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**

<b>STATEMENT OF ACCOUNT</b> for Secondary Transmissions by			FOR COPYRIG	Return completed workbook by email to:		
			DATE RECEIVED	AMOUNT		
Cable Syste		2	BATEREOENED		<u>coplicsoa@copyright.gov</u>	
General instru	ctions	are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
in the first tab	of this	workbook	2/6/2024	ALLOCATION NUMBER	_	
A	ACC	OUNTING PERIOD COVERED B	Y THIS STATEMENT: (YY	YY/(Period))		
		2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		20232	Barcode Data Filing Period (optional	- see instructions)		
Accounting Period			1			
В		Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo		liary of another corporation, give the full corp	porate title of	
Owner		List any other name or names under which	the owner conducts the business of th	e cable system.		
		If there were different owners during the a statement of account and royalty fee paym		e last day of the accounting period should suiod.	ıbmit a single	
		Check here if this is the system's first filing.	. If not, enter the system's ID number a	ssigned by the Licensing Division.	61052	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
		WideOpenWest, Inc.				
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
		ITC Globe Inc.				
		MAILING ADDRESS OF OWNER OF O	CABLE SYSTEM			
		7887 E. Belleview Ave., Ste.				
		(Number, street, rural route, apartment, or suite nu Englewood, CO 80111-600				
		(City, town, state, zip)				
С		, <b>o</b>		tify the business and operation of the e system, if different from the address	5	
System	1	IDENTIFICATION OF CABLE SYSTEM:			-	
	1	Knology of the Valley				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite nu	imber)			

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.

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	WideOpenWest, Inc.	61052								
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will sen community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	nunities within unincorporated areas and including single, discrete we as a form of system identification hereafter known as the "first								
Served										
	CITY OR TOWN	STATE								
First	Chambers County	AL								
Community	Harris County Lanett	GA								
	Valley	AL AL								
Add Rows as Necessary	West Point	GA								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1		
Name	WideOpenWest, Inc.	010	6105							
Е	SECONDARY TRANSMISSION					, transmission a	an iaa af th	a aabla		
-	In General: The information in s system, that is, the retransmission	•		-						
Secondary	about other services (including p									
Transmission	last day of the accounting period									
Service: Sub-										
scribers and Rates	each category by counting the nu			•						
nutoo	separately for the particular serv							onargou		
	Rate: Give the standard rate c	-	-	•			-			
	unit in which it is generally billed.	· ·	,		standar	d rate variations	within a p	articular rate		
	category, but do not include disc Block 1: In the left-hand block				s of seco	ondary transmis	sion servic	e that cable		
	systems most commonly provide	•		•						
	that applies to your system. Note	e: Where an ind	ividual	or organization is	s receivir	ng service that f	alls under	different		
	categories, that person or entity				••		•			
	subscriber who pays extra for ca first set" and would be counted o					in the count und	ter "Servic	e to the		
	Block 2: If your cable system I					service that are	different fr	om those		
	printed in block 1 (for example, t	iers of services	that inc	lude one or mor	e second	lary transmissio	ns), list the	em, together		
	with the number of subscribers a	and rates, in the	right-ha	and block. A two	- or three	e-word description	on of the se	ervice is		
	sufficient.	OCK 1					BLOC	<u> </u>		
		NO. OF					BLOCK	NO. OF	[	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		777	30.00					ļ	
	<ul> <li>Service to additional set(s)</li> </ul>								ļ	
	• FM radio (if separate rate)								ļ	
	Motel, hotel									
	Commercial									
	Converter		705							
	Residential		705	2.00-30.00					·····	
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATES						
F	In General: Space F calls for rat	te (not subscribe	er) infor	mation with resp	ect to all	your cable syst	em's servi	ces that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services		,	0			0()			
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the rate column. <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.									
ransmissions:		woro not								
Rates	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) descrip									
		BLOC	K 1					BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RAT	
	ICATEGORT OF SERVICE			tion: Non-resid						
	Continuing Services:									
				el, hotel						
	Continuing Services:	1	• Mot				Expand	ded Basic	60.	
	Continuing Services: • Pay cable	1	• Mot • Con	el, hotel			Expano Digital		<b></b>	
	Continuing Services: • Pay cable • Pay cable—add'I channel	1	• Mot • Con • Pay	el, hotel nmercial	nnel				60. 10.	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	• Mot • Con • Pay • Pay	el, hotel nmercial cable	nnel				<b></b>	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	1	• Mot • Con • Pay • Pay • Fire	el, hotel nmercial cable cable-add'l cha	nnel				<b></b>	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	10.99-17.00 50.00	• Mot • Con • Pay • Pay • Fire • Burg	el, hotel nmercial cable cable-add'l cha protection	nnel				<b></b>	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	10.99-17.00 50.00	• Mot • Con • Pay • Pay • Fire • Burg	el, hotel nmercial cable cable-add'l cha protection glar protection	nnel	40.00			<b></b>	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	10.99-17.00 50.00	• Mot • Con • Pay • Pay • Fire • Burg <b>Other s</b> • Rec	el, hotel nmercial cable cable-add'l cha protection glar protection <b>ervices:</b>	nnel	40.00			<b></b>	
	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)	10.99-17.00 50.00	• Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	el, hotel nmercial cable cable-add'l cha protection glar protection <b>ervices:</b> onnect	nnel				<b></b>	

