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 COPYRIGH	Return completed workbook by email to	
DATE RECEIVED	coplicsoa@copyright.gov	
8/14/2024	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2024/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Moosehead Enterprises Inc
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 526
	(Number, street, rural route, apartment, or suite number) Greenville ME 04441
	(City, town, state, zip)
С	NSTRUCTIONS: 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:
	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 Office 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 filing, a determination that would be made by a court of law.

Accounting Period:	2024/1	FORM SA1-2E. PAGE 1b.							
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Moosehead Enterprises Inc 20366								
D Area Served	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 city.								
	CITY OR TOWN	STATE							
First	Monson								
Community									
Add Rows as Necessary									

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID	
Name	Moosehead Enterprises Inc								2036	
	p									
Е	SECONDARY TRANSMISSION					, tuananaianian ar	wies of the	a aabla		
-	In General: The information in s			-						
Secondary	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									
Transmission		the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-										
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	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 c							e and the		
	unit in which it is generally billed.	· ·	,		y standar	d rate variations	within a pa	articular rate		
	category, but do not include disc Block 1: In the left-hand block				es of sec	andary transmiss	ion servic	e that cable		
	systems most commonly provide			-						
	that applies to your system. Note									
	categories, that person or entity									
	subscriber who pays extra for ca					in the count und	er "Servic	e to the		
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those		
	printed in block 1 (for example, ti	-		•						
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tw	o- or three	e-word descriptio	n of the se	ervice is		
	sufficient.							( )		
	BLU	OCK 1 NO. OF					BLOCH	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RAT	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		25	85.95						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	• Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES						
-	In General: Space F calls for rat	e (not subscrib	er) info	rmation with res	pect to al	l your cable syste	em's servi	ces that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			5		0 ( )			
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		· g ,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> 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									
	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.									
	· · · ·	BLO					BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:			ation: Non-resi						
	• Pay cable		• Mo	tel, hotel		39.95				
	• Pay cable—add'l channel		• Coi	mmercial		39.95				
	Fire protection		• Pay	/ cable						
	•Burglar protection		• Pay	, cable-add'l ch	annel				1	
	Installation: Residential		1	e protection					1	
	• First set	39.95	• Bur	glar protection					Ι	
	<ul> <li>Additional set(s)</li> </ul>	39.95		services:					1	
	• FM radio (if separate rate)		• Red	connect		39.95				
	• Converter		• Dis	connect					1	
	1								†	
			• Ou	tlet relocation		39.95				
			_	tlet relocation	ess	39.95 39.95				

N	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM				
Name	Moosehead Enterprises Inc							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary insmitters: elevision	In General: In space G, id 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 on Column 2: Give the chann of license. For example, W Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these for	entify every television station (including 1 em during the accounting period, except in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. S: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination pre- ed with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a su e Special Statement and Program I both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form.	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other stions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).				
	FCC. For Mexican or Cana	adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the station 3. TYPE OF STATION	n is identified.  4. LOCATION OF STATION				
	WLBZ	2	N	Bangor, ME				
	WABI	5	N	Bangor, ME				
ows as Necessary	wvii	7	N	Bangor, ME				
	WFVX	7.2	N	Bangor, ME				
		12	Е					
	WWEB	14		IOrono. ME				
	WMEB WABI - 2			Orono, ME Bangor, ME				
	WABI - 2	5.2	N-M	Bangor, ME				
	WABI - 2 WABI-3	5.2 5.3	N-M N-M	Bangor, ME Bangor, ME				
	WABI - 2 WABI-3 WABI-4	5.2 5.3 5.4	N-M N-M N-M	Bangor, ME Bangor, ME Bangor, ME				
	WABI - 2 WABI-3 WABI-4 WLBZ-2	5.2 5.3 5.4 2.2	N-M N-M N-M N-M	Bangor, ME Bangor, ME Bangor, ME Bangor, ME				
	WABI - 2 WABI-3 WABI-4 WLBZ-2 WLBZ-3	5.2 5.3 5.4 2.2 2.3	N-M N-M N-M N-M N-M	Bangor, ME Bangor, ME Bangor, ME Bangor, ME Bangor, ME				
	WABI - 2 WABI-3 WABI-4 WLBZ-2 WLBZ-3 WMEB-2	5.2 5.3 5.4 2.2 2.3 12.2	N-M N-M N-M N-M N-M E-M	Bangor, ME Bangor, ME Bangor, ME Bangor, ME Bangor, ME Orono, ME				
	WABI - 2 WABI-3 WABI-4 WLBZ-2 WLBZ-3 WMEB-2 WMEB-3	5.2 5.3 5.4 2.2 2.3 12.2 12.3	N-M N-M N-M N-M E-M E-M	Bangor, ME Bangor, ME Bangor, ME Bangor, ME Bangor, ME Orono, ME Orono, ME				
	WABI - 2 WABI-3 WABI-4 WLBZ-2 WLBZ-3 WMEB-2 WMEB-3 WMEB-4	5.2 5.3 5.4 2.2 2.3 12.2 12.3 12.4	N-M N-M N-M N-M N-M E-M E-M E-M	Bangor, ME         Bangor, ME         Bangor, ME         Bangor, ME         Bangor, ME         Orono, ME         Orono, ME         Orono, ME         Orono, ME				
	WABI - 2 WABI-3 WABI-4 WLBZ-2 WLBZ-3 WMEB-2 WMEB-3	5.2 5.3 5.4 2.2 2.3 12.2 12.3	N-M N-M N-M N-M E-M E-M	Bangor, ME Bangor, ME Bangor, ME Bangor, ME Bangor, ME Orono, ME Orono, ME				
	WABI - 2 WABI-3 WABI-4 WLBZ-2 WLBZ-3 WMEB-2 WMEB-3 WMEB-4	5.2 5.3 5.4 2.2 2.3 12.2 12.3 12.4	N-M N-M N-M N-M N-M E-M E-M E-M	Bangor, ME Bangor, ME Bangor, ME Bangor, ME Bangor, ME Orono, ME Orono, ME Orono, ME				

