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					
2/26/2024	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	UNTING 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		
_		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
В		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.
Owner		and other name of 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
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd.
		(Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152
		(City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	1	(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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 18						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Name	TDS Broadband Service LLC	10034						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 mobile home parks should be reported in parentheses below the identified							
Area Served	city.	parks should be reported in parentheses below the identified						
	CITY OR TOWN	STATE						
First	TRUTH OR CONSEQUENCES	NM						
Community	SIERRA	NM						
	WILLAMSBURG	NM						
Add Rows as Necessary								

Accounting Period: 2023/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID# 10034

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	329	25.00				
Service to additional set(s)						
 FM radio (if separate rate) 						
Motel, hotel	39	17.97/mo.				
Commercial						
Converter						
Residential	466	\$6/Mo.				
Non-residential						
		T		T	I	

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 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	8.00-15.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$50		
Fire protection		• Pay cable			
•Burglar protection		• Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$0 - \$50	Burglar protection			
 Additional set(s) 	\$0 - \$50	Other services:			
 FM radio (if separate rate) 		Reconnect	0-25		
• Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10034

TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION

G

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
KOAT	7.1	N	Albuquerque, NM
KOAT-DT2	7.2	N-M	Albuquerque, NM
KOAT-DT3	7.3	N-M	Albuquerque, NM
KBIM	10.1	N	Roswell, NM
KBIM-DT2	10.2	N-M	Roswell, NM
KOBR	8.1	N	Roswell, NM
KOB DT2	4.2	N-M	Albuquerque, NM
KOB DT3	4.3	N-M	Albuquerque, NM
KLUZ	14.1	l	Albuquerque, NM
KUPT	29.1	l	Hobbs, NM
KRTN	39.1	l	Albuquerque, NM
KRTN-DT6	39.6	I-M	Albuquerque, NM
KASA	2.1	l	Santa Fe, NM
KCHF	11.1	l	Albuquerque, NM
KRWG	22.1	E	Las Cruces
KASY	50.1	l	Albuquerque, NM
KWBQ	19.1	l	Santa Fe, NM

ccounting Period:	2023/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER			SYSTEM ID# 10034
	TDS Broadband Ser	10034		
G Primary Transmitters: Television	In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do not list the station he station was carried only o • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same or Column 2: Give the channol of license. For example, N Column 3: Indicate in each educational station, by en (for independent multicast For the meaning of these Column 4: Give the locations	dentify every television station (including them during the accounting period, except is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. Is: With respect to any distant stations carules, regulations, or authorizations: ere in space G—but do list it in space I (them a substitute basis. If also in space I, if the station was carried tion concerning substitute basis stations, son's call sign. Do not report origination pred with a station according to its over-them.	(1) stations carried only on a part-time e carriage of certain network programs (e)(2) and (4))]; and (2) certain stations ried by your cable system on a substitute basis and also or see page (v) of the general instructions ogram services such as HBO, ESPN, air designation. For example, report not in the page of the station, an independent station, or a not or network multicast), "I" (for independent "E-M" (for noncommercial educational the community to which the station is little community to which the station is little.	basis under s [sections s carried on a ute program)—if the n some other s. etc. Identify each nultistream air in its community ncommercial ent), "I-M" I multicast). sicensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting Period: 2023/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

10034

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.



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.



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
N/A							

U.S. Copyright Office

Accounting Perio	d: 2023/2						FOF	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	TDS Broadband Service	e LLC						10034
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identifi substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former FC0	C rules, regula	itions, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting peri 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work telev	<u>/ision</u> prograi	n
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is "	Yes," you mu	st comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			4- line - i-4i		-: - - :64 -		
	In General: List each subst clear. If you need more space				wnerever pos	sidle, it the	eir meaning i	5
		of every nor distant stati	nnetwork televi on and that yo	ision program ("substitute p ur cable system substituted	d for the progi	ramming o	of another sta	ition
	Do not use general categori "NBA Basketball: 76ers vs.	ies like "mo						
				r "Yes." Otherwise enter "N esting the substitute progra				
	Column 4: Give the broa	dcast statio	n's location (th	ne community to which the	station is lice		e FCC or, in	
	the case of Mexican or Can			community with which the stem carried the substitute r			with the me	m # la
	first. Example: for May 7 giv	,	wnen your sys	tem carried the substitute p	orogram. Use	numerais	, with the mo	ntn
	Column 6: State the time	es when the		gram was carried by your o				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m.	should be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976.	iiiiiig tilat y	our system wa	s permitted to delete under	i i oo idica a	na regulai	ions in	
					WHE	N SUBST	TITLITE	
	S	UBSTITUT	E PROGRAM	I		AGE OC		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
		ļ						
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Accounting Period:	2023/2		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	S)	'STEM ID# 10034
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 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 mount, see	,880.92 ss receipts)
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 less than or equal to \$200. 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 t accounting period is \$52.00	his 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 \$137,1	00)	
	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		
	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)	
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2023/2					FORM SA1-2E. PA	GE 7.
Name	LEGAL NAME OF OWNER OF TDS Broadband Service					SYSTEM 10	1 ID# 1034
M Channels	to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's to of channels on which in broadcast stations of activated channel em carried television	total num h the cab s ls n broadca		counting period.	17 144	
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			PRMATION IS NEEDED (Identify an indiv	vidual to whom		
for Further Information	Name Zaneta	Lewis			Telephone	(608) 664-8517	
	Address 525 Ju (Number, s	nction Rd street, rural route, apartm	nent, or sui	te number)			
		on, WI 53717 , state, zip)					
	Email	finance@tdstelecor	m.com		Fax (optional		
	CERTIFICATION (This state	ment of account mu	ust be cer	tified and signed in accordance with Cop	oyright Office regulations)		
O Certification	• I, the undersigned, hereby	certify that (Check on	ne, <i>but onl</i>	ly one, of the boxes.)			
	(Owner other tha	an corporation or pa	artnershi	p) I am the owner of the cable system as i	identified in line 1 of space B	or	
				artnership) I am the duly authorized agent not a corporation or partnership; or	t of the owner of the cable sy	stem as identified	
	X (Officer or partr in line 1 of		f a corpor	ation) or a partner (if a partnership) of the	legal entity identified as own	er of the cable system	
		rect to the best of my	-	clare under penalty of law that all statemer ge, information, and belief, and are made i			
			X	/s/ Sharon V. Tisdale			
				electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh			
		Typed or printed	name:	Sharon V. Tisdale			
		Title:		tant Treasurer position held in corporation or partnership)			
		Date:			February 19, 2024		

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ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
S Broadband Service LLC	10034
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.	Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- ays
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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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