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							
02/02/2024	\$							
	ALLOCATION NUMBER							

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING 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		
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
		MonCre Telephone Cooperative
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM  227 Main Street
		(Number, street, rural route, apartment, or suite number)  Ramer, AL 36069 ((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 salready 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:
		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.

	LECAL NAME OF CAMED OF CARLE CYCTEM.	SYSTEM								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	MonCre Telephone Cooperative	638								
_	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co									
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li									
	as the "first community." Please use it as the first community on all future filings.	ist will serve as a form of system identification hereafter kild								
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below th									
Area	identified city.	ionie parks snould be reported in parentneses below the								
Served	identified city.									
	CITY OR TOWN	STATE								
First	Ramer	AL								
Community	Grady	AL								
	Highland Home	AL								
	Lapine	AL AL								
Rows as Necessary										
	Pine Level	AL								
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	инистинитинитинитинитинитинитинитинитини									

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63814

## MonCre Telephone Cooperative

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	710	42.99	Preferred TV	266	60.00		
<ul> <li>Service to additional set(s)</li> </ul>			Premier TV	303	17.00		
<ul> <li>FM radio (if separate rate)</li> </ul>			Pinnacle TV	74	42.00		
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
1	I	T		T			

# 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		Motel, hotel		НВО	16.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Cinemax	12.95
<ul> <li>Fire protection</li> </ul>		• Pay cable		Starz & Encore	12.95
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		Showtime/TMC	15.95
Installation: Residential		Fire protection		Sportsplus	6.95
• First set		Burglar protection		Variety Tier	2.95
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63814

## MonCre Telephone Cooperative

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
WAIQ PBS	27	E	Montgomery, AL
WAIQ PBS HD	27.1	E	Montgomery, AL
WAIQ CREATE	27.2	E	Montgomery, AL
WAIQ WORLD	27.3	E	Montgomery, AL
WAKA CBS	25	N	Selma, AL
WAKA CBS HD	25.1	N	Selma, AL
WAKA ME TV	25.2	N	Selma, AL
WBMM CW	18	I	Tuskegee, AL
WBMM CW HD	18.1	I	Tuskegee, AL
WCOV FOX	22	l	Montgomery, AL
WCOV-FOX HD	22.1	I	Montgomery, AL
WCOV ANTENNA TV	22.2	l	Montgomery, AL
WCOV THIS TV	22.3	I	Montgomery, AL
WMCF JUICE TV	28	I	Montgomery, AL
WMCF TBN	28.1	I	Montgomery, AL
WMCF OTHER	28.2	I	Montgomery, AL
WMCF CHURCH	28.3	l	Montgomery, AL
WNCF ABC	31	N	Montgomery, AL
WNCF ABC HD	31.1	N	Montgomery, AL
WSFA NBC	8	N	Montgomery, AL
WSFA NBC HD	8.1	N	Montgomery, AL
WSFA-GRIT	8.2	N	Montgomery, AL
WSFA-BOUNCE	8.3	N	Montgomery, AL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## MonCre Telephone Cooperative

63814

## 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
	<del> </del>	<del> </del>					
	<b>_</b>	<b></b>					
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	+	<del> </del>					<del> </del>

Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	MonCre Telephone Co							SYSTEM ID# 63814	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No"	ry every nor ecounting peng that must CONCER od, did you ion?	nnetwork televis eriod, under spe et be included in RNING SUBST r cable system	cion program, broadcast be ecific present and former F this log, see page (v) of t FITUTE CARRIAGE carry, on a substitute ba	oy a <i>distant</i> sta FCC rules, regu he general inst	llations, or au ructions in the etwork televi	uthorizations. ne paper SA1 sion progran YES	For a further -2 form.	
	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 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 r								
	Si		E PROGRAM  3. STATION'S CALL SIGN	I 4. STATION'S LOCATION	5. MONTH	EN SUBST RIAGE OCC 6		7. REASON FOR DELETION	

