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						
2-26-24	\$ 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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20232 Barcode Data Filing Period (optional - see instructions)
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
		CABLE ONE, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E EARLL DRIVE
		(Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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	1	IDENTIFICATION OF CABLE SYSTEM:
	_ '	SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	618 NORTH MAIN [(Number, street, rural route, apartment, or suite number)
		ALTUS, OK 73521
		(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.

Accounting Period:	2023/2	EODM SA1 2E DAGE 15							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#							
Name									
	CABLE ONE, INC.	23047							
	Instructions: List each separate community served by the cable system. A "co								
D	separate and distinct community or municipal entity (including unincorporate	ed 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 community." Please use it as the first community on all future filings.								
	community." Please use it as the first community on all future filings.								
Area	1.1s								
Served									
	CITY OR TOWN	STATE							
First	ALTUS	OK							
Community	ALTUS AFB	OK							
	FREDERICK	OK							
Add Rows as Necessary	JACKSON COUNTY	OK							
Add Nows as Necessary	BLAIR	OK							
	TIPTON	OK							

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23047

CABLE ONE, INC.

# 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.

BLG	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	391	\$42.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	22	\$42.00			
Converter					
Residential	391	2.75-15.00			
Non-residential	22	2.75-21.00			
				1	r

# 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					BLOCK 2	
CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential				
<ul> <li>Pay cable</li> </ul>	10.99-19.00	Motel, hotel		5	STANDARD IPTV	\$67.75
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			Digital Value Pak	16.00
<ul> <li>Fire protection</li> </ul>		• Pay cable			Hispanic Tier	6.00
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
<ul> <li>First set</li> </ul>	0 - 90.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	0-90.00			
<ul> <li>Converter</li> </ul>		Disconnect				
		Outlet relocation	\$90.00			
		<ul> <li>Move to new address</li> </ul>	\$90.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

23047

### PRIMARY TRANSMITTERS: TELEVISION

CABLE ONE, INC.



### 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
KAUZ-1	22	N	WICHITA FALLS, TX
KAUZ-2	22	I-M	WICHITA FALLS, TX
KFDX	28	N	WICHITA FALLS, TX
KJBO-LP	35	l	WICHITA FALLS, TX
KJTL	15	l	WICHITA FALLS, TX
KSWO-1	11	N	LAWTON, OK
KSWO-2	11.2	I-M	LAWTON, OK
KSWO-3	11.3	I-M	LAWTON, OK
KETA	13	E	OKLAHOMA CITY, OK
KOED	11	Е	TULSA, OK
KSWO-2-SIMUL	11	I-M	LAWTON, OK
KFDX-SIMUL	28	N	WICHITA FALLS, TX
KAUZ-SIMUL	22	N	WICHITA FALLS, TX
KSWO-SIMUL	11	N	LAWTON, OK
KJTL-SIMUL	15	I-M	WICHITA FALLS, TX

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

SYSTEM ID#

CABLE ONE, INC.

