THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

		Return to:
FOR COPYRIGHT	Library of Congress Copyright Office	
DATE RECEIVED	AMOUNT	Licensing Division
		101 Independence Ave. SE
02/27/2019	\$	Washington, DC 20557-6400 (202) 707-8150
	ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting	July 1-December 31, 2018						
Period							
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. 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. 1014368						
	Vyve Broadband A, LLC						
			01	436820182			
				014368 2018/2			
	4 International Dr Suite 330						
	Rye Brook, NY 10573						
		siness or trade names used to ider	ntify the business and operation of the system	unless these			
C			e system, if different from the address given i				
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite no						
	2 (Number, street, rural route, apartment, or suite no	umber)					
	(City, town, state, zip code)						
	Instructions: List each separate comm	nunity served by the cable system.	A "community" is the same as a "community	unit" as defined			
D	in FCC rules: "a separate and distinct c	community or municipal entitiy (inclu	uding unincorporated communites within unin	ncorporated			
	3 3 1	•	6.5(dd). The first community that list will serv				
Area			use it as the first community on all future filing				
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First	ATCHISON	KS	SITT SICTOWIA	OTATE			
Community	ATCHISON COUNTY PORTION	KS					
	BUCHANAN COUNTY	KS					
	LANCASTER	KS					
	LEWIS & CLARK	KS					
	WESTERN PLATTE	KS					

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 effects 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.

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE S' Vyve Broadband A, LLC	TOTEIVI:		SYSTEM 0143
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
continued)				
Area				
Served				
		-		
		-		
		-		

FORM SA3. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 014368 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-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 scribers and Rates 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 BLOCK 1 **BLOCK 2** NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 612 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 83 25.00 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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** BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable · Motel, hotel 19.95 · 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 64 95 Additional set(s) Other services: • FM radio (if separate rate) Reconnect 39.95 Converter Disconnect Outlet relocation

Move to new address

20.00

39.95

KSHB-COZI TV

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014368 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 othe 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community This may be different from the channel on which your cab; e system carried the station. Identify each multicast strean associated with a station according to its over-thie-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommerci 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 Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL NUMBER **STATION** KANSAS CITY MO **KPXE-ION Life** 50.3 I-M KANSAS CITY MO WDAF-FOX 4 KANSAS CITY MO KCTV-CBS N KANSAS CITY MO KMCI-IND 38 N KANSAS CITY MO KSHB-NBC 41 KMBC-ABC 9 N KANSAS CITY MO KANSAS CITY MO KCPT-PBS 19 Ε TOPEKA KS KTWU-PBS 11 11 Ε KANSAS CITY MO KSMO-MNT 62 29 KANSAS CITY MO KCWE-CW KANSAS CITY MO 50.2 I-M KPXE-Oubo KANSAS CITY MO **KPXE-ION Life** 50.3 I-M KTWU-MHz Worldview/PBS Kids 11.2 I-M TOPEKA KS KMCI-Escape TV 38.3 I-M **KANSAS CITY MO** KANSAS CITY MO I-M WDAF-Antenna TV 4.2 9.2 I-M KANSAS CITY MO KMBC-MeTV E-M 19.3 KANSAS CITY MO **KCPT-Create** TOPEKA KS I-M KCWE-MOVIES! 29.2 I-M TOPEKA KS KMCI-Grit TV 38.4 KCPT-Encore 19.2 I-M TOPEKA KS

41.2

I-M

KANSAS CITY MO

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 014368 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television basis under specifc 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 Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. 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. **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 identifed. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF NUMBER STATION KANSAS CITY MO KMCI-Bounce TV 38.2 I-M KSHB-LAFF 41.3 I-M KANSAS CITY MO 11.3 I-M TOPEKA KS KTWU-Enhance KCTV-Comet KANSAS CITY MO I-M 5.2 KCPT-PBS Kids 19.4 E-M KANSAS CITY MO

