THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
08/30/2024	\$ ALLOCATION NUMBER			

Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:					
Accounting Period	January 1-June 30, 2024						
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fee	rrect information beside it. the cable system. If the owner is a ent corporation. iich the owner conducts the business e accounting period, only the owner e payment covering the entire accou	on the last day of the accounting period should submi	t 030492			
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Vyve Broadband J, LLC						
				030492 2024/1			
	Four International Drive, Su	uite 330					
	Rye Brook, NY 10573						
С	INSTRUCTIONS: 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: 1501 West Mississippi 2 (Number, street, rural route, apartment, or suite number)						
	Durant, OK 74701 (City, town, state, zip code)						
Area Served	in FCC rules: "a separate and distinct co areas and including single, discrete unin of system identification hereafter known	ommunity or municipal entitiy (incorporated areas)." 47 C.F.R. 7 as the "first community." Please	a. A "community" is the same as a "community useful ding unincorporated communities within unincorporated community that list will serve a use it as the first community on all future filings or mobile home parks should be reported in para	orporated as a form			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First	ACHILLE, OK	ОК	CADDO, OK	OK			
Community	ARMSTRONG, OK	OK	CALERA, OK	OK			
	ATOKA, OK	ОК	CARTWRIGHT, OK	OK			
	BOKCHITO, OK	OK	COALGATE, OK	OK			
	BRYAN COUNTY, OK	OK	COLBERT, OK	OK			
	BUNCUMBE CREEK, OK	OK	COTTONWOOD, OK	OK			

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 effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

ame	LEGAL NAME OF OWNER OF CABLE SY Vyve Broadband J, LLC	/STEM:		SYSTEM 030
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
	DURANT, OK	OK	5 51(15)	OIMIE
			 	
	KINGSTON, OK	OK		
	MARSHALL COUNTY, OK	OK		
	RAVIA, OK	OK		
ved	STONEWALL, OK	OK		
	TISHOMINGO, OK	OK		
	TUPELO, OK	OK	_	
	TOPELO, OK	UK	-	
			-	
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			-	

Burglar protection

· Additional set(s)

First set

Converter

Installation: Residential

• FM radio (if separate rate)

FORM SA3 PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030492 **Vyve Broadband J, LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subscribers and 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 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 793 · Service to first set 38.50 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 223 38.50 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than 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. Secondary Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 19.95 · Motel, hotel T&M • Pay cable—add'l channel Commercial T&M 15.95 · Fire protection N/A · Pay cable T&M • Pay cable-add'l channel T&M

N/A

59.99

19.99

N/A

· Fire protection

Other services:

Reconnect

 Disconnect Outlet relocation

· Burglar protection

Move to new address

N/A

N/A

29.99

29.99

29.99

ACCOUNTING PERIOD: 2024/1 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 030492 **Vvve Broadband J. 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 **Primary** 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 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 basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. 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. 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 identifed. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION OKLAHOMA CITY OK** 13 Ε KETA 13 (PBS) Oklahoma 13.1 E-M **OKLAHOMA CITY OK** KETA 13 Create Oklahoma E-M KETA 13 Kids Oklahoma C 13.3 OKLAHOMA CITY OK 13.2 E-M **OKLAHOMA CITY OK** KETA-World 13.2 Oklahon KTEN (ABC) Sherman -10.3 N-M SHERMAN TX KTEN (CW) Sherman -10.2 I-M SHERMAN TX 10 Ν SHERMAN TX KTEN 10 (NBC) Sherman 9 I-M **OKLAHOMA CITY OK** KWTV-News 9 Now 9.2 Ok 7.3 I-M SHERMAN TX KXII (MyNet) Sherman -7 Ν SHERMAN TX KXII 12 (CBS) Sherman -7.2 I-M **SHERMAN TX** KXII 13 (Fox) Texoma-She

