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						
03/01/2024	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20232 Barcode Data Filing Period (optional - see instructions)
Accounting 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
	Cogeco US (Penn), LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)
	Quincy, MA 02169 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	names 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	IDENTIFICATION OF CABLE SYSTEM:  1 Corpora US 11 C
	Cogeco US, LLC  MAILING ADDRESS OF CABLE SYSTEM:
	120 Southmont Blvd.
	2 (Number, street, rural route, apartment, or suite number)  Johnstown, PA 15905
	(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.

		FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	Cogeco US (Penn), LLC	152					
	Instructions: List each separate community served by the cable syster	n. A "community" is the same as a "community unit" as defined in FCC rul					
D	"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.						
		ms, or mobile home parks should be reported in parentheses below the					
Area Served	identified city.	ins, or mobile nome parks should be reported in parentileses below the					
	CITY OR TOWN	STATE					
First	Mifflinburg	PA					
Community	Buffalo	PA					
	Hartleton	PA					
Rows as Necessary	Miles	PA					
	Lewis	PA					
	Haines	PA					
	Limestone	PA					
	Penn (Miff)	PA					
	Millheim	PA					
		PA					
	Gregg						
	Adams	PA					
	Spring	PA					
	Cener	PA					
	West Buffalo	PA					
	Hartley	PA					
		······································					

Accounting Period: 2023/2
FORM SA1-2E, PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 15231

Cogeco US (Penn), LLC

Ε

### 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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	449	39.99	Entertainment	381	\$ 69.98		
<ul> <li>Service to additional set(s)</li> </ul>			Variety	19	\$114.98		
<ul> <li>FM radio (if separate rate)</li> </ul>			Family	-	\$127.97		
Motel, hotel	2	39.99					
Commercial	13	39.99					
Converter							
Residential		4.99-19.99					
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 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential		
• Pay cable	1.99 - 19.99	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	50.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	40.00	
Converter		Disconnect		
		Outlet relocation	40.00	
		Move to new address	40.00	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 15231

Cogeco US (Penn), LLC

G

# Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under 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
WBRE	4	N	WILKES-BARRE, PA
WGAL	8	N	LANCASTER, PA
WITF	11	E	HARRISBURG, PA
WNEP	3	N	WILKES-BARRE, PA
WOLF	5	N	HAZELTON, PA
WQMY	13	1	WILLIAMSPORT, PA
WSWB	9	1	SCRANTON, PA
WVIA	7	E	PITTSTON, PA
WYOU	2	N	SCRANTON, PA
WATM	5	N	ALTOONA, PA
WJAC (NBC)	8	N	JOHNSTOWN, PA
WKBS	3	l	ALTOONA, PA
WJAC (CW)	13	I	JOHNSTOWN, PA
WPSU	9	E	CLEARFIELD, PA
WTAJ	7	N	ALTOONA, PA
WWCP	8	N	JOHNSTOWN, PA
WBRE (Rewind)	11.5	I	WILKES-BARRE, PA
WBRE (Laff)	11.4	l	WILKES-BARRE, PA
WWCP (Get TV)	8.6	I	JOHNSTOWN, PA
WWCP (Grio)	8.4	I	JOHNSTOWN, PA

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

SYSTEM ID#

Cogeco US (Penn), LLC

15231

### 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
WGRC	FM		Lewisburg, PA				
WITE	FM		Harrisburg, PA				
WITF WQKX	FM		Curbum, DA				
WQKX			Sunbury, PA				
WWBE	FM		Selinsgrove, PA				
	<b>_</b>						
	<b> </b>						
	<del> </del>						
	<del></del>						
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	<del> </del>						
	<b></b>						
		<b>_</b>					

Accounting Design	nd: 2022/2							F0	DM SA1 2E DACE E	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					FO	RM SA1-2E. PAGE 5.  SYSTEM ID#	
Name	Cogeco US (Penn), LL								15231	
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM	/I LOG	}				
ı		_	_				tion. that	vour cable s	vstem carried on a	
_	<b>In General:</b> In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programr	ming that mu	ist be included	in this log, see page (v	) of the	e general ins	structions	in the paper	SA1-2 form.	
Carriage: Special	1. SPECIAL STATEMEN									
Statement and	<ul> <li>During the accounting pe</li> </ul>	eriod, did yo	ur cable syste	m carry, on a substitu	te basi	is, any nonr	network te	elevision pro		
Program Log	broadcast by a distant sta	ation?						YES	X NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your ansv	wer is '	"Yes," you r	nust com	plete the pr	ogram	
	log in block 2.		•							
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs				ations v	wherever po	ossible, if	their mean	ing is	
	clear. If you need more spa				stitute r	nrogram") th	nat durin	a the accor	ntina	
	period, was broadcast by a									
	under certain FCC rules, re									
	Do not use general catego "NBA Basketball: 76ers vs		ovies" or "bask	cetball." List specific p	rogram	n titles, for e	example,	"I Love Luc	y" or	
	Column 2: If the progra		idcast live, ent	er "Yes." Otherwise e	nter "N	lo."				
	Column 3: Give the call							500		
	Column 4: Give the bro the case of Mexican or Ca							y the FCC o	r, in	
	Column 5: Give the mo			,			,	als, with the	month	
	first. Example: for May 7 g									
	<b>Column 6:</b> State the time to the nearest five minutes									
	stated as "6:00-6:30 p.m."	•	a program car	ned by a system nom	10.01.	10 p.iii. to 0	.20.00 р.	iii. Siloulu L	C	
	Column 7: Enter the let									
	to delete under FCC rules was substituted for program								orogram	
	effect on October 19, 1976	•	your system w	ras permitted to delete	e unde	ii i OO iules	and regi			
					11	тт				
		UDOTITUT		4			N SUBS		7. REASON FOR	
	5	2. LIVE?	E PROGRAM  3. STATION'S			CARRIAGE OCCURRED  5 MONTH 6. TIMES			DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCAT	ION	5. MONTH AND DAY	FROM	— то		
								_		
								_		
								_		
								_		
		<del> </del>								

