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

Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/14/2024	\$
	ALLOCATION NUMBER

by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20241 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
		NEX-TECH LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		145 N MAIN (Number, street, rural route, apartment, or suite number)
		LENORA, KS 67645 (City, town, state, zip)
^	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names	s 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)
Brivaov Act Nation	Soction	111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) requested on this
Privacy Act NOTICE	. Seculon	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 sufficiency of the filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	NEX-TECH LLC	2779
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	mmunity" is the same as a "community unit" as defined in FCC rules ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	nobile home parks should be reported in parentheses below the
First	CITY OR TOWN COURTLAND	STATE KS
Community	COOKILAND	
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM I
Name		ADLE STOTEM	•					515	277
	NEX-TECH LLC								
Е	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIB	ERS AND RA	TES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including provide the services)								
Transmission	last day of the accounting period	. ,						sting on the	
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular service		-	•••		•	•	s charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	· ·	,		ny standa	ard rate variation	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of se	condary transm	ission sorv	vice that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity					•			
	subscriber who pays extra for ca first set" and would be counted o						nder "Serv	vice to the	
	Block 2: If your cable system						e different	from those	
	printed in block 1 (for example, t					•			
	with the number of subscribers a	and rates, in th	ie right-hai	nd block. A tw	o- or thre	ee-word descrip	tion of the	service is	
	sufficient.	JCK 1					BLOCK	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		77	30.00	DELUX	Ē		68	96
	Service to additional set(s)			30.00	DELOA				
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra not covered in space E, that is,	•			•	• •			
-	service for a single fee. There a								
Services	furnished at cost or (2) services	or facilities fur	nished to	nonsubscriber	rs. Rate	information sho	uld include	both the	
Other Than	amount of the charge and the un		s usually b	illed. If any rat	tes are c	harged on a va	riable per-p	orogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1 : Give the standard ra		the cable s	system for eac	ch of the	applicable serv	vices listed		
Rates	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							ne form of a	
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SERV		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:	06.00		on: Non-resid	aentiai		Sports	8 Entortain	13
	Pay cable Pay cable—add'l channel	96.00	Motel Comn				Cinema	& Entertain.	11
								u	17
		• Pay cable					HBO		1 1/
	Fire protection		• Pavic		nnel		Showti	me & TMC	10
	Fire protectionBurglar protection			able-add'l cha	annel			me & TMC SuperPak	
	 Fire protection Burglar protection Installation: Residential 	99.00	• Fire p	able-add'l cha rotection	annel		Starz!	SuperPak	8
	Fire protectionBurglar protection	99.00 130.00	• Fire p	able-add'l cha rotection ar protection	annel		Starz!		8
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire p • Burgla	able-add'l cha rotection ar protection rvices:	annel	20.00	Starz!	SuperPak	8
	 Fire protection Burglar protection Installation: Residential First set 		• Fire p • Burgla Other se	able-add'l cha rotection ar protection rvices: nnect	annel	20.00	Starz!	SuperPak	10 8 49
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire p • Burgla Other sen • Recor • Disco	able-add'l cha rotection ar protection rvices: nnect	annel	20.00	Starz!	SuperPak	8

ounting Period: 2				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		2779 2779
		TFI FVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations of s call sign. <i>Do not</i> report origination d with a station according to its over-the form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network wring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general insti- n of each station. For U.S. stations, list	g translator stations and low power tel of (1) stations carried only on a part-tir the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub (the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESP ne-air designation. For example, repo levision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent ructions in the paper SA1-2 form. st the community with which the station in the community with which the station	me basis under ms [sections ions carried on a astitute program _og)—if the _oon some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	N	GREAT BEND, KS
	KLNE	3	E	LEXINGTON, NE
Rows as Necessary	KSNB	5	N	SUPERIOR, NE
	KBSH	7	N	HAYS, KS
	KSNK	8	N	MCCOOK, NE
	KOOD	9	E	HAYS, KS
	KGIN	11	N	GRAND ISLAND, NE
	KHGI	13	N	KEARNEY, NE
	KFXL	14	N	LINCOLN, NE
	KSNB-DT2	15	N-M	LINCOLN, NE
	КСШН	16	I	LINCOLN, NE
	KSAS-DT2	17	N-M	WICHITA, KS
	KSCW	23	I	WICHITA, KS
	KSAS	24	N	WICHITA, KS
	KBSH-DT2	110	N-M	WICHITA, KS
	KGIN-DT3	180	N-M	GRAND ISLAND, NE
	KMTW-DT2	181	I-M	WICHITA, KS
	KOOD-DT3	183	E-M	HAYS, KS
	KSAS-DT3	185	N-M	WICHITA, KS
	KMTW-DT3	186	I-M	WICHITA, KS
	KHGI-DT3	187	I-M	KEARNEY, NE
		L		· · · · · · · · · · · · · · · · · · ·

