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					
2/27/24	\$					
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	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 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 CHAPERMAN INC. APPRECO OF CARLE OVICEN
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Grande Communications Networks, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	401 Carlson Circle
	(Number, street, rural route, apartment, or suite number)
	San Marcos, TX 78666 (City, town, state, zip)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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	1 IDENTIFICATION OF CABLE SYSTEM:
	Centrovision, Inc Temple
	MAILING ADDRESS OF CABLE SYSTEM:
	2 401 Carlson Circle (Number, street, rural route, apartment, or suite number)
	San Marcos, TX 78666 (City, town, state, zlp 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								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
Name									
	Grande Communications Networks, LLC	37725							
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated comdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 ho	nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known							
Served	identified city.								
	CITY OR TOWN	STATE							
First Community	Temple	TX							
Add Rows as Necessary									

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Grande Communications Networks, LLC

37725

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	874	28.49				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel	0	28.49				
Commercial	22	28.49				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	16.99	Motel, hotel		Expanded Basic	46.00
 Pay cable—add'l channel 		Commercial		Digital Tier (Premier P	22.99
 Fire protection 		• Pay cable		Variety Pak	14.99
Burglar protection		Pay cable-add'l channel		HD Tier	6.95
Installation: Residential		Fire protection		Latin Tier	7.95
• First set	54.99	Burglar protection		Sports Plus Pak	14.99
 Additional set(s) 	30.00	Other services:		Ultra Sports Tier	4.99
 FM radio (if separate rate) 		Reconnect	30.00	Movie Tier	7.95
Converter		Disconnect			***************************************
		Outlet relocation	30.00		
		Move to new address	30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37725

Grande Communications Networks, LLC

G

Primary Transmitters: Television

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
KCEN	9	N	Temple, TX
KWTX	10	N	Waco, TX
KXXV	25	N	Waco, TX
KWKT	44	N	Waco, TX
KNCT	46	E	Killeen, TX
KCEN-2	9.1	<u>l</u>	Temple, TX
KWTX-2	10.1	N	Waco, TX
KXXV-2	25.1	N	Waco, TX
KWKT-2	44.1	N	Waco, TX
		•	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grande Communications Networks, LLC

37725

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
O/ LEE OIOI4	71101 01 1 101	O/D	ECONTION OF STATION	O/ LE CICIT	7 (101 01 1 101	O/D	EGOXITION OF STATION
							
							

Accounting Perio	JU. 2023/2							FORM.	I SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					· OKI	SYSTEM ID#	
Name	Grande Communication	ons Netw	orks, LLC						37725	
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
	In General: In space I, iden	_	-			tion. that v	our cal	ble svst	tem carried on a	
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a									
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?								X NO	
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	nust com				
	log in block 2.	,	'	,	, ,		•			
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs				wherever p	ossible, if	their m	neaning	j is	
	clear. If you need more spa			i rows to the tables. vision program ("substitute	e program") ti	hat. durin	the a	ccounti	ina	
	period, was broadcast by a	a distant sta	tion and that y	our cable system substitut	ed for the pro	ogrammir	g of an	other s	station	
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs		DVICS OI DASK	etball. List specific progra	iiii uues, ioi e	sxample,	I LOVE	Lucy	OI .	
				er "Yes." Otherwise enter "						
				casting the substitute progr the community to which the		censed by	the F0	CC or.	in	
	the case of Mexican or Ca	nadian stati	ons, if any, the	community with which the	e station is id	entified).				
	Column 5: Give the mo first. Example: for May 7 g		when your sy	stem carried the substitute	program. U	se numer	als, wit	h the m	nonth	
	. , ,		e substitute pr	ogram was carried by your	r cable syste	m. List the	e times	accura	ately	
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.	m. shoເ	uld be		
	stated as "6:00–6:30 p.m."	ter "R" if the	e listed program	n was substituted for progr	ramming that	vour svs	tem wa	s reau	ired	
	to delete under FCC rules	and regulat	ions in effect d	luring the accounting perio	d; enter the I	etter "P" i	f the lis	ted pro		
	was substituted for program effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regu	ılations	in		
	effect off October 19, 1970	١.								
	WHEN SUBSTI									
	_			_						
	S		E PROGRAM		CARRI	AGE OC	CURRI		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN			AGE OC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRI	ED		

Accounting Period:	2023/2			FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grande Communications Networks, LLC			(SYSTEM ID:
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation	system's s	econdary trans	mission servi	of ce
	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				59,454.08 pross receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less th informatio	nan \$527,600 n.	\$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt	ty fee that	you must pay fo	r this six-mor	itl
	accounting period is \$52.00				
	Line 1. Royalty fee for accounting period			· ·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 2 TOTAL DOVALTY SEE DAVADLE FOR ACCOUNTING BEDIOD, Add line	nos 1 and	2		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	Base amount under statutory formula	,	263,800.00	,	
	2. Enter amount of gross receipts from space K		•		
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				•
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	359,454.08		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	95,654.08		
	4. Multiply line 3 by .01		\$	956.54	
	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	l, 5, and 6		\$	2,275.54
	FILING FEE AND TOTAL REMITTANCE DUE	=			
	TIENTO LE AND TOTAL REINIT TAITOLE DOL	_			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,275.54	
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			\$	2,295.54
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		_		ights!

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: nunications Networks, LLC	SYSTEM ID# 37725
M Channels	to its subscribers	fou must give (1) the number of channels on which the cable system carried television broadcast stations is, and (2) the cable system's total number of activated channels during the accounting period.	13
	system carried	d television broadcast stations	
	on which the ca	al number of activated channels cable system carried television broadcast stations cast services	385
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further	Name	Morgan Conkle Telephone 347-83	5-7661
	Address	650 College Road East, Suite 3100	
		(Number, street, rural route, apartment, or suite number) Princeton, NJ 08540	
	***************************************	(City, town, state, zip)	
	Email	morgan.conkle@astound.com Fax (optional)	
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as line 1 of space B and that the owner is not a corporation or partnership; or	dentified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B.	e cable system
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	
		X /s/ Parisa Salehani	
		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: Parisa Salehani	
		Title: Senior Vice President - Controller (Title of official position held in corporation or partnership)	
		Date: 3/1/2024	

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Accounting Period: 2023/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 37725 **Grande Communications Networks, LLC** 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? X NO 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. Interest Assessment x = 0.00274Line 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

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 th 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.

Address

ID number

First community served Accounting period