FORM SA1-2. F	FOWNER OF C		YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	<u> </u>						014368	
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			
receivable if (1) on the basis of in For detailed information Column 1: In Column 2: Solumn 3: If signal, indicate Column 4: Golumn 4: G	it is carried by monitoring, to primation about dentify the call tate whether to the radio statisthis by placing give the station adian stations	the system the the the sign of the station on's sign a check a's location, if any, if	l-Band FM Carriage: Under of tem whenever it is received at wed at the headend, with the copyright Office regulations each station carried. In is AM or FM. In all was electronically process at mark in the "S/D" column. In on (the community to which the community with which the	it t sy on sec	the system's hearstem's FM antern this point, see put the cable systation is licensetation is identified	adend, and (2) nna, during ce page (v) of the ystem as a sel ed by the FCC ed).	it can bertain state general parate a	e expected, ted intervals. I instructions. Ind discrete The case of	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	l								
	l								
	l								
	l								
	l								
	l								
	l								

	1							1 SA1-2. PAGE 5.			
Name	LEGAL NAME OF OWNER OF		ГЕМ:				;	SYSTEM ID#			
Name	Vyve Broadband A, LL	С						014368			
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and Program Log	 During the accounting peri broadcast by a distant stat 	ion?	-	•	-		Yes	⊠No			
	log in block 2.	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a cunder certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." es when the Example: a	m on a separa attach additional attach additional anetwork televition and that your authorizations vies" or "baske deast live, enter attach broadca an's location (thins, if any, the ownen your systematical attachments and the second attachments are substitute proprogram carried listed program.	al pages. sion program (substitute pur cable system substitute s. See page (v) of the general state. The state of the substitute program was carried by your ed by a system from 6:01:	orogram) that d for the program instruction titles, for explor. No." station is lice station is idea program. Use cable system 15 p.m. to 6:2	ensed by the Fortified). In the numerals, we numerals, we have the time 28:30 p.m. shown	ccounting nother static information. e Lucy" or FCC or, in ith the month ith the month ould be was required	١			
	to delete under FCC rules a gram was substituted for pro effect on October 19, 1976.										
	S	UBSTITUT	E PROGRAM		WHEN SU	JBSTITUTE (7. REASON			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM —		FOR DELETION			
							- <mark></mark>				
							-				
							:= :=				
							-				
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							· -				
							- 				
						_					

LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 014368	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	mission service amount, see \$ 117,633.00	K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
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 \$100.00 uses 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 for more information	\$263,800	Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this 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 \$137,7	100)	
1. Base amount under statutory formula	-	
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 recepits (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		
IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pageneral instructions for more information.	age I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC 014368					
	014300					
	CHANNELS					
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations					
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.					
	Enter the total number of channels on which the cable					
	system carried television broadcast stations					
	Enter the total number of activated channels					
	on which the cable system carried television broadcast stations					
	and nonbroadcast services					
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED. (Identify an individual to whom we can write or call about this statement of account.)					
Individual to						
Be Contacted	Name Marie Censoplano Telephone 914-235-8313					
for Further Information	Name Marie Censoplano Telephone 914-235-8313					
	Address 4 International Dr Suite 330					
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)					
	Rye Brook, NY 10573					
	(City, town, state, zip)					
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363					
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations,					
0	as explained in the general instructions.)					
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)					
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or					
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified					
	in line 1 of space B and that the owner is not a corporation or partnership; or					
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.					
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein					
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]					
	Handwritten signature: /s/ $m{Daniel}\ m{J}\ m{White}$					
	Typed or printed name: Daniel J White					
	Title: SVP Financial Planning					
	(Title of official position held in corporation or partnership)					
	Date: 0/00/40					
	Date: 2/26/19					

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 014368	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable so service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuance."	stem for the basic	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general	l instructions.	Concerning Gross Receipts
During the accounting period did the cable system exclude any amounts of gross receipts for sec made by satellite carriers to satellite dish owners?	ondary transmissions	Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payr For an explanation of interest assessment, see page (viii) of the general instructions.	nent or underpayment.	Q
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		
,	days	
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** enter here and on line 3, block 4,		
space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For fur	,	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ther assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the C	onvright Office, please	
list below the owner, address, first community served, ID number, and accounting period as giver		
Owner		
Address		
ID number		
First community served		
Accounting period		

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