FORM SA1-2. F									
LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC SYSTEM ID# 030492					Name				
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			
all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. 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).						Primary Transmitters: Radio			
0.111.01011		l 0/D					0.0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CAL	L SIGN	AM or FM	S/D	LOCATION OF STATION	

	. = 0.1							0\/0TE::::::::::::::::::::::::::::::::::::	
Name	LEGAL NAME OF OWNER OF C Vyve Broadband J, LLC		EM:					SYSTEM ID# 030492	
	-								
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
•									
Substitute									
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo								
	Note: If your answer is "No" log in block 2.	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
	2. LOG OF SUBSTITUTE PROGRAMS								
	In General: List each substiclear. If you need more space				wherever pos	sible, if their	r meaning is		
	Column 1: Give the title	of every no	nnetwork televi	sion program (substitute					
	period, was broadcast by a under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the ger	eral instruction	ns for furthe	r information.		
	Do not use general categori "NBA Basketball: 76ers vs.	Bulls."				ample, i Lo	ve Lucy of		
	Column 2: If the program Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	am.		F00 '		
	Column 4: Give the broathe case of Mexican or Cana						FCC or, in		
	Column 5: Give the mon first. Example: for May 7 giv		when your syst	em carried the substitute	program. Use	numerals, v	with the month	1	
	Column 6: State the time to the nearest five minutes.	es when the							
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	amming that v	our svstem v	was required		
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	d; enter the let	ter "P" if the	listed pro		
	gram was substituted for proeffect on October 19, 1976.	ogramming	ınaı your syste	in was permitted to delete	e under FCC n	ules and reg	julations in		
						WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO			
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		TIMES	7. REASON FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	_ то		
						-	_		
						-	_		
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FORM SA1-2. F	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 030492	Name		
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identifed in space E) during the accounting period. For a further explanation of how to compute this are page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ssion service	K Gross Receipts		
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)			
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 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 th 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	0.00			
	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				
	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	48,291.00			
	5. Enter the amount from line 3	15,509.00			
	6. Subtract line 5 from line 4	32,782.00			
	7. Multiply line 6 by .005 (enter figure here)	\$ 1,163.91			
	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	\$ 1,163.91			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)				
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00			
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6				
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 1,163.91			
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$ 20.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,183.91			
	EFT Trace # or TRANSACTION ID #	Not Available			
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	r more information.			

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Vyve Broadband J, LLC	030492
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	Enter the total number of channels on which the cable	11
	system carried television broadcast stations	• •
	Enter the total number of activated channels which the cable system corried television broadcast stations.	
	on which the cable system carried television broadcast stations and nonbroadcast services	142
	INDIVIDUAL TO BE CONTACTED IS SUBTUSED INFORMATION IS NEEDED. (Identify on individual to other	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone	914-234-8313
Information		
	Address Four International Drive, Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) Fax (optional)	
	Email (optional) Fax (optional,	
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)	tions,
0		
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow	oner of the cable system
	in line 1 of space B.	· · · · · · · · · · · · · · · · · · ·
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains	ed herein
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	ed herein
		ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Handwritten signature: /s/ Daniel J White	ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Handwritten signature: /s/ Daniel J White	ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Handwritten signature: /s/ Daniel J White Typed or printed name: Daniel J. White Title: SVP - Financial Planning	ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Handwritten signature: /s/ Daniel J White Typed or printed name: Daniel J. White	ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Handwritten signature: /s/ Daniel J White Typed or printed name: Daniel J. White Title: SVP - Financial Planning	ed herein

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	030492	Name
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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	the basic tinclude sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction. During the accounting period did the cable system exclude any amounts of gross receipts for secondary trained by satellite carriers to satellite dish owners? X NO		Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un-	derpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	.00274 -	
(interes	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	tance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright O list below the owner, address, first community served, ID number, and accounting period as given in the ori	•	
Owner Address		
ID number		
First community served Accounting period		
7.000driang Poriod		

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