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
8/27/2021
\$
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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2021/1 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	
	DuCom Treasure Lake LP	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	Zito Media	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	PO Box 665	
	(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915	
	(City, town, state, zip)	
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	Zito Media - Hazen	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or sulte 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 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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	DuCom Treasure Lake LP	40576
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Pine Creek	PA
Community	Snyder	PA
	Washington	
Rows as Necessary	Polk	
	Warsaw	PA

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM II 4057
	DuCom Treasure Lake	LP							405
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	-		-		•			
- ·	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (inc						those exist	ting on the	
Service: Sub-	Number of Subscribers: Bot						ble svstem	n, broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n					•	•	s charged	
	separately for the particular serv							na and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·	,		ny standa		is within a		
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca				••	•••	•		
	first set" and would be counted of								
	Block 2: If your cable system	has rate categ	ories for	secondary tra	nsmission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A t	vo- or thre	e-word descrip	tion of the	service is	
		OCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCINE		TUTE	0/11			CODCORIDERO	1011
	Service to first set		48	18.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									İ
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra		,		•	• •			
•	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
	Block 1: Give the standard rate	te charged by t						were not	
ransmissions:	Block 2. List any services that	t vour cable sv		nichad or offar			period trial		
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-	vices in the	e form of a	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	separate charg	ge was n	nade or establ	-	-	vices in the	e form of a	
	listed in block 1 and for which a	separate chargonic chargon	je was n de the ra	nade or establ	-	-	vices in the		
	listed in block 1 and for which a	separate charg	ge was n de the ra CK 1	nade or establ	shed. List	-		BLOCK 2 DRY OF SERVICE	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip	separate chargotion and include BLOC	ge was n de the ra CK 1 CATEG	nade or establ ite for each.	shed. List	these other ser		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate chargotion and include BLOC	ge was n de the ra CK 1 CATEG Installa	nade or establ ate for each. ORY OF SER	shed. List	these other ser		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and includ BLO(RATE	ge was n de the ra CK 1 CATEG Installa • Mot	nade or establ ite for each. ORY OF SER tion: Non-res	shed. List	these other ser		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate chargotion and includ BLO(RATE	ge was n de the ra CK 1 CATEG Installa • Mot • Cor	nade or establ tte for each. ORY OF SER tion: Non-res el, hotel	shed. List	these other ser		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate chargotion and includ BLO(RATE	ge was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay	nade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial	vice	these other ser		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate chargotion and includ BLO(RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	nade or establ ate for each. ORY OF SER tion: Non-res el, hotel nmercial cable	vice	these other ser		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	separate chargotion and includ BLO(RATE	ge was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	Anade or estables ate for each. ORY OF SER tion: Non-res el, hotel nomercial cable cable-add'l ch	vice	these other ser		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate chargotion and include BLOO RATE 17.95	ge was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	Anade or estables ate for each. ORY OF SER tion: Non-res el, hotel nomercial cable cable cable-add'l ch protection	vice	these other ser		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate chargotion and include BLOO RATE 17.95	e was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	Anade or estable ate for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	vice	these other ser		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chargotion and include BLOO RATE 17.95	e was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Rec	Anade or estable te for each. CORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection services:	vice	RATE		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chargotion and include BLOO RATE 17.95	ge was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	Anade or estable ate for each. CORY OF SER tion: Non-res el, hotel nomercial cable cable-add'l ch protection glar protection services: connect	vice	RATE		BLOCK 2	RAT

Accounting Period: 2	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	DuCom Treasure Lak	e LP		40576
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable systel FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location	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-th	t (1) stations carried only on a part- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct 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 indep or "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 Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
		2 DICAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM	23.1	N	Altoona PA
	WATM	23.4	I	Altoona PA
Add Rows as Necessary	WATM	23.3	<u> </u>	Altoona PA
	WJAC	6	Ν	Johnstown PA
	WPCW	19.1	I	Jeannette PA
	WPSU	3	E	State College PA
	WTAJ	10	N	Altoona PA
	WWCP	8	Ν	Johnstown PA

DuCom Trea	OWNER OF C							SYSTEM
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii 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							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	DuCom Treasure Lake	e LP						40576
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Lise abbreviation	s wherever n	ossible if t	heir meanin	a is
	clear. If you need more spa				s wherever p			y 13
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ries like "mo						
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi	ve "5/7."						
	Column 6: State the tim to the nearest five minutes.			ogram was carried by you ried by a system from 6:0:				ately
	stated as "6:00-6:30 p.m."				·	•		
	Column 7: Enter the lett to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976							
					WHE	N SUBSTI	TUTE	
	S	1				AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	- TO	
							_	
							_	
							<u> </u>	
							_	
							_	
]
								
								+
								+

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	DuCom Treasure Lake LP		40576
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enfail amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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, see	I,170.10 ss receipts)
	COPYRIGHT ROYALTY FEE		•
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	• 	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	DWNER OF CABLE SYSTEM: Ire Lake LP	SYSTEM ID# 40576
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	bu must give (1) the number of channels on which the cable system carried television broadca s, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	1
for Further Information	Name	Teri McMullen	Telephone 814-260-0434
	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersign (Owned) (Agen in X (Office in I have examine	(This statement of account must be certified and signed in accordance with Copyright Office i ad, hereby certify that (Check one, but only one, of the boxes.) ar other than corporation or partnership) I am the owner of the cable system as identified in line t of owner other than corporation or partnership) I am the duly authorized agent of the owner line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ide ine 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact core, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)] Enter an electronic signature on the line above to certify this statement enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	ne 1 of space B; or r of the cable system as identified entified as owner of the cable system ntained herein
		Date: 08/29/202	1

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punting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Com Treasure Lake LP	4057
 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." 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? YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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.	0
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 Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessmei
Line 1 Enter the amount of late payment or underpayment	Interest Assessme

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