NEX-TECH I	F OWNER OF								SYSTEM II 277
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G) it is carried b monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be rece it the Co l sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. fon (the community to which the the community with which the	a es nt	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ertain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3/0		t	GALL SIGN		3/D		
KQMA	FM		PHILLIPSBURG, KS	-					
KKDT	FM		BURDETT, KS	-					
KREP	FM		BELLEVILLE, KS	-					
				-					
				-					
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Accounting Perio	od: 2024/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							27797
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every no	nnetwork televi	<i>sion program,</i> broadcast by	y a <i>distant</i> sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a	• •	•	•	-			
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of tl	ne general ins	tructions ir	the paper SA	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tel	<u>levisi</u> on prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	-							
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comp	plete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE			-4- 11		:	41	!-
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if	their meaning	g is
	, , , , , , , , , , , , , , , , , , ,			vision program ("substitute	e program") t	hat during	the account	tina
	period, was broadcast by a	-			,	-		-
	under certain FCC rules, re		•	-		•	•	
	Do not use general categor	•						
	"NBA Basketball: 76ers vs.				<i></i>			
				er "Yes." Otherwise enter				
		•		asting the substitute prog the community to which th		consod hv	the FCC or	in
	the case of Mexican or Car		,			•		
				stem carried the substitute		,	als, with the r	nonth
	first. Example: for May 7 giv		, <u>,</u>		1 0			
				ogram was carried by you	•			ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0 ⁻	1:15 p.m. to 6	5:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	n was substituted for prog	ramming that	t vour evet	om was rea	uired
	to delete under FCC rules a							
	was substituted for program							ogram
	effect on October 19, 1976	•	, ,			0		
					WHE	N SUBST		
	S	UBSTITUT	E PROGRAM	1		AGE OCO	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
		100 01 110	ONEL OTOTA			TROM		
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Accounting Period:	: 2024/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM IINEX-TECH LLC2775
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. 14,702.83 IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount 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-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period \$ 52.00
	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
	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
	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 \$ 263,800.00
	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) \$ 1,319.0	00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.0 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.0	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Cop See page i of the general instructions in the paper SA1-2 form for more information.	vyrights!

Accounting Period:	2024/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF (NEX-TECH LL)	OWNER OF CABLE SYSTEM:		SYSTEM ID# 27797
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the ca	bu must give (1) the number of channels on which the cable sy s, and (2) the cable system's total number of activated channel number of channels on which the cable television broadcast stations	s during the accounting period.	22 339
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED about this statement of account.)	(Identify an individual to whom	
for Further Information	Name	Scott Roe	Telephone 785-62	25-7070
	Address 	2418 Vine Street (Number, street, rural route, apartment, or suite number) Hays, KS 67601 (City, town, state, zip) sroe@nex-tech.com	Fax (optional)	
O Certification	 I, the undersigned (Owned) (Agen in X (Office in I have examined 	(This statement of account must be certified and signed in acc ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the t of owner other than corporation or partnership) I am the dul ine 1 of space B and that the owner is not a corporation or partne er or partner) I am an officer (if a corporation) or a partner (if a p ine 1 of space B. I the statement of account and hereby declare under penalty of lar e, and correct to the best of my knowledge, information, and belie on 1001(1986)]	cordance with Copyright Office regulations) cable system as identified in line 1 of space B; or y authorized agent of the owner of the cable system as rship; or cartnership) of the legal entity identified as owner of the w that all statements of fact contained herein	

	X /s/ Rhonda S. Goddard
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed	name: Rhonda S. Goddard
	Chief Financial Officer icial position held in corporation or partnership)
Date:	08/15/2024

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 fling, a determination that would be made by a court of law.

unting Period: 2024/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
-TECH LLC	277
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	P Special Statemer Concerning Gros Receipts Exclusio
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	Q
Line 4. Enter the emount of late neument or underneument	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter 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	
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	
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	
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	
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	
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	
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	
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	
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	
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