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

				Return completed workbook
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
-	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syste	ems (Short Form)			For additional information,
General instru	uctions are located	2/27/24	\$	contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		_		
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full co	orporate
Owner	List any other name or names under wh	nich the owner conducts the business of t	the cable system.	
	-	ne accounting period, only the owner on r fee payment covering the entire accoun	the last day of the accounting period should nting period.	submit a
	Check here if this is the system's first fil	ing. If not, enter the system's ID number	assigned by the Licensing Division.	29707

		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.	29707
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		FT RANDALL CABLE SYSTEMS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1104 19TH AVE SW #B (Number, street, rural route, apartment, or suite number)	
		WILLMAR, MN 56201 (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 s already appear in space B. In line 2, give the mailing address of the system, it different from the address given i	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	FT RANDALL CABLE SYSTEMS INC	297							
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including singl nat you list will serve as a form of system identification hereafter kn ilings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the							
First	CITY OR TOWN RAYMOND	STATE MN							
Community		MIN							
d Rows as Necessary									

								FORM SA1				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM IC 2970			
	FT RANDALL CABLE S	YSTEMS IN	С						2970			
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES							
E	In General: The information in s	•		-		•						
Secondary	system, that is, the retransmission about other services (including particulation)											
Transmission	last day of the accounting period	, , ,	,		,							
Service: Sub-	Number of Subscribers: Both	•					2					
scribers and Rates	down by categories of secondar each category by counting the n					•						
Hatoo	separately for the particular serv							onargou				
	Rate: Give the standard rate of	-	-	•				-				
	unit in which it is generally billed category, but do not include disc					ard rate variation	s within a j	particular rate				
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable				
	systems most commonly provide											
	that applies to your system. Not categories, that person or entity			-		-						
		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 a											
	sufficient.		-									
	BLC	DCK 1 NO. OF	· 1				12 NO. OF					
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	 Service to first set 		71	103.00								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC				-							
F	In General: Space F calls for ra											
•	not covered in space E, that is, t service for a single fee. There ar					,	,					
Services	furnished at cost or (2) services	or facilities fur	nished t	o nonsubscribe	ers. Rate i	nformation shou	ld include l	both the				
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are cl	harged on a vari	able per-p	rogram basis,				
Secondary ransmissions:	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.											
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
	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.						1					
		BLO	-					BLOCK 2				
	CATEGORY OF SERVICE Continuing Services:	RATE		BORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE			
	Pay cable	10.95		tel, hotel	luentiai							
	• Pay cable—add'l channel	11.95		nmercial								
	• Fire protection			/ cable								
	•Burglar protection		-	/ cable-add'l cł	nannel							
	Installation: Residential		-	e protection								
	• First set	20.00	• Bur	glar protection								
	 Additional set(s) 		Other s	services:								
	• FM radio (if separate rate)		• Red	connect		20.00						
	Converter		• Dis	connect		N/A						
			_	tlet relocation ve to new addr		20.00 20.00						

