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 COPYRIG	by email to:					
-		ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>				
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			8/31/2023 \$		For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
A	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	'YY/(Period))					
		2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		20231	Barcode Data Filing Period (optiona	I - see instructions)					
Accounting Period									
В		Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corpo		diary of another corporation, give the full corp	orate title of				
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 a statement of account and royalty fee payn		he last day of the accounting period should sul iod.	bmit a single				
		Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	66396				
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM						
		Stowe Cable Systems LLC							
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT))					
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
		PO Box 1522 (Number, street, rural route, apartment, or suite n	umber)						
		Stowe, VT 05672-1522 (City, town, state, zip)							
С				ntify the business and operation of the esystem, if different from the address					
System	name	IDENTIFICATION OF CABLE SYSTEM:		e system, il different nom the address					
	1								
		MAILING ADDRESS OF CABLE SYSTEM	:						
	2	(Number, street, rural route, apartment, or suite n	umber)						
		(City, town, state, zip code)							

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

Return completed workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I			
Name	Stowe Cable Systems LLC	663			
D	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, discret 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 identifie city.				
Served					
	CITY OR TOWN	STATE			
First Community	Stowe	VT			
Johnnunity	Cambridge	VT			
Rows as Necessary					

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1-	
Name	Stowe Cable Systems L	LC							6639
E Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both	bace E should on of television ay cable) in spa (June 30 or De blocks in space	cover al and rad ace F, n ecembe e E call	I categories of lio broadcasts not here. All the r 31, as the ca for the numbe	secondary by your sys a facts you se may be ar of subscr	stem to subscrib state must be th). ibers to the cab	ers. Give i nose existir le system,	nformation ng on the broken	
Rates	down by categories of secondary each category by counting the nu separately for the particular serv Rate: Give the standard rate ci unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	umber of billing ice at the rate in harged for each (Example: "\$2 ounts allowed f in space E, the to their subscr	s in that ndicated n catego 0/mth"). or adva e form lis ribers. G	t category (the d—not the nun ory of service. Summarize a nce payment. sts the catego Give the numbe	number of nber of sets Include bot ny standard ries of secc er of subsc	persons or orga s receiving servi h the amount of d rate variations ondary transmiss ribers and rate for	anizations of ce). the charge within a pa sion service or each list	charged e and the articular rate e that cable ed category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again unde nas rate catego ers of services nd rates, in the	dditiona er "Servi ries for that inc	al sets would b ice to addition secondary tra clude one or m	e included al set(s)." nsmission s ore second	in the count unc service that are ary transmission	ler "Service different frons), list the on of the se	e to the om those m, together rvice is	
	BLC	DCK 1 NO. OF					BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		622	\$53	Broadc	ast Fee		622	\$7.
	 Service to additional set(s) FM radio (if separate rate) 		218	\$7.50					
	Motel, hotel		40	¢07.04					
	Commercial Converter		46	\$37.91					
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services t e two exceptior or facilities furn it in which it is rate column. e charged by th your cable sys separate charge tion and include	er) infor hat are is: you o ished to usually he cable tem furn e was m e the ra	mation with re not offered in do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to all combinatio give rate in ers. Rate in ates are cha ach of the a ed during th	n with any secon nformation conc formation should arged on a varia pplicable service ne accounting p	ndary trans erning (1) s d include be ble per-pro es listed. eriod that v	mission services oth the gram basis, vere not form of a	
		BLO	-			DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			ORY OF SER ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RAT
	• Pay cable	\$52.50	• Mot	tel, hotel			Movie F	Package Option	\$19.
	• Pay cable—add'l channel		• Cor	nmercial				Package Option	
	Fire protection		-	/ cable			HD Pac		\$22.
	•Burglar protection		-	/ cable-add'l cl	hannel			Package	\$12.
	Installation: Residential			e protection			HD/DVI	R Package	\$30.
	First set			glar protection	l				
							l		
	 Additional set(s) 			services:					
	• Additional set(s) • FM radio (if separate rate)		• Rec	connect					
	 Additional set(s) 		• Rec • Dise						

