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		FOR COPYRIGH	by email to:					
for Secondary Trans		DATE RECEIVED	AMOUNT					
Cable Systems (Sho General instructions are in the first tab of this wo	located	07/31/2023	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
	ITING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
202	3/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional	- see instructions)					
Accounting Period								
Give	ructions: the full legal name of the owner of t of the subsidiary, not that of the par		idiary of another corporation, give the full c	orporate				
Owner List	List any other name or names under which the owner conducts the business of the cable system.							
	-	g the accounting period, only the owner on the last day of the accounting period should submit a alty fee payment covering the entire accounting period.						
Che	ck here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	61423				
LE	GAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
CA	BLE & CELLULAR COMMUNICA	TIONS, LLC						
		F CABLE SYSTEM (IF DIFFERENT	Γ)					
МА	ILING ADDRESS OF OWNER OF	CABLE SYSTEM						
(h)	D. BOX 280 ber, street, rural route, apartment, or suite r	umber)						
CI	RCLE, MT 59215 , town, state, zip)							
			ntify the business and operation of th					
	NTIFICATION OF CABLE SYSTEM:	z, give the maning address of th	e system, if different from the addres					
MAI	LING ADDRESS OF CABLE SYSTEM	1:						
2 (Nun	iber, street, rural route, apartment, or suite r	number)						
(City	, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE & CELLULAR COMMUNICATIONS, LLC	61423
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated of discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
_		STATE
First Community	SIDNEY FAIRVIEW	MT MT
,		
Add Rows as Necessary		

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CABLE & CELLULAR C	OMMUNICA		S, LLC					6142		
	SECONDARY TRANSMISSION		IBSCRI	BERS AND R	ATES						
E	n General: The information in space E should cover all categories of secondary transmission service of the cable										
	system, that is, the retransmission										
Secondary	about other services (including p						those exist	ing on the			
Transmission Service: Sub-	,	ast day of the accounting period (June 30 or December 31, as the case may be).									
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the n	, umber of billing	gs in tha	at category (the	number c	f persons or or	ganizations	charged			
	separately for the particular serv					•	,				
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•			-	-			
	category, but do not include disc	· ·	,		-		is within a				
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce 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	0									
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in the	e right-n	iand Diock. A t	NO- or thre	e-wora descrip	tion of the s	service is			
		DCK 1					BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:	CODOCIND	LINO		0/11		WICE	CODOCIADENCO	10(11		
	Service to first set		602	46.95							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel		4	13.50							
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S						
F	In General: Space F calls for ra	•	'		•						
I	not covered in space E, that is, t service for a single fee. There ar										
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the										
ransmissions: 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										
nutoo	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		BL			BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res	idential			-			
	• Pay cable			tel, hotel					####		
	Pay cable—add'l channel Fire protection		-	nmercial				/ENCORE	#### 21.9		
	Fire protection Burglar protection		-	/ cable / cable add'l cl	annel			TIME/TMC	21.9		
	•Burglar protection Installation: Residential		-	/ cable-add'l cł e protection	annen		HBO		24.9 29.9		
	First set	25.00		glar protection					20.0		
	Additional set(s)			services:							
	• FM radio (if separate rate)			connect		25.00					
	• Converter			connect							
				let relocation							
	i i i i i i i i i i i i i i i i i i i			-			k				
			• Mov	ve to new addr	ess	25.00					

unting Period: 2	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEN				
Name		R COMMUNICATIONS, LLC		61				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary	In General: In space G, id carried by your cable syste FCC rules and regulations	lentify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.61	(1) stations carried only on a part e carriage of certain network prog	t-time basis under grams [sections				
ansmitters: Felevision	substitute program basis, a Substitute Basis Stations	as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations:						
	• Do <i>not</i> list the station her station was carried <i>only</i> or	re in space G—but do list it in space I (th						
	basis. For further information Column 1: List each station	ion concerning substitute basis stations, son's call sign. <i>Do not</i> report origination placed with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each				
	"WETA-2" as the same on Column 2: Give the chann of license. For example, W	the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	vision station for broadcasting ove	er the air in its community				
	educational station, by enter (for independent multicast)	h case whether the station is a network s ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), ou	for network multicast), "I" (for inde r "E-M" (for noncommercial educa	pendent), "I-M"				
	Column 4: Give the location	erms, see page (iv) of the general instruction of each station. For U.S. stations, list adian stations, if any, give the name of th	the community to which the statio					
	1. CALL SIGN	SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOG						
	KWSE	11	N	Williston, ND				
	KUMV	8	N	Williston, ND				
Rows as Necessary	KMCY	14	N	Williston, ND				
	KXGN	5	N	Glendive, MT				
	KXMD	14	N	Williston, ND				
	KUSM	8	N	Bozeman, MT				
	KXND	8	N	Minot/Williston, ND				
	KXMA-CW	19	N-M	Williston, ND				
	KUMV-ME.TV	8	N-M	Williston, ND				
	KUMV-HD	•						
		8	N	Williston, ND				
	KXND-HD	8	<u>N</u>	Williston, ND Minot/Williston, ND				
	KXND-HD KMCY-HD							
		8	N	Minot/Williston, ND				
	KMCY-HD	8 14	N N	Minot/Williston, ND Williston, ND				
	KMCY-HD KUSM PBS-HD	8 14 8	N N E	Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT				
	KMCY-HD KUSM PBS-HD KTVQ CW-HD	8 14 8 10	N N E N-M	Minot/Williston, ND Williston, ND Bozeman, MT				
	KMCY-HD KUSM PBS-HD KTVQ CW-HD KWSE PBS-HD	8 14 8 10 11	N N E N-M E	Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT Williston, ND				
	KMCY-HD KUSM PBS-HD KTVQ CW-HD KWSE PBS-HD KXGN-HD	8 14 8 10 11 5	N N E N-M E N	Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT Williston, ND Glendive, MT				
	KMCY-HD KUSM PBS-HD KTVQ CW-HD KWSE PBS-HD KXGN-HD	8 14 8 10 11 5	N N E N-M E N	Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT Williston, ND Glendive, MT				