	LEGAL MANE OF CHANGE				A1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MonCre Telephone Cooperative			S	YSTEM ID 6381						
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines th all amounts (gross receipts) paid to your cable system by sub (as identified in space E) during the accounting period. For a page (vii) of the general instructions located in the paper SA1 Gross receipts from subscribers for secondary transmiss during the accounting period.  IMPORTANT: You must complete a statement in space P co	oscribers for the system further explanation of -2 form. sion service(s)	n's secondary tran	nsmission servic nis amount, see	3,137.40						
	' '	33 1		( 3.	, , , , ,						
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 \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.										
	BLOCK 1: GROSS RECI	EIPTS OF \$137,100 (	OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 of accounting period is \$52.00	or less, the royalty fee th	nat you must pay fo	or this six-month							
	Line 1. Royalty fee for accounting period										
	Ç.										
	Line 2. Interest charge. Enter the amount from line 4, space Q, p	page 8			0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING	PERIOD Add lines 1 a	nd 2								
	BLOCK 2: GROSS RECEIPTS OF \$2	63,800 OR LESS (bu	t more than \$13	7,100)							
	Base amount under statutory formula	<u>\$</u>	263,800.00	<u> </u>							
	2. Enter amount of gross receipts from space K	<b>\$</b>	183,137.40	<u>_</u>							
	3. Subtract line 2 from line 1	<b>\$</b>	80,662.60	<u>_</u>							
	4. Enter the amount of gross receipts from space K			183,137.40							
	5. Enter the amount from line 3			80,662.60							
	6. Subtract line 5 from line 4		\$	102,474.80							
	7. Multiply line 6 by .005 (enter figure here)			\$	512.37						
	8. Interest charge. Enter the amount from line 4, space Q, page	8		·	0.00						
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER	RIOD. Add lines 7 and 8		. \$	512.37						
	BLOCK 3: GROSS RECEIPTS OF MO	RE THAN \$263,800 (	but less than \$52	27,600)							
	Enter the amount of gross receipts from space K										
	Base amount under statutory formula			<del>-</del> 1							
	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 stat			1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page										
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER										
			-								
	FILING FEE AND TOTAL REI	MITTANCE DUE									
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, o	or 3, above)	\$	512.37							
Total Remittance Due	Filing Fee (See the instructions for more information on filing fee)			20.00							
	2	55 oaioaiaiioii3)	· · · · · · · · · · · · · · · · · · ·	20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add I	ines 2 and 3		\$	532.37						
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!										

Accounting Period:	: 2023/2										FOR	RM SA1-2E. PAGE 7.
Name	MonCre Telephone	ER OF CABLE SYSTEM: e Cooperative										SYSTEM ID# 63814
<b>M</b> 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 and nonbroadcast services									23		
N Individual to Be Contacted		CONTACTED IF FURTHI t this statement of accoun		ORMA	ATION IS NEED	<b>ED</b> (Identify a	an indiv	idual to who	om			
for Further Information	Name Te	eresa Rich							Telephone	334-562-	-3473	
	(Nu	27 MainStreet umber, street, rural route, apartn amer, AL 36069 y, town, state, zip)	ment, or sui	uite nun	mber)							
	Email	teresa@mon-cr	e.net					Fax (optiona	al)			
O	I, the undersigned, he (Owner oth Indicate of Continuous)      (Agent of Continuous)      (Officer or in line of Indicate	Typed or printed	tion or pawner is no fa corporate knowledge  Enter an Enter signame:  Gener	/s/ Te	m the owner of the rship) I am the dorporation or parties or a partner (if a under penalty of	uly authorized thership; or partnership) of law that all stallef, and are mention of the line above gnature" (e.g.,	em as id	entified in lir of the owner egal entity id- ts of fact cor good faith.	ne 1 of space E of the cable s entified as own	ystem as idei		
		(Title of of	πιcιαι positi	tion hel	id in corporation or	partnership)		02/02/20	024			

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 the 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 telephon 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 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

counting Period: 2023/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
onCre Telephone Cooperative	63814
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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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.  Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on 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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ID number First community served Accounting period	

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