counting Period: 2	-			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER O			SYSTEM I					
	Stowe Cable System			663					
G Primary	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, <i>except</i> (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								
Transmitters: Television	substitute program basis, a Substitute Basis Stations	: With respect to any distant stations cal ules, regulations, or authorizations:							
	• Do not list the station her station was carried only or	e in space G—but do list it in space I (th							
	basis. For further information Column 1: List each station	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	see page (v) of the general instruc ogram services such as HBO, ES	ctions. SPN, etc. Identify each					
		the form. el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	ision station for broadcasting ove	er the air in its community					
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	n case whether the station is a network s ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t dian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	pendent), "I-M" itional multicast). n is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WCAX	22	Ν	Burlington, Vermont					
	WVNY	13	N	Burlington, Vermont					
ld Rows as Necessary	WPTZ	14	N	Burlington, Vermont					
	WETK	32	Е	Burlington, Vermont					
	WFFF	16	N	Burlington, Vermont					
	СВМТ	21	I	Montreal, Quebec					
	CFCF	12	I	Montreal, Quebec					
	WPTZ5.2	14	N-M	Burlington, Vermont					
	WPTZ5.3	14	N-M	Burlington, Vermont					
	WETK33.3	32	E-M	Burlington, Vermont					
	WETK33.4	32	E-M	Burlington, Vermont					
	WETK33.2	32	E-M	Burlington, Vermont					
	WCAX3.2	22	N-M	Burlington, Vermont					

EGAL NAME OF								SYSTEM I 663
	-							
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether the the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anten his point, see page ed by the cable se e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se wed by the FCC) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		3/0	LOGATION OF STATION	UALL SIGN		5/0	LOCATION OF STATION	
·								

	d: 2023/1						FOR	M SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#			
Name	Stowe Cable Systems	LLC						66396			
	SUBSTITUTE CARRIAGE			T AND PROGRAM LOG							
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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 STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any ponnetwork television program										
Program Log	broadcast by a distant stat	tion?					YES	× NO			
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist comple	te the prograi	m			
	log in block 2.	,		, , , , , , , , , , , , , , , , , , ,							
	2. LOG OF SUBSTITUTE										
	In General: List each subst clear. If you need more spa				wherever pos	sible, if the	eir meaning is	5			
				sion program ("substitute p	program") that	t, during th	ne accounting	I			
	period, was broadcast by a										
	under certain FCC rules, re Do not use general categor							n.			
	"NBA Basketball: 76ers vs.	Bulls."		r "Yes." Otherwise enter "N							
				sting the substitute programe community to which the second		ncod by th	o ECC or in				
	the case of Mexican or Can										
			when your syst	tem carried the substitute p	orogram. Use	numerals,	, with the mor	nth			
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your c	able system.	List the tir	mes accurate	lv			
	to the nearest five minutes.							.,			
	stated as "6:00–6:30 p.m."	ar "P" if the	listed program	was substituted for progra	mming that v	our system	n was require	d			
	to delete under FCC rules a										
	was substituted for program	• •	our system wa	s permitted to delete under	FCC rules a	nd regulat	ions in				
	effect on October 19, 1976.										
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7.					
	S	UBSTITUT	E PROGRAM					7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	7. REASON FOR DELETION			
				4. STATION'S LOCATION	CARR	AGE OCC	CURRED				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES				

Accounting Period:	2023/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Stowe Cable Systems LLC		ę	66396
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's see (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmi compute this a	ssion service mount, see \$ 24	1,860.00 ross receipts)
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 but less tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	u must pay for th	is six-month	
	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 lines 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (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	241,860.00		
	3. Subtract line 2 from line 1	21,940.00		
	4. Enter the amount of gross receipts from space K		241,860.00	
	5. Enter the amount from line 3	· · · · · · · · · · · · · · · · · · ·	21,940.00	
			219,920.00	
				1 000 60
	7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8		\$	1,099.60 0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		\$	1,099.60
	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			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	1,099.60	
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		\$	1,119.60
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for			hts!

Accounting Period:	i: 2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Stowe Cable Systems LLC	SYSTEM ID# 66396
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadc to its subscribers, and (2) the cable system's total number of activated channels during the accounting period	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	13
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	136
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	1
for Further Information	Name Virginia Hiner	Telephone (202) 887-4424
	Address Akin Gump Strauss Hauer & Feld LLP; 2001 K Street NW (Number, street, rural route, apartment, or suite number) Washington, DC 20006 (City, town, state, zip)	
	Email vhiner@akingump.com Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re	egulations)
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified 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 in line 1 of space B and that the owner is not a corporation or partnership; or	of the cable system as identified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ider in line 1 of space B.	tified as owner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact conta 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)] 	ined herein
	X /s/ Frederick R. Rothammer	
	Enter an electronic signature on the line above to certify this stateme Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ent.
	Typed or printed name: Frederick R. Rothammer	
	Title: President (Title of official position held in corporation or partnership)	

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counting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
owe Cable Systems LLC	66396
 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? NO 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	
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
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	
ID number First community served Accounting period	

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