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 Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	03/01/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20182 Barcode Data Filing Period (optional - see instructions)	
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.	62651
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		150 2ND ST SW (Number, street, rural route, apartment, or suite number)	
		PERHAM, MN 56573	
	INSTR	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	inless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC
Name	MELROSE TELEPHONE COMPANY	620
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community		MN
Community	MELROSE TWP	MN
	MILLWOOD TWP	MN
d Rows as Necessary		MN
		MN
	SPRING HILL TWP	MN
	ST MARTIN	MN
		MN
	BIRCHDALE TWP	MN
		MN
	EDEN LAKE TWP	MN
	FARMINGTON TWP	MN
	FOREST PRARIE TWP	MN
	GETTY TWP	MN
	GREENWALD	MN
	GREY EAGLE	MN
	GROVE TWP	MN
	KIMBALL	MN
	LUXENBURG TWP	MN
	MAIN PRAIRIE TWP	MN
	MANNANAH TWP	MN
	MEIRE GROVE	MN
	ZION TWP	MN
	BURNHAMVILLE	MN
	BURTRUM	MN
	FAIRHAVEN	MN
	COLLEGEVILLE TWP	MN
	KINGSTON TWP	MN
	MUNSON TWP	MN
	RICHMOND	MN
	ROUND PRAIRIE TWP	MN
	EDEN VALLEY	MN
	WAKEFIELD TWP	MN
	ST MARTIN TWP	MN
	FRIBERG TWP	MN
	GORDON TWP	MN
	KANDOTA TWP	MN
	ROSCOE CITY	MN
	SPRING HILL CITY	MN
	UNION GROVE TWP	MN
		······································

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MELROSE TELEPHONE	COMPANY							6265
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	e cable	
	system, that is, the retransmission	on of television	and radi	io broadcasts I	by your sy	stem to subscril	oers. Give i	nformation	
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						olo evetom	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				iy stanuai		s within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	to their subscr	ibers. G	live the numbe	r of subsc	ribers and rate	for each lis	ted category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o					i în the count un			
	Block 2: If your cable system i					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:		-				-		
	Service to first set	-	1,512	34.95					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel		90	34.95					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				<u> </u>				
-	In General: Space F calls for rat	-				I your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th	hose services t	hat are i	not offered in c	ombinatio	on with any seco	ndary trans	smission	
0	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually i	billed. If ally fa		arged on a van		Sgram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by th							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other serv	lices in the	form of a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	/ICF	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	19.95	• Mot	el, hotel			PAY CA	BLE	13.9
	Pay cable—add'l channel		• Con	nmercial			PAY CA	ABLE	14.9
	Fire protection		• Pay	cable			PAY CA		7.9
	•Burglar protection			cable-add'l ch	annel		PAY CA		28.9
	Installation: Residential			protection					
	• First set	55.00		lar protection					
	<ul> <li>Additional set(s)</li> </ul>			ervices:					
			-						
	( )		• Rec	onnect		55.00			
	• FM radio (if separate rate)     • Converter			onnect connect		55.00			
	• FM radio (if separate rate)		• Disc			55.00 40.00			

ounting Period: 2	2018/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	MELROSE TELEPHO			6265
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(d substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wcco	4	N	MINNEAPOLIS, MN
	KMSP	9	N	MINNEAPOLIS, MN
Rows as Necessary	WFTC	29	I	MINNEAPOLIS, MN
	KARE	11	Ν	MINNEAPOLIS, MN
	КТСА	2	E	MINNEAPOLIS, MN
	KSTP	5	Ν	MINNEAPOLIS, MN
	WUCW	23	I	MINNEAPOLIS, MN
	кѕтс	45	l	MINNEAPOLIS, MN
	КРХМ	41	I	ST. CLOUD, MN
	KARE-2	11.2	I-M	MINNEAPOLIS, MN
	WCCO-2	4.2	I-M	MINNEAPOLIS, MN
	WUCW-4	23.4	I-M	MINNEAPOLIS, MN
	KSTC-4	5.4	I-M	MINNEAPOLIS, MN
	KSTC-6	5.6	I-M	MINNEAPOLIS, MN
	KSTP-7	5.7	I-M	MINNEAPOLIS, MN
	KSTC-3	5.3	I-M	MINNEAPOLIS, MN
	KARE-4	11.4	I-M	MINNEAPOLIS, MN