ounting Period: 2	1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	WideOpenWest, Inc. 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, <i>except</i> (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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 <i>only</i> 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. <b>Column 1:</b> List each station's call sign. <i>Do not</i> 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. <b>Column 2:</b> Give the channel A in Washington, D.C. <b>Column 3:</b> 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. <b>Column 4:</b> 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								
	WCIQ			Mount Cheaha, AL					
	WCIQ-simulcast	7	E	Mount Cheaha, AL					
ld Rows as Necessary	WGBP-TV			Opelika, AL					
a nows as necessary	WGBP-TV-simulcast	17		Opelika, AL					
	WJSP	28	E	Columbus, GA					
	WLTZ	35	N	Columbus, GA					
	WLTZ-simulcast	35	N	Columbus, GA					
	WLTZ-2	35	N	Columbus, GA					
	WLTZ-2-simulcast	35	Ν	Columbus, GA					
	WLTZ-3	35	N-M	Columbus, GA					
	WRBL	15	N	Columbus, GA					
	WRBL-2	15	N-M	Columbus, GA					
	WRBL-4	15	N-M	Columbus, GA					
	WRBL-simulcast	15	N	Columbus, GA					
	WTVM	11	N	Columbus, GA					
	WTVM-2	11	N-M	Columbus, GA					
		11	N-M	Columbus, GA					
	WTVM-3								
	WTVM-3 WTVM-4	11	N-M	Columbus, GA					
			N-M N	Columbus, GA Columbus, GA					
	WTVM-4	11							
	WTVM-4 WTVM-simulcast	11 11	N	Columbus, GA					
	WTVM-4 WTVM-simulcast WXTX	11 11 24	N N	Columbus, GA Columbus, GA					

Accounting P	eriod: 2023/	2					FOR	M SA1-2E. PAGE 4.
LEGAL NAME OF		CABLE S	YSTEM:					SYSTEM ID#
WideOpenW	lest, Inc.							61052
all-band basis v	t every radio s vhose signals	tation ca were ger	rried on a separate and discre nerally receivable by your cabl -Band FM Carriage: Under C	e system during	the accounting	g period		H
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Co sign of e he statio on's sigr g a check i's locatio	tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the	the system's hea system's FM ante his point, see pag ed by the cable sy e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Radio
	1	ľ	the community with which the		-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2023/2					FO	RM SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				SYSTEM ID#			
Name	WideOpenWest, Inc.						61052			
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the are explanation of the programm	fy every nor ccounting pe ing that mus	nnetwork televis eriod, under spe st be included in	<i>ion program,</i> broadcast by cific present and former FC this log, see page (v) of th	a <i>distant</i> statio CC rules, regula	ations, or authorizations.	. For a further			
Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progra broadcast by a distant station?     • Dote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the programmers of the programm									
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: T6ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "577." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976.	EN SUBSTITUTE	7. REASON FOR							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM – TO	DELETION			
						—				
						_				
						_				
						_				

Accounting Period:	<b>2023/2</b> FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	WideOpenWest, Inc. 61052
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 total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
_	COPYRIGHT ROYALTY FEE
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>
	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-month 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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 249,241.65
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 249,241.65
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 1,173.42
	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)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	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)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,193.42
	EFT Trace # or TRANSACTION ID #
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2023/2							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O' WideOpenWest	WNER OF CABLE SYSTEM:						SYSTEM ID# 61052
<b>M</b> Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the o	s, and (2) the cable system's number of channels on wh d television broadcast statio number of activated chann cable system carried televisi	s total num ich the cat ns nels ion broadc	mber able 	of activated channels durin	g the a		23 333
N Individual to Be Contacted		BE CONTACTED IF FURI about this statement of acco		ORN	MATION IS NEEDED (Identif	fy an ir	ndividual to whom	
for Further Information	Name	Jim Waechter					Telephone 720-2	219-8271
	Address	7887 E. Belleview A (Number, street, rural route, apar	rtment, or su					
		Englewood, CO 80' (City, town, state, zip)	111					
	Email	Jim.Waechter	@wowinc	c.con	m		Fax (optional	
		This statement of account n	nust be ce	ertifie	ed and signed in accordance	e with C	Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check o	one, <i>but on</i>	only or	ne, of the boxes.)			
	(Owner	other than corporation or	partnershi	hip)	am the owner of the cable sy	/stem a	as identified in line 1 of space B; or	
					nership) I am the duly authori t a corporation or partnership		ent of the owner of the cable system a	s identified
		<b>r or partner)</b> I am an officer in line 1 of space B.	(if a corpo	oratio	on) or a partner (if a partnersh	ip) of tł	ne legal entity identified as owner of the	e cable system
		e, and correct to the best of r			e under penalty of law that all information, and belief, and a			
			X	/s	s/ Teresa Elder			
					ctronic signature on the line ab ure using an "/s/ signature" (e.			
		Typed or printe	ed name:	т	ſeresa Elder			
		Title:			ecutive Officer sition held in corporation or partne	rship)		
		Date:					February 6, 2024	

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unting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
leOpenWest, Inc.	61052
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.	P 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?	
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
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	
Line 4 Multiply line 3 by 0.00274** 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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
Owner Address	
Owner Address ID number	
Owner Address	

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