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	AMOUNT				
8/24/23	\$				
	ALLOCATION NUMBER				

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))	
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  20231  Barcode Data Filing Period (optional - see instructions)	
Period B Owner		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.  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.	63238
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		NEX-TECH LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		BOSINESS NAME(S) OF OWNER OF CABLE STOTEM (III BITTERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		145 N MAIN (Number, street, rural route, apartment, or suite number)	
		LENORA, KS 67645 (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 used to already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	ориос В.
	1		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	<b>Period: 2023/1</b> FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	NEX-TECH LLC	63238				
	Instructions: List each separate community served by the cable system. A "community served by the cable system."					
<b>D</b>	"a separate and distinct community or municipal entity (including unincorporated co					
D	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.					
<b>A</b>	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the				
Area Served	identified city.					
Gervea	, and the second					
	CITY OR TOWN	STATE				
First	HOXIE	KS				
Community						
Add Rows as Necessary						

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name NEX-TECH LLC

NEX TESTI

63238

# Ε

Accounting Period: 2023/1

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 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 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.

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	234	30.00	DELUXE	205	60.00	
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

# F

### Services Other Than Secondary Transmissions Rates

## 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 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 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, 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.

**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.

	BLOCK 1							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential						
• Pay cable	90.00	Motel, hotel		Sports & Entertain.	13.95			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Cinemax	11.95			
Fire protection		• Pay cable		НВО	17.95			
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		Showtime & TMC	10.99			
Installation: Residential		Fire protection		Starz! Encore	12.95			
• First set	99.00	Burglar protection		NFL RedZone	49.95			
<ul><li>Additional set(s)</li></ul>	130.00	Other services:						
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00					
Converter		Disconnect						
		<ul> <li>Outlet relocation</li> </ul>	130.00					
		<ul> <li>Move to new address</li> </ul>	99.00					

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**63238** 

# G

### Primary Transmitters: Television

**PRIMARY TRANSMITTERS:** TELEVISION

**NEX-TECH LLC** 

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

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**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 in the paper SA1-2 form.

**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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNC	2	N	GREAT BEND, KS
KLBY	4	N	WICHITA, KS
KBSH	7	N	HAYS, KS
KSNK	8	N	McCOOK, NE
KOOD	9	Е	HAYS, KS
KAKE	10	N	WICHITA, KS
KSAS-DT2	17	N-M	WICHITA, KS
KSCW	23	l	WICHITA, KS
KSAS	24	N	WICHITA, KS
KWCH-DT2	110	N-M	WICHITA, KS
KAKE-DT2	180	N-M	WICHITA, KS
KMTW-DT2	181	I-M	WICHITA, KS
KSCW-DT3	182	I-M	WICHITA, KS
KOOD-DT3	183	E-M	HAYS, KS
KSCW-DT2	184	I-M	WICHITA, KS
KSAS-DT3	185	N-M	WICHITA, KS
KMTW-DT3	186	I-M	WICHITA, KS
KMTW-DT4	187	I-M	WICHITA, KS
KOOD-DT2	189	E-M	HAYS, KS
KSCW-DT2	190	I-M	WICHITA, KS
KWCH-DT4	192	N-M	WICHITA, KS
KMTW-DT1	193	I-M	WICHITA, KS
KWCH-DT3	194	N-M	WICHITA, KS

