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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@copyright.gov</li> </ul>
Cable Systems (Short Form)		1	
General instructions are located	2/29/24	Ş	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.		ALLOCATION NUMBER	(202) 707-8150.

Α	ACCO	DUNTING 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.	063233
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (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 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: AURORA II CORRECTIONAL FACILITY	
		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 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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063233
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorport discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	orated communities within unincorporated areas and including single, at 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 Note: Entities and properties such as hotels, apartments, condominiums, or	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	AURORA	CO
Community	(AURORA II CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	TIONS LLC							06323
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	v transmission se	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p	bay cable) in sp	ace F, r	not here. All the	facts you	state must be th			
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
nutoo	separately for the particular serv							onargou	
	Rate: Give the standard rate of								
	unit in which it is generally billed				ny standai	rd rate variations	within a p	oarticular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmiss	ion servic	e that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count und	ler "Servio	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.				I				
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		29	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	3				
-	In General: Space F calls for rat				-	I your cable syst	em's servi	ces that were	
F	not covered in space E, that is, t								
Comisso	service for a single fee. There ar	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		uouuny	billed. If dify fd		arged on a varia	bio poi pi	ogram bablo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) description				snea. List	these other serv	ices in the	form of a	
							1		
	CATEGORY OF SERVICE	BLOO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	-	• Mot	tel, hotel					
	• Pay cable—add'l channel	-	• Cor	mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		• Pay	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	-	• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	-		services:					
	• FM radio (if separate rate)			connect		-			
	• Converter			connect					
				tlet relocation		-			
				ve to new addr	ess	-			

nting Period:	2023/2			FORM SA1-2E. PAGE :
Name	LEGAL NAME OF OWNER O			SYSTEM ID
	CEQUEL COMMUNIC			063233
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and al- see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- lations in the paper SA1-2 form. the community to which the station	E-time basis under rams [sections rations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBDI-1	12	E	
		14	E	BROOMFIELD, CO
	KCEC-1 KCNC-1	4	N	DENVER, CO DENVER, CO
ws as Necessary	KDEN-1	25	IN	LONGMONT, CO
	KDVR-1	31	I.	DENVER, CO
	KDVR-1 KMGH-1	7	N	
	KPXC-1	59	<b>N</b>	DENVER, CO
				DENIVER CO
				DENVER, CO
	KRMA-1	6	E ·	DENVER, CO
	KRMA-1 KTFD-1	6 14	I E I	DENVER, CO BOULDER, CO
	KRMA-1 KTFD-1 KTVD-1	6 14 20	1 1	DENVER, CO BOULDER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1	6 14 20 9	I E I I N	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1 KWGN-1	6 14 20 9 2	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1	6 14 20 9	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1 KWGN-1	6 14 20 9 2	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1 KWGN-1	6 14 20 9 2	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1 KWGN-1	6 14 20 9 2	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1 KWGN-1	6 14 20 9 2	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1 KWGN-1	6 14 20 9 2	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1 KWGN-1	6 14 20 9 2	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1 KWGN-1	6 14 20 9 2	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1 KWGN-1	6 14 20 9 2	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO DENVER, CO
	KRMA-1 KTFD-1 KTVD-1 KUSA-1 KWGN-1	6 14 20 9 2	1 1	DENVER, CO BOULDER, CO DENVER, CO DENVER, CO DENVER, CO

CEQUEL CO	MMUNICA	TIONS	S LLC					0632
	t every radio s	station c	<b>)</b> arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the call tate whether the radio stat this by placing	y the sy be rece ut the Co I sign of the stati tion's sig g a chec	III-Band FM Carriage: Under stem whenever it is received eived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which	at the system's H e system's FM ar this point, see p ssed by the cable	headend, and htenna, during age (v) of the e system as a	(2) it ca general general	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
Mexican or Can	adian station	s, if any	, the community with which th	ne station is ident	ified).	1		
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	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	_C					063233
	SUBSTITUTE CARRIAGE	: SPECIA			G			
I I	In General: In space I, identi	-	-		-	ion that you	ır cable svste	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm				e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion program	ן וביים
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete	e the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	
	clear. If you need more space Column 1: Give the title				program") tha	t during the		
	period, was broadcast by a							
	under certain FCC rules, rec							1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "basket	ball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "I	No."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	am.			
	<b>Column 4:</b> Give the broat the case of Mexican or Can						e FCC or, in	
	Column 5: Give the mon	th and day	when your syst	em carried the substitute	program. Use	numerals,	with the mor	ith
	first. Example: for May 7 giv	e "5/7."						
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	o by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	noula be	
	Column 7: Enter the lette							
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming mary	our system was	s permitted to delete unde	r FCC rules a	nu regulatio	ons in	
					11			
	s	UBSTITUT	E PROGRAM			EN SUBST IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
			+				<u>—</u>	
			<b>_</b>					
							_	
			<b>_</b>					
			+		-			
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Accounting Period:	2023/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC		063233
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	7,306.10 iss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	63,800.	
	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 t accounting period is \$52.00.	his six-mon	
	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 \$137,1	00)	
	1. 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 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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: DMMUNICATIONS LLC	SYSTEM ID# 063233
M Channels	<ul> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ul>	You must give (1) the number of channels on which the cable system carried television broadcast stations beers, and (2) the cable system's total number of activated channels during the accounting period.	13 32
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual ct about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Telephone (903)	) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email	RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O	I, the undersite     (Ow     (Ag     X     (Of     I have examinare true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations)         gned, hereby certify that (Check one, but only one, of the boxes.)         mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or         filter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th in line 1 of space B.         red the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         ction 1001(1986)]         X       /s/ Alan Dannenbaum         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:       ALAN DANNENBAUM	
		Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
		Date: 2/27/2024	

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unting Period: 2023/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	06323
<ul> <li>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 sul scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>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.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions</li> </ul>	Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?	
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 underpaymen	t
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	- Interest Assessme
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