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
1/06/2023	\$ 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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20222 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.	33275
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDBREAK CABLE LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1140 10 th STREET (Number, street, rural route, apartment, or suite number)	
		GERING NE 69341	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
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 suffciency of the fling, a determination that would be made by a court of law.

ccounting Period:	d: 2022/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WINDBREAK CABLE LLC	33275
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defi separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaft "first community." Please use it as the first community on all future filings.	luding single, discrete
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese identified city.	s below the

	CITY OR TOWN	STATE
First	GUERNSEY	WY
Community	HARRISON	NE
	LUSK	WY
dd Rows as Necessary	LYMAN	NE
,	OSHKOSH	NE
	PINE BLUFS	WY
	TINE DEGIC	***

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

WINDBREAK CABLE LLC

33275

Ε

Secondary Transmission Service: Subscribers and

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.

OCK 1	BLOCK	< 2		
NO. OF			NO. OF	
SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
299	\$54.01	GUERNSEY BASIC	74	\$59.86
		HARRISON BASIC	16	\$32.76
		LUSK BASIC	35	\$40.69
		LYMAN BASIC	13	\$32.76
		OSHKOSH BASIC	68	\$55.54
		PINE BLUFFS BASIC	93	\$59.86
	NO. OF SUBSCRIBERS	NO. OF SUBSCRIBERS RATE	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 299 \$54.01 GUERNSEY BASIC HARRISON BASIC LUSK BASIC LYMAN BASIC OSHKOSH BASIC	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE NO. OF SUBSCRIBERS 299 \$54.01 GUERNSEY BASIC HARRISON BASIC 74 LUSK BASIC 16 LUSK BASIC 35 LYMAN BASIC 13 OSHKOSH BASIC 68

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.

	BLC	OCK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
• Pay cable	\$11.00	Motel, hotel		Pay Cable	\$11
 Pay cable—add'l channel 	\$2.00	Commercial	\$50.00	Pay Cable	\$2.
 Fire protection 		• Pay cable	\$35.00		
Burglar protection		Pay cable-add'l channel		Install	\$50
Installation: Residential		Fire protection		Reconnect	\$50
First set	\$50.00	Burglar protection		Outlet Relocation	\$35
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		• Reconnect	\$50.00	Move to new address	\$50
 Converter 		Disconnect		Seasonal Reconnect	\$35
		Outlet relocation	\$35.00		
		Move to new address			

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 33275 WINDBREAK CABLE 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 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 Primary 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 pasis 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 nulticast 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KWGN** 2 **DENVER CO** KCNC N DENVER CO 4 **KGWN** 5 N **CHEYENNE WY KMGH** N DENVER CO Add Rows as Necessary **KCWC** 8 Е RIVERTON WY KUSA N DENVER CO 9 **KSTF** 10 Ν SCOTTSBLUFF NE KTNE Е SCOTTSBLUFF NE 13 KTVD 20 Ν **DENVER CO** N CHEYENNE WY **KLWY** 27 **KDVR** 31 N DENVER CO

WINDBREAK CABLE LLC

33275

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

							T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 				 		
	 	 			 		
	 	 			 		
							
		 					
		 					
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Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OWNER OF OWNER OF OWNER OWNER OF OWNER OWNER OF OWNER O		EM:					SYSTEM ID# 33275
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify every nor	nnetwork televis	sion program, broadcast by ecific present and former F	<i>,</i> a <i>distant</i> stat CC rules, regu	lations, or	authorizations	. For a further
Carriage: Special Statement and Program Log	SPECIAL STATEMENT During the accounting per broadcast by a distant stat Note: If your answer is "No" log in block 2. LOG OF SUBSTITUTE	conceriod, did you ion?	NING SUBST r cable system rest of this pag	ITUTE CARRIAGE carry, on a substitute bas	sis, any nonne	twork telev	vision progran	n X NO
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, reDo not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every nor distant stati gulations, o ies like "mo Bulls." n was broad sign of the s dcast statio adian statio th and day re "5/7." res when the Example: a er "R" if the and regulatio uning that y	m on a separa add additional network televion and that yo r authorization vies" or "basked cast live, entestation broadcan's location (thens, if any, the when your system or program carrilisted program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the geretball." List specific program "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting perio	program") that ad for the program titles, for ex No." am. a station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y d; enter the let	nsed by the htified). numerals List the tile 8:30 p.m. tour system	he accounting of another state information cover Lucy" or the FCC or, in with the more accurate should be the listed program of the should be the listed program of the should be the listed program of the should be the listed program of the should be the listed program of the should be the listed program of the should be the listed program of the should be the listed program of the should be	g tion on. nth ly
		UBSTITUT	E PROGRAM	 				7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM		

counting Period:	2022/2	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDBREAK CABLE LLC	SYSTEM 332
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ervice
	during the accounting period. \$	96,885.18 nount of gross 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 \$263,800 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.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-accounting period is \$52.00	nonth
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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	
		19.00
	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 otal Remittance Due	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
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Cop See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info	

Accounting Period: 2	2022/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF C WINDBREAK CABLE LLC					SYSTEM ID# 33275
M Channels	-	ne cable system's to	otal numb	els on which the cable system carried television broadcast ber of activated channels during the accounting period. le vision broadcast stations	Г	39
	2. Enter the total number of	on which th	ne cable s	system carried television broadcast stations services		262
N Individual to Be Contacted	we can contact about this st	tatement of account		DRMATION IS NEEDED (Identify an individual to whom		
for Further Information		D. Bauer			Telephone	308-436-4650
	(Number, str	eet, rural route, apartme	ent, or suit	ite number)		
	(City, town, s					
	Email	WBC-INT@IN	TERTE	Fax (optional		
0	CERTIFICATION (This statem	nent of account mus	st be cert	rtified and signed in accordance with Copyright Office re	gulations)	
Certification	• I, the undersigned, hereby cer	rtify that (Check one,	, but only	v one, of the boxes.)		
	X (Owner other than	corporation or par	rtnership)	b) I am the owner of the cable system as identified in line 1 c	of space B; or	
	(Agent of owner of	-	-	rtnership) I am the duly authorized agent of the owner of the of space B and that the owner is not a corporation or partne	-	m as identified
	(Officer or partner			ation) or a partner (if a partnership) of the legal entity identified of space B.	ed as owner o	of the cable system
		ct to the best of my k	•	lare under penalty of law that all statements of fact containe ge, information, and belief, and are made in good faith.	d herein	
			X	/s/ William D. Bauer		
				electronic signature on the line above to certify this stateme nature using an "/s/ signature" (e.g., /s/ John Smith)	nt.	
		Typed or printed n	name:	William D. Bauer		
		Title:	Presid	lent and CEO (Title of official position held in corporation or partners)	ership)	
		Date:	01/05/2	2023		

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NDBREAK CABLE LLC	33275
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 flowing 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	sub- Special Statement
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 transmissi made by satellite carriers to satellite dish owners?	ons
X NO YES. Enter the total here and list the satellite carrier(s) below	
125. Enter the total hore and not the satisfied carrier (e) satisfied	
Name Mailing Address 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 an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	1 ()
	1 ()
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	n. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	n. Q
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	n. Q
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	Interest Assessment
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