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.

Г		Retu						
FOR COPYRIGH	FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT	copli						
2/29/24	\$	For a conta						
	ALLOCATION NUMBER	(202)						

Return completed workbook by

coplicsoa@copyright.gov

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

Α	COUNTING 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.	
	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, zp)	
С	TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these nes 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	IDENTIFICATION OF CABLE SYSTEM:	
	HERITAGE TRAILS CORRECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM:	
	(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 filling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Name	CEQUEL COMMUNICATIONS LLC 06388							
	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule.							
D	"a separate and distinct community or municipal entity (including unincorpora							
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that							
	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 m							
Area	identified city.	to the member parker should be reported in parentheses below the						
Served								
	CITY OR TOWN	STATE						
First	PLAINFIELD	in						
Community	(HERITAGE TRAILS CORRECTIONAL)							
Rows as Necessary								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063884

CEQUEL COMMUNICATIONS LLC

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					
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
Service to first set	0	-						
Service to additional set(s)								
• FM radio (if separate rate)								
Motel, hotel								
Commercial	8	42.41						
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.

	BLOCK 1							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential						
Pay cable	-	Motel, hotel						
 Pay cable—add'l channel 	-	Commercial						
Fire protection		• Pay cable						
•Burglar protection		 Pay cable-add'l channel 						
Installation: Residential		Fire protection						
• First set	-	Burglar protection						
Additional set(s)	-	Other services:						
 FM radio (if separate rate) 		Reconnect	-					
Converter		Disconnect						
		Outlet relocation	-					
		 Move to new address 	-					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

CEQUEL COMMUNICATIONS LLC

063884

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
WRTV-1	6	N	Indianapolis, IN
WTTV-1	4	N	Indianapolis, IN
WTHR-1	13	<u>N</u>	Indianapolis, IN
WXIN-1	59	<u>l</u>	Indianapolis, IN
WFYI-1	20	E	Indianapolis, IN
WISH-1	8	<u> </u>	Indianapolis, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

063884

CEQUEL COMMUNICATIONS LLC

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
		 					
							
	l						
		 					
	l						
							
	l						
						ļ	
							l

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID:	
Name	CEQUEL COMMUNICA	ATIONS L	LC					063884	
	SUBSTITUTE CARRIAG	E: SPECIA	AI STATEME	NT AND PROGRAM LO	G				
- 1	In General: In space I, iden	_	_			ion that v	our cable sv	stem carried on a	
•	substitute basis during the a								
Substitute	explanation of the programn								
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE					
Special	• During the accounting pe	riod, did you	ur cable syster	n carry, on a substitute bas	sis, any nonr	etwork te	levision pro	gram	
tatement and Program Log	broadcast by a distant sta	ition?					YES	X NO	
rogium Log	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	-	o, leave lile	rescortins pa	ge bialik. II your allswel is	res, your	nust com	piete trie pro	gram	
	log in block 2. 2. LOG OF SUBSTITUT	E DDOGD/	Me						
	In General: List each subs			ate line. Use abbreviations	wherever po	ossible, if	their meanir	ng is	
	clear. If you need more spa	ace, please	add additional	rows to the tables.					
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general catego								
	"NBA Basketball: 76ers vs.	Bulls."							
				er "Yes." Otherwise enter "					
				asting the substitute progr he community to which the		ensed by	the FCC or	in	
	the case of Mexican or Ca							,	
		,	when your sy	stem carried the substitute	program. Us	se numera	als, with the	month	
	first. Example: for May 7 gi		o cubetituto pr	ogram was carried by your	cable eveter	n Liettha	timos accu	ratoly	
	to the nearest five minutes								
	stated as "6:00-6:30 p.m."	. Example:	a program oan	iod by a cyclom nom c.c.	. 10 p.iii. to 0	.20.00 p.i	n. onoula be		
				n was substituted for progr					
	to delete under FCC rules							rogram	
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regu	nauons m		
		•			1				
						N SUBS		7. REASON FO	
	S	1	E PROGRAM		CARRIAGE OCCURRED			I/ REASON FO	
	4 TITLE OF DDOODAM	2. LIVE?	3. STATION'S						
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4 STATION'S LOCATION	5. MONTH		TIMES TO	DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO		
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION				-	
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					
	1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION					

Accounting Period:	2023/2	FORM SA1-2	E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		TEM ID# 063884
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.	ission service amount, se	20.00 eceipts)
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 \$2 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.	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 this accounting period is \$52.00.	s six-month	
	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	0)	
	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		
	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 \$527,60	00)	
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	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 Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2023/2								FORM SA1-2E. PAG	3E 7.
Name		NER OF CABLE SYSTEM: JNICATIONS LLC							SYSTEM 0638	
M Channels	to its subscribers, a	must give (1) the number of and (2) the cable system's umber of channels on whice levision broadcast stations	total num	mber of a	activated channels o	during the ac			6	
	on which the cabl	umber of activated channel e system carried television t services	broadca						29	
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of accou		FORMA	ΓΙΟΝ IS NEEDED (I	dentify an ind	dividual			
for Further Information		RODNEY HASKINS					Telephone	(903) 579-31	52	
	"(i	Number, street, rural route, apart YLER, TX 75701 City, town, state, zip)		suite numb	per)					
	Email	RODNEY.HAS	KINS@/	DALTICE	EUSA.COM		Fax (optional)			
O Certification	Owner of the line (Agent of the line X (Officer in line) I have examined the line of t	ther than corporation or performent of space B and that the corporation of partner) I am an officer (e. 1 of space B. The statement of account and and correct to the best of merest and correct to the best of the correct and correct to the best of the correct to the best of the correct and correct to the best of the correct to the best of the correct and correct to the correct and correct to the correct and cor	one, but of partnersh ation or powner is referenced in the corporation of the corporation	ship) I ar r partner s not a co poration)	e, of the boxes.) In the owner of the careful I am the duly a proration or partners or a partner (if a par under penalty of law	able system a authorized ag ship; or tnership) of th	copyright Office regulations as identified in line 1 of space and of the owner of the cable the legal entity identified as owners of fact contained here le in good faith.	e B; or e system as identif owner of the cable		
			Enter sig	an electro signature	Alan Dannenbar onic signature on the I using an "/s/ signatur	ine above to o		-		
		Typed or printed Title:		***************************************	AN DANNENBA	AUM				
					in corporation or partner	ship)	2/27/2024			
										ai

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Accounting Period: 2023/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063884 **CEQUEL COMMUNICATIONS 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 fol-"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 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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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