all-band basis whose signals were generally receivable by your cable system during the accounting period. Prime 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, Prime	NAME OF OV			JNICATIONS, LLC					SYSTEM 61
 Radio and the second station is second at the system's headend, and (2) it can be expected, in the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the expected intervals. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). 	eral: List eve	ery radio st	tation ca						н
CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ble if (1) it is basis of mon ailed informa SA1-2 form. umn 1: Identi umn 2: State umn 3: If the indicate this umn 4: Give	s carried by nitoring, to l ation about tify the call s whether the radio statio by placing the station	the sys be recei the Co sign of e ne statio on's sign a check 's locatio	tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se red by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN AM OF FM S/D LOCATION OF STATION CALL SIGN AM OF FM S/D LOCATION OF STATION Image: Sign Sign Sign Sign Sign Sign Sign Sign		<u>. </u>					0.7		
	SIGN A	M or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
Image: section of the section of th									
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Accounting Perio	od: 2023/1					FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	CABLE & CELLULAR	COMMUN	NICATIONS,	LLC			61423
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G		
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	riod, did yo	ur cable syster	m carry, on a substitute ba	isis, any nonr	network television prog	ram
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	" leave the	a rest of this pa	ae blank. If your answer i	e "Vee " vou r		
	-			age blank. If your answer h	s ies, you i		Jian
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS						
	In General: List each subsciear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Cat Column 5: Give the mon 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 to delete under FCC rules	titute progr ace, please of every no distant sta egulations, ries like "m Bulls." m was broa sign of the adcast stati hadian stati had and day ve "5/7." es when th . Example: er "R" if the and regulat	am on a separ add additiona onnetwork tele tition and that y or authorizatio ovies" or "bask adcast live, ent station broadc ion's location (' ions, if any, the y when your sy e substitute pr a program car e listed program tions in effect c	I rows to the tables. vision program ("substitute our cable system substitu- ns. See page (v) of the ge tetball." List specific progra- er "Yes." Otherwise enter casting the substitute progra- the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0" m was substituted for prog luring the accounting period	e program") ti ted for the pro neral instruct am titles, for e "No." ram. e station is lid e program. Us r cable syste I:15 p.m. to 6 ramming that od; enter the l	nat, during the account ogramming of another s ions for further informa example, "I Love Lucy" censed by the FCC or, entified). se numerals, with the n m. List the times accura :28:30 p.m. should be your system was <i>requ</i> etter "P" if the listed pro-	ing station tion. or in nonth ately <i>ired</i>
	was substituted for program	nming that					5
	effect on October 19, 1976		E PROGRAM	1		N SUBSTITUTE AGE OCCURRED	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
						_	
			+				
			+				
						_	
			+				
			+		·		
						_	
			+				
						_	
			+				
						_	
1			+				

Accounting Period:	2023/1			FORM	6. SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE & CELLULAR COMMUNICATIONS, LLC			5	61423				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	system's se on of how to	condary transm compute this a	ission service amount, see \$ 27					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$13	but less than the information	an \$527,600	263,800					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for f	this six-mon					
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	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	3,800 (but l	ess than \$527,	600)					
	1. Enter the amount of gross receipts from space K	\$	275,080.05						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	11,280.05						
	4. Multiply line 3 by .01		\$	112.80					
	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	l, 5, and 6 .	······	\$	1,431.80				
	FILING FEE AND TOTAL REMITTANCE DU	IE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,431.80					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,451.80				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!				

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: LULAR COMMUNICATION	NS, LLC			SYSTEM ID# 61423
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	is, and (2) the cable system's t al number of channels on which t television broadcast stations al number of activated channels able system carried television	total numbe h the cable s broadcast		ccounting period.	17 17
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name	Annie Edwards			Telephone 4	406-485-3301
	Address	P.O. Box 280 (Number, street, rural route, aparth Circle, MT 59215 (City, town, state, zip)	ment, or suite	e number)		
	Email	mrtcreg@midriv	vers.coop)	Fax (optional)	
O Certification	I, the undersign (Owned) (Agen in X (Offic in I have examined)	ned, hereby certify that (Check of er other than corporation or p nt of owner other than corpora line 1 of space B and that the of cer or partner) I am an officer (line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	one, but only partnership ation or pa owner is not (if a corpora I hereby dea y knowledge X Enter an e	tified and signed in accordance with (y one, of the boxes.) p) I am the owner of the cable system artnership) I am the duly authorized ag it a corporation or partnership; or ation) or a partner (if a partnership) of clare under penalty of law that all state is, information, and belief, and are man /s/ Dane Castleberry electronic signature on the line above to hature using an "/s/ signature" (e.g., /s/	as identified in line 1 of space E gent of the owner of the cable s the legal entity identified as owr ements of fact contained herein de in good faith.	ystem as identified
		Typed or printed Title: (Title of o Date:	Presid	Dane Castleberry lent n held in corporation or partnership)	7/18/23	

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unting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE & CELLULAR COMMUNICATIONS, LLC	6142
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.	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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.	
Owner	
Address	

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