EGAL NAME OF								SYSTEM II 626
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MELROSE TELEPHON	E COMP	ANY					62651
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I O	G			
I I	In General: In space I, identi		-		-	ion that you	r cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	s, any nonne	twork televis	sion program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	the program	n
	log in block 2.					·		
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their	r meaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute	orogram") tha	t during the		
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	r informatior	ı.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	ve Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."	, , , , , , , , , , , , , , , , , , ,		0			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	a program came	ed by a system nom 6.01.	15 p.m. to 0.2	o.su p.m. si	iouid be	
	Column 7: Enter the letter			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	I FUU TUIES a	inu regulatio	115 111	
					11			
		דו דו דו חחו				EN SUBSTI IAGE OCCI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
			]					
							_	
							_	
							_	
			]					
1								

Accounting Period:	2018/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MELROSE TELEPHONE COMPANY		S	SYSTEM ID#
				62651
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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	's secondary trans low to compute thi	mission servio s amount, see	5,788.69
L 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 les • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more informa-	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	, , ,		
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 an	ıd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but		100)	
	1. Base amount under statutory formula			
	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	••• <u>·</u>		
	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 (b	out less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K	325,788.69		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	61,988.69		
	4. Multiply line 3 by .01	\$	619.89	
	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	\$	1,938.89
	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)	<b>\$</b>	1,938.89	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,958.89
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ELEPHONE COMPANY				SYSTEM ID# 62651
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 ers, and (2) the cable system's otal number of channels on whic ed television broadcast stations otal number of activated channe e cable system carried television idcast services	total number of a ch the cable s els n broadcast statio	ctivated channels during the a	accounting period.	17 268
N Individual to Be Contacted		TO BE CONTACTED IF FURTH t about this statement of accou		ON IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	JOEL SMITH			Telephone	218.346.8270
	Address	150 2ND ST SW (Number, street, rural route, apar PERHAM, MN 56573 (City, town, state, zip)		er)		
	Email	joel.smith@arv	vig.com		Fax (optional)	
O Certification	I, the undersig     (Ow     (Age     X     (Of     I have examinare true, comp	IN (This statement of account m gned, hereby certify that (Check of mer other than corporation or p ent of owner other than corpora in line 1 of space B and that the of ficer or partner) I am an officer ( in line 1 of space B. ned the statement of account and lete, and correct to the best of my ction 1001(1986)]	partnership) I am ation or partnersh owner is not a corp (if a corporation) or I hereby declare un y knowledge, inforr X /s/ E Enter an electron	of the boxes.) the owner of the cable system <b>hip)</b> I am the duly authorized an ioration or partnership; or a partner (if a partnership) of t der penalty of law that all state	as identified in line 1 of space B gent of the owner of the cable sy the legal entity identified as own ments of fact contained herein le in good faith.	ystem as identified
		Typed or printed Title: (Title of	d name: Dav	id R. Arvig		
		Date:			FEBRUARY 28, 2019	

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unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ROSE TELEPHONE COMPANY	626
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. 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 transmises made by satellite carriers to satellite dish owners?	ic e sub- 9." Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 underpayn	ment
For an employed in the second second (100) of the second instructional sector in the second CA4 2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	rm. Q
Line 1 Enter the amount of late payment or underpayment	rm. Q
Line 1 Enter the amount of late payment or underpayment	rm. Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	rm. Q
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Line 1 Enter the amount of late payment or underpayment	rm. <b>Q</b> Interest Assessme - days - ge) lease
Line 1 Enter the amount of late payment or underpayment	rm. <b>Q</b> Interest Assessme - days - ge) lease
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