23047

### 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).

		1	<del>,</del>		r	1	_
			LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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	1 2022/2												
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EW.				FOR	SYSTEM ID#					
Name	CABLE ONE, INC.	ONBLE OTOT						23047					
	SUBSTITUTE CARRIAGE	- SPECIA	LSTATEMEN	NT AND PROGRAM I O	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 STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
Statement and Program Log	broadcast by a distant station?												
i rogram Log		Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
	log in block 2.	, leave trie	rest or triis pag	ge bialik. II your aliswer is	s res, you mi	ust compi	ete trie progr	alli					
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in												
	effect on October 19, 1976.		E PROGRAM	WHEN SUBSTITUTE CARRIAGE OCCURRE				D 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. FROM	TIMES TO	DELETION					
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	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:						5	SYSTEM II
Name	CABLE ONE		_ 0. J1LIVI.						`	230
<b>K</b> Gross Receipts	all amounts (gr (as identified in page (vii) of th Gross rec	The figure you ross receipts) p n space E) duri	paid to your of ing the accord uctions locat scribers for s	cable system bunting period.  The paperiod in the paperiod transport transport in the paperiod	by subscriber For a further or SA1-2 form smission ser	rs for the see explanaten. Twice(s)	system's s ion of how	econdary tra to compute	/. Enter the total on smission service this amount, see	
	IMPORTANT:									ross receipts)
Copyright Royalty Fee	COPYRIGHT R Instructions: To Complete bloce Use block 1 if to Use block 2 if to Use block 3 if to See page (vi) of the	o compute the real k 1, block 2, or the amount of the amou	royalty fee yo block 3. gross receipt gross receipt gross receipt	ts in space K i ts in space K i ts in space K i	s more than s more than	\$137,100 \$263,800	but less th	han \$527,600		
			BLO	CK 1: GROSS	S RECEIPTS	S OF \$13	7,100 OR	LESS		
	Instructions: As accounting perio		with gross re	eceipts of \$137	,100 or less, t	the royalty	fee that yo	u must pay fo	or this six-month	
	Line 1. Royalty	fee for accounti	ng period							
	Line 2. Interest	charge. Enter t	the amount fro	om line 4, spac	e Q, page 8 .					0.00
	Line 3. <b>TOTAL</b>	ROYAL TY FEE	PAYARIF F	OR ACCOUNT	TING PERIOR	<b>)</b> Add line	es 1 and 2			
	Ellio o. Total			S RECEIPTS					-	
	1. Base amount	t under statutory	/ formula				\$	263,800.	00_	
	2. Enter amoun	t of gross receip	ots from spac	e K			\$	154,058.	73	
	3. Subtract line	2 from line 1					\$	109,741.	27	
	4. Enter the am	ount of gross re	eceipts from s	pace K				. \$	154,058.73	
	5. Enter the am	ount from line 3						. \$	109,741.27	
	6. Subtract line	5 from line 4						\$	44,317.46	
	7. Multiply line 6	6 by .005 (enter	figure here) .						\$	221.59
	8. Interest charg	ge. Enter the a	mount from lin	ne 4, space Q,	page 8					0.00
	9. <b>TOTAL ROY</b>	ALTY FEE PAY	ABLE FOR	ACCOUNTING	PERIOD. A	dd lines 7	and 8		···· <u></u> \$	221.59
		BLOCK	3: GROSS	RECEIPTS C	F MORE TH	HAN \$26	3,800 (but	t less than \$	527,600)	
	1. Enter the am	ount of aross re	eceints from s	nace K						
	Base amount	•	·	•					00	
	Subtract line									
	Multiply line 3								<u> </u>	
		-							1,319.00	
	6. Interest char									
	7. TOTAL ROY									
			FILING FE	EE AND TOTA	AL KEMII TA	ANCE DU	JE			
Filing Fee and otal Remittance	1. Royalty Fee I	Payable for Acc	ounting Perio	d (from Block 1	, 2, or 3, abo	ve)		\$	221.59	
Due	2. Filing Fee (Se	ee the instructio	ons for more in	nformation on f	iling fee calcu	lations)		\$	20.00	
	3. TOTAL AMO	OUNT DUE FOR	R ACCOUNTI	NG PERIOD.	Add lines 2 a	ınd 3			\$	241.59
	Import	ant: Vour rom	ittanaa must	ho in the form	n of an alacti	ronic nav	ment nava	hie to the Re	gister of Copyrig	htel

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:				SYSTEM ID# 23047
<b>M</b> Channels	to its subscriber     The s	rs, and (2) the cable system's to all number of channels on which ad television broadcast stations all number of activated channels cable system carried television	S	during the accounting period		227
N Individual to Be Contacted	we can contact	about this statement of accour	ER INFORMATION IS NEEDED (	·		000 004 0000
for Further Information	Name	JENAE HECK			reiepnone	602-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartm PHOENIX, AZ 85012	ent, or suite number)			
	Email	(City, town, state, zip)  JENAE.HECK@	CABLEONE.BIZ	Fax (optional	602-364-601	3
	CERTIFICATION	(This statement of account mu	st be certified and signed in accor	dance with Copyright Office i	regulations)	
O Certification	I, the undersigned (Owned)      (Agent)      X (Office)      I have examined	of owner other than corporation or part of owner other than corporation or part of owner other than corporation in line 1 of space B and that the owner or partner) I am an officer (if a in line 1 of space B.  the statement of account and he te, and correct to the best of my line.	-	le system as identified in line 1 thorized agent of the owner of the ship; or ership) of the legal entity identified at all statements of fact contain	of space B; the cable sys fied as owne	or stem as identified
			X /s/ Quynh Tran  Enter an electronic signature on the l Enter signature using an "/s/ signature	•	ent.	
		Typed or printed r	name: QUYNH TRAN			
			VICE PRESIDENT & TREA			
		Date:		February 26. 2	2024	

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 sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	23047
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."	P Special Statement Concerning Gross
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.	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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	4
Name Mailing Address  Name Mailing Address	
INTEREST ACCECUMENT	
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 Assessment
Line 1 Enter the amount of late payment or underpayment	_
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	_
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	-
* 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	
, and see	
ID number	
First community served	
Accounting period	

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