS CITY, MO					
	KSHB-DT4 getTV	42.4	I-M	KANSAS CITY, MO					
	KSMO/KSMO (HD) MYNET	47	I	KANSAS CITY, MO					
	KSMO-DT2 thegrio	47.2	I-M	KANSAS CITY, MO					
	KSMO-DT3 DABL	47.3	I-M	KANSAS CITY, MO					
	KSMO-DT4 Cozi TV	47.4	I-M	KANSAS CITY, MO					
	KSMO-DT5 COMET	47.5	I-M	KANSAS CITY, MO					
	WDAF/WDAF(HD) FOX	34	<u> </u>	KANSAS CITY, MO					
	WDAF-DT2 ANTENNA TV	34.2	I-M	KANSAS CITY, MO					
	WDAF-DT3 Court TV	34.3	I-M	KANSAS CITY, MO					
	WDAF-DT4 TBD	34.4	I-M	KANSAS CITY, MO					
	L								
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Accounting P	eriod: 2023	/1					FORM	M SA1-2E. PAGE 4.
LEGAL NAME OF			YSTEM: CARROLLTON, MO)					SYSTEM ID# 4026
			· · ·					
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
receivable if (1) on the basis of	it is carried by monitoring, to	y the sys be recei	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s	the system's hea system's FM ante	adend, and (2) nna, during ce) it can b ertain sta	be expected, ated intervals.	Primary Transmitters: Radio
paper SA1-2 for Column 1: Id	rm. lentify the call	sign of e	pyright Office regulations on the each station carried.	his point, see paç	ge (v) of the ge	eneral in	structions in the.	
Column 3: If signal, indicate	the radio stati this by placing	ion's sigr g a checł	n is AM or FM. nal was electronically processe < mark in the "S/D" column.					
			on (the community to which 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	
	1		1		1	l	1	

Accounting Perio	od: 2023/1					FO	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#		
name	MEDIACOM SOUTHEA	ST LLC (CARROLLTO	ON, MO)			4026		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì				
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations	. For a further		
Carriage:	1. SPECIAL STATEMENT								
Special Statement and	During the accounting per	iod, did you	ir cable system	carry, on a substitute bas	is, any nonne	twork television progra	ım		
Program Log	broadcast by a distant stat	tion?				YES	× NO		
0 0	Note: If your answer is "No"	" leave the	rest of this pac	e blank. If your answer is	"Yes " vou mi				
	log in block 2.	, leave the			res, you m				
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was separated to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was perintited to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming								
	effect on October 19, 1976.		TE PROGRAM	WHE	7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
						_			
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Accounting Period:	2023/1		FORM SA	1-2E. PAGE 6.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)		SI	/STEM ID# 4026		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondar (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ry transmis pute this am	sion service nount, see	,422.19 ss receipts)		
L Copyright Royalty Fee						
	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 accounting period is \$52.00	t pay for this	six-month			
	Line 1. Royalty fee for accounting period		\$	52.00		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		\$	52.00		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more that	an \$137,10				
	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 the	han \$527,6	600)			
	1. Enter the amount of gross receipts from space K					
	2. Base amount under statutory formula \$ 263	,800.00				
	3. Subtract line 2 from line 1					
	4. Multiply line 3 by .01					
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319.00			
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	· · · · · · · · · · <u> </u>				
	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 t See page i of the general instructions in the paper SA1-2 form for more			ts!		

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC (CARROLLTON, MO)	SYSTEM ID# 4026
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	You must give (1) the number of channels on which the cable system carrie ers, and (2) the cable system's total number of activated channels during th al number of channels on which the cable ed television broadcast stations	the accounting period.
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an t about this statement of account.)	n individual to whom
for Further Information	Name	Kenneth J. Kohrs	Telephone 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email	Copyrights@mediacomcc.com	Fax (optional
	CERTIFICATION	(This statement of account must be certified and signed in accordance wit	th Copyright Office regulations)
O Certification		ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system	m as identified in line 1 of space B; or
		at of owner other than corporation or partnership) I am the duly authorized in line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of in line 1 of space B.	
	are true, comp	d the statement of account and hereby declare under penalty of law that all stat ete, and correct to the best of my knowledge, information, and belief, and are n tion 1001(1986)]	
		X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., /	
		Typed or printed name: Kenneth J. Kohrs	
		Title: Group Vice President, Financia (Title of official position held in corporation or partnership	
		Date:	8/3/2023

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ccounting Period: 2023/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
IEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	4026
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
xLine 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@loc.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.	
OwnerAddress	
ID number First community served Accounting period	

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