LEGAL NAME OF OWNER C)F CABLE SYSTEM:		SYSTEM I
FT RANDALL CABL	E SYSTEMS INC		297
PRIMARY TRANSMITTERS:	TELEVISION		
In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC I • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these	dentify every television station (including i em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. I also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the of the form. nel number the FCC assigned to the telev NRC is channel 4 in Washington, D.C. the case whether the station is a network st tering the letter "N" (for network), "N-M" (i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru	(1) stations carried only on a pail te carriage of certain network pro- 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s the Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- rogram services such as HBO, E the air designation. For example, re- vision station for broadcasting ov station, an independent station, o for network multicast), "I" (for inde- tr "E-M" (for noncommercial educ- ctions in the paper SA1-2 form.	rt-time basis under grams [sections stations carried on a substitute program m Log)—if the also on some other uctions. SSPN, etc. Identify each eport multistream er the air in its community or a noncommercial ependent), "I-M" ational multicast).
		,	,
wucw	23	N	MINNEAPOLIS, MN
			MINNEAPOLIS, MN
		I	MINNEAPOLIS, MN
		N	ALEXANDRIA, MN
			ALEXANDRIA, MN
			MINNEAPOLIS, MN
			APPLETON, MN
			MINNEAPOLIS. MN
	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Dubstitute Basis Station basis under specific FCC n • Do not list the station he station was carried only o • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eact educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locatic FCC. For Mexican or Cana	carried by your cable system during the accounting period, exceptFCC rules and regulations in effect on June 24, 1981, permitting th76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6substitute program basis, as explained in the next paragraph.Substitute Basis Stations: With respect to any distant stations cabasis under specific FCC rules, regulations, or authorizations:• Do not list the station here in space G—but do list it in space I (thstation was carried only on a substitute basis.• List the station here, and also in space I, if the station was carriedbasis. For further information concerning substitute basis stations,Column 1: List each station's call sign. Do not report origination pmulticast stream associated with a station according to its over-the"WETA-2" as the same on the form.Column 3: Indicate in each case whether the station is a network seducational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), orFor the meaning of these terms, see page (iv) of the general instruColumn 4: Give the location of each station. For U.S. stations, listFCC. For Mexican or Canadian stations, if any, give the name of theKSTC45KSAX42KCCO7KMSP9KWCM10	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period, except (1) stations carried only on a pa FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network pro 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 substitute pagina basis, as explained in the next paragraph. Substitute Dasis Stations: With respect to any distant stations carried by your cable system on a is basis under specific FCC rules, regulations, or authorizations: > Do not list the station here in space G—but do list it in space 1 (the Special Statement and Progra 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 a basis. For further information concerning substitute basis stations, see page (v) of the general instructional transmotion concerning substitute basis stations. For example, re "WETA-2" as the same on the form. Column 1: List each station's call sign. Do not report origination program services such as HBO, E multicast stream associated with a station according to its over-the-air designation. For example, re "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting ov 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 multicast), "E" (for noncommercial educational), or "E-M" (for netorommercial educational, station, by entering the lett

FT RANDAL	OWNER OF C							SYSTEM I 297
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing	y the sys be receint t the Co sign of e he static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column.	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
							·	

Accounting Perio	od: 2023/2						FOR	VI SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF (FT RANDALL CABLE S							SYSTEM ID# 29707
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst	fy every non cocounting pr ing that must CONCER iod, did you ion? ', leave the	nnetwork televii eriod, under spi st be included in NING SUBST in cable system rest of this pag	sion program, broadcast b ecific present and former F n this log, see page (v) of th TIUTE CARRIAGE n carry, on a substitute ba ge blank. If your answer is	y a <i>distant</i> sta CC rules, regu ne general inst sis, any nonne s "Yes," you m	ulations, or tructions in etwork tele nust compl	authorizations the paper SA evision progra YES ete the progra	m X NO
	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 <i>required</i> 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. WHEN SUBSTITUTE							ation on. r onth ely gram
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCO 6. FROM	TIMES	7. REASON FOR DELETION
							_	

Accounting Period:	2023/2	FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	YSTEM ID# 29707
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic amount, see	e 4,292.37
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 than or equal to 1 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$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 you must pay for accounting period is \$52.00	r this six-mon	il
	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 more than \$137,	100)	
	1. Base amount under statutory formula		
	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		
	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)	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 payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		ghts!

Accounting Period:	2023/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SYSTEM ID# 29707
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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 . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	8 49
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.)	
for Further Information	Name KRISTI HILBRANDS Telephone	320-847-7104
	Address 1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip)	
	Email kristih@hcinet.net Fax (optional) 320-847-7123	3
ο	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	 I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B 	3; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	·
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: BRUCE HANSON	
	Title: TREASURER (Title of official position held in corporation or partnership)	
	Date: 02/27/2024	

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ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RANDALL CABLE SYSTEMS INC	2970
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Owner Address	
Address	

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