	2023/2				A1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Cogeco US (Penn), LLC			5	YSTEM II 152:
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fall amounts (gross receipts) paid to your cable system by subscribers for (as identified in space E) during the accounting period. For a further explipage (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(	the system's anation of ho	s secondary trans	mission service	
	during the accounting period.  IMPORTANT: You must complete a statement in space P concerning groups.			\$ 14 (Amount of gr	<b>5,453.00</b> oss 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  Use block 3 if the amount of gross receipts in space K is more than \$263 See page (vi) of the general instructions located in the paper SA1-2 form for n	,100 but less ,800 but less	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF	\$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the accounting period is \$52.00	royalty fee tha	at you must pay fo	or 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. A	Add lines 1 ar	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OF	R LESS (but	more than \$137	,100)	
	Base amount under statutory formula	<u>\$</u>	263,800.00	<u>)                                    </u>	
	Enter amount of gross receipts from space K	<u>\$</u>	145,453.00	<u>)                                    </u>	
	3. Subtract line 2 from line 1	\$	118,347.00	<u>)                                    </u>	
	4. Enter the amount of gross receipts from space K		<u>\$</u>	145,453.00	
	5. Enter the amount from line 3		<u></u> \$	118,347.00	
	6. Subtract line 5 from line 4		\$	27,106.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	135.53
	8. Interest charge. Enter the amount from line 4, space Q, page 8			•	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	nes 7 and 8 .		\$	135.53
	BLOCK 3: GROSS RECEIPTS OF MORE THAN	\$263,800 (b	out less than \$52	7,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	-		_ \	
		-	203,800.00	<u>'</u> _	
	3. Subtract line 2 from line 1			_	
	4. Multiply line 3 by .01			4 040 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formu				
	6. Interest charge. Enter the amount from line 4, space Q, page 8		• •	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add ii	nes 4, 5, and	6	· ·	
	FILING FEE AND TOTAL REMITTANCE	E DUE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	135.53	
Due	Filing Fee (See the instructions for more information on filing fee calculating fee calcu	ons)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and	3		\$	155.53
	Important: Your remittance must be in the form of an electronic	: payment pa	ayable to the Reg	ister of Copyric	jhts!

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: nn), LLC				SYSTEM ID# 15231
<b>M</b> Channels	<ol> <li>to its subscribers,</li> <li>Enter the total system carried t</li> <li>Enter the total on which the car</li> </ol>	u must give (1) the number of and (2) the cable system's to number of channels on which television broadcast stations.  number of activated channels ble system carried television bast services.	otal number of active the cable	vated channels during the ac	ccounting period.	18
N Individual to Be Contacted		BE CONTACTED IF FURTHE		N IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Patrick Bratton			Telephone	617-786-8800
	Address	2 Batterymarch Park, (Number, street, rural route, apartm Quincy, MA 02169				
	Email	(City, town, state, zip)  pbratton@atlant	icbb.com		Fax (optional)	
O		This statement of account mu		-	Copyright Office regulations)	
Certification		r other than corporation or pa			as identified in line 1 of space	e B; or
		of owner other than corporations 1 of space B and that the over			gent of the owner of the cable	e system as identified
		er or partner) I am an officer (if ne 1 of space B.	f a corporation) or a	a partner (if a partnership) of t	the legal entity identified as o	wner of the cable system
		the statement of account and he, and correct to the best of my in 1001(1986)]				in
			X /s/ Pa	trick Bratton		_
				signature on the line above to ng an "/s/ signature" (e.g., /s/		
		Typed or printed	name: Patric	k Bratton		
		Title: (Title of off	Chief Financ ficial position held in co	ial Officer proprogration or partnership)		
		Date:			March 1, 2024	

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counting Period: 2023/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ogeco US (Penn), LLC	15231
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	P Special Statement Concerning Gross Receipts Exclusion
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?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
	nn
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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