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NEX-TECH LLC

63238

#### PRIMARY TRANSMITTERS: RADIO

**In General:** List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

**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. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

- 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 signal, 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KFNF	FM		OBERLIN, KS				
KKDT	FM		BURDETT, KS				·
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Accounting Darie	nd: 2022/1						FOD	M QA1 DE DAGE
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FUR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	NEX-TECH LLC							63238
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor ecounting pe ing that mus	nnetwork televis eriod, under spe st be included in	sion program, broadcast be ecific present and former F in this log, see page (v) of	y a <i>distant</i> sta FCC rules, reg	ulations, or a	authorizations	. For a further
Carriage: Special	1. SPECIAL STATEMENT					-4aul. 4.ala.		_
Statement and Program Log	<ul> <li>During the accounting peri broadcast by a distant stat</li> </ul>	_	r cable system	carry, on a substitute ba	sis, any nonno	etwork telev	YES	XNO
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	"Yes," you m	nust comple	te the prograi	m
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, recomposed process of the care general categori "NBA Basketball: 76ers vs.  Column 2: If the program Column 3: Give the call second for the case of Mexican or Cancolumn 5: Give the monofirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o es like "mo" Bulls." n was broace sign of the s dcast static adian statio ath and day re "5/7." res when the Example: a er "R" if the nd regulatio	am on a separa add additional annetwork televition and that your authorizations vies" or "basked deast live, enterstation broadcat on's location (the when your system of a program carriested program carriested program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter 'asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting perio	e program") the ed for the proper instruction titles, for earn titles, for earn.  No."  am.  e station is lice station is ide program. Us  cable system:  15 p.m. to 6:  camming that d; enter the le	at, during the gramming cons for furth example, "I Lensed by the entified).  The enumerals on. List the time 28:30 p.m.  The your system exter "P" if the enumeral to the example.	ne accounting of another stater information ove Lucy" or the FCC or, in with the more accurate should be the listed programmes accurate and the should be the listed programmes accurate and the listed programmes accurate accurate and the listed programmes accura	tion n. nth oly
	effect off October 13, 1970.				WH	EN SUBST	TITUTE	
	S		E PROGRAM	<u> </u>		RIAGE OCC		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	'	TIMES  — TO	BLLLTION
							_	
							_	
								" <b>-</b>
		<b>-</b>						
						-		
							_	
							_	

Accounting Period:	2023/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEX-TECH LLC		SY	STEM ID# 63238
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary trans v to compute th	smission servic is amount, see	,323.92
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less  See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	\$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 y accounting period is \$52.00	ou must 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 me			
	1. Base amount under statutory formula	263,800.00	,	
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8	•		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	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.			
	FILING FEE AND TOTAL REMITTANCE DUE			_
	TIENTO LE TITO TO TAL REMITTANTO E DOL			
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 payak See page i of the general instructions in the paper SA1-2 form for	_		ts!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period	: 2023/1			FORM SA1-2E. PAGE 7
Name	NEX-TECH LL	OWNER OF CABLE SYSTEM:		SYSTEM ID# 63238
M Channels	to its subscriber  1. Enter the tota system carried  2. Enter the tota on which the c	s, and (2) the cable system's to I number of channels on which television broadcast stations. I number of activated channels able system carried television	;	329
N Individual to		BE CONTACTED IF FURTHE	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
Be Contacted for Further Information	Name	Scott Roe	Т	elephone <b>785-625-7070</b>
	Address	2418 Vine Street (Number, street, rural route, apartm Hays, KS 67601 (City, town, state, zip)	ent, or suite number)	
	Email	sroe@nex-tech.	com Fax (optional)	
O Certification	I, the undersigned (Owned)      (Agential)      X (Official)      I have examined	ed, hereby certify that (Check one er other than corporation or part of owner other than corporated line 1 of space B and that the owner or partner) I am an officer (if line 1 of space B.  If the statement of account and here, and correct to the best of my ker.	ist be certified and signed in accordance with Copyright Office respectively.  In the system as identified in line 1 of the cable system as identified in line 1 of the capparation or partnership). I am the duly authorized agent of the owner of the price is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified a corporation or partnership.  In the capparation of the capparation of the legal entity identified a corporation or partner (if a partnership) of the legal entity identified are capparation, and belief, and are made in good faith.	of space B; or  ne cable system as identified  fed as owner of the cable system
			X /s/ Rhonda S. Goddard  Enter an electronic signature on the line above to certify this statemen Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ut.
		`	Chief Financial Officer ficial position held in corporation or partnership)	
		Date:	08/25/2023	

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ccounting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
EX-TECH LLC	63238
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system secribers and amounts collected from subscribers receiving secondary transmissions pursuant	em for the basic hall not include sub- to section 119."  Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general in located in the paper SA1-2 form.	structions Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secon made by satellite carriers to satellite dish owners?	dary transmissions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the p  Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x_ Line 3 Multiply line 2 by the number of days late and enter the sum here	days x 0.00274
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	- (interest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For furthe contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	r assistance please
** 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 Copy list below the owner, address, first community served, ID number, and accounting period as given in	•
Owner Address	
ID number First community served	

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