	SYSTEM I 203
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally         Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally         Train 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.         Column 1: Identify the call sign of each station carried.         Column 1: Identify the call sign of each station carried.         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	н
	Primary ansmitters Radio
WVOM         FM         S         Houtton, ME         Image: Marrier of the second	
Image: section of the section of th	
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Accounting Perio	d: 2024/1						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Moosehead Enterprise	s Inc						20366
1		-	-					
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programmi	counting pe	riod, under spe	cific present and former FC	C rules, regula	itions, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	it and the second se							× NO
	Note: If your answer is "No	" leave the	rest of this pag	e blank If your answer is "	'Yes " vou mi	ist comple		
	log in block 2.		rescor tins pag	e blank. If your answer is	res, you me	ist comple	te the program	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if the	eir meaning is	5
	clear. If you need more spa				II) (1		r.	
	period, was broadcast by a			sion program ("substitute p ur cable system substituted				
	under certain FCC rules, re		,	5	1 0	0		
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live enter	· "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the s em carried the substitute p			with the me	ath
	first. Example: for May 7 giv		when your syst		ologiani. Use	numerais,	, with the mor	101
	, , , , ,		substitute prog	gram was carried by your o	cable system.	List the tir	mes accurate	ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m.	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system	n was <i>require</i>	d
	to delete under FCC rules a							
	was substituted for program	nming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulat	ions in	
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM			EN SUBST		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		TIMES — TO	DELETION
							_	
		+	+					
		+						
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Accounting Period:	2024/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Moosehead Enterprises Inc	S	YSTEM ID# 20366
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion service ount, see	<b>3,713.85</b> Joss 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 \$26 Use block 3 if the amount of gross receipts in space K is more than \$137,000 but less than or equal to \$26 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.	3,800.	
	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 th accounting period is \$52.00.	is 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)	
	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		
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2024/1						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: nterprises Inc					SYSTEM ID 20366
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which the	ers, and (2) the cable system's tal number of channels on whic ied television broadcast station tal number of activated channe e cable system carried televisio	total num h the cat s ls n broadc		e accounting period.		14 43
<b>N</b> Individual to Be Contacted		TO BE CONTACTED IF FURTH t about this statement of accou		ORMATION IS NEEDED (Identify a	n individual		
for Further Information	Name Address	Earl Richardson			Te	lephone 207-69	5-3337
		(Number, street, rural route, apartr Greenville ME 04441 (City, town, state, zip)	nent, or su	ilte number)			
	Email	mooseheadtv@	gwi.net		Fax (optional		
O Certification	I, the undersign     (Own     (Ager     X     (Offi     I have examine     are true, compl	ed, hereby certify that (Check on er other than corporation or pa it of owner other than corporat in line 1 of space B and that the cer or partner) I am an officer (if in line 1 of space B. d the statement of account and h	e, but onl artnership ion or pa owner is a corpora ereby dec	ertified and signed in accordance wit <i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system <b>artnership)</b> I am the duly authorized ag not a corporation or partnership; or ation) or a partner (if a partnership) of clare under penalty of law that all state ge, information, and belief, and are ma	as identified in line 1 of a gent of the owner of the the legal entity identified ments of fact contained	space B; or cable system as ide as owner of the ca	
				/s/ Earl Richardson electronic signature on the line above nature using an "/s/ signature" (e.g., /:			
		Typed or printed Title: (Titl	Presic	Earl Richardson dent	)		
		Date:			08/14/24		

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counting Period: 2024/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
oosehead Enterprises Inc	20366
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: <ul> <li>"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? NO YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	
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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