This form is effective beginning with the January 1 to June 30, 2017, accounting period (20	17/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

## SA1-2E Short Form

STATEME	NT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
for Secondar	ry Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form) General instructions are located		7/29/2024	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright
				Office Licensing Division at
in the first tab o	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	YY/(Period))	
	2024/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	

		Barcode Data Filing Period (optional - see instructions)							
Accounting 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							
		Walnut Telephone Company dba Marne Elk Horn							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		Po Box 346							
		(Number, street, rural route, apartment, or suite number) Walnut IA 51577 (City, town, state, zip)							
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С		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)							

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Walnut Telephone Company dba Marne Elk Horn	6119
	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 commu	
U	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	is 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 hor	ne parks should be reported in parentheses below the identified
Area	city.	
Served		
-		07175
	CITY OR TOWN	STATE
First	Walnut	A I
Community	Ачоса	IA
	Shelby	IA
dd Rows as Necessary	Minden	IA
	Neola	A
	Persia	IA
·	Underwood	IA III
	Ulidei wood	IA
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	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID	
Name	Walnut Telephone Company dba Marne Elk Horn								611	
		,,								
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission «	service of t	he cable		
-	system, that is, the retransmissi			-		•				
Secondary	about other services (including p									
Transmission	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken									
Service: Sub- scribers and	down by categories of secondar	•					-			
Rates	each category by counting the n	•		•		•				
	separately for the particular serv									
	Rate: Give the standard rate of	-					-			
	unit in which it is generally billed category, but do not include disc	· · ·		, · ·	standar	d rate variation	s within a p	articular rate		
	Block 1: In the left-hand block				s of sec	ondary transmis	ssion servio	e that cable		
	systems most commonly provide									
	that applies to your system. <b>Not</b> categories, that person or entity			U		•				
	subscriber who pays extra for ca						•			
	first set" and would be counted of	once again und	er "Ser	vice to additional s	et(s)."					
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.	and rates, in the	= ngnt-	Hand DIOCK. A two-		e-word descript		ervice is		
	BLO	OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	CODECITIDE		TUTE	0/112		WICE	CODOCIADENCO	1011	
	Service to first set		688	43.95						
	<ul> <li>Service to additional set(s)</li> </ul>			·····						
	• FM radio (if separate rate)									
	Motel, hotel		2	18.45/room						
	Commercial		4	18.10/room						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES						
E	In General: Space F calls for ra	te (not subscrib	per) inf	ormation with respe	ect to a	ll your cable sys	stem's serv	ices that were		
F	not covered in space E, that is, t					-				
Services	service for a single fee. There al furnished at cost or (2) services	•		•			• • • •			
Other Than										
Secondary	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.									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Rates	<b>BIOCK 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									
	brief (two- or three-word) descrip	otion and includ	le the r	ate for each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SERVIC	E	RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services:		Instal	lation: Non-reside	ntial					
	• Pay cable		• Mo	otel, hotel						
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	ommercial						
	Fire protection			ly cable						
	•Burglar protection			iy cable-add'l chani	nel					
	Installation: Residential			e protection						
	• First set	\$50.00		irglar protection						
	Additional set(s)	\$25.00		services:						
	<ul> <li>FM radio (if separate rate)</li> </ul>		• Re	econnect		\$30.00				
	• Converter			sconnect						
	• Converter		• Oı	sconnect utlet relocation ove to new address		\$80/hr \$50.00				

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM				
Name	Walnut Telephone Co	ompany dba Marne Elk Horn		6				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	-	entify every television station (including m during the accounting period, except	-					
Ŭ		in effect on June 24, 1981, permitting th						
Primary ansmitters:		e)(2) and (4), or 76.63 (referring to 76.6	1(e)(2) and (4))]; and (2) certain stat	ions carried on a				
Television	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							
		ules, regulations, or authorizations: e in space G—but do list it in space I (th	ne Special Statement and Program	Log)—if the				
	station was carried only on	a substitute basis.						
		also in space I, if the station was carried on concerning substitute basis stations,						
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the		-				
	"WETA-2" as the same on	the form.	<b>.</b>					
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	vision station for broadcasting over	the air in its community				
	Column 3: Indicate in each	a case whether the station is a network	•					
		ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), c	<i>,,</i> ( 1	· · ·				
	For the meaning of these te	erms, see page (iv) of the general instru n of each station. For U.S. stations, list	ictions in the paper SA1-2 form.	,				
		dian stations, if any, give the name of th	-	-				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KMTV-TV	3.1	N	Omaha, NE				
	GRIT	3.2	N-M	Omaha, NE				
ws as Necessary	LAFF-TV	3.3	N-M	Omaha, NE				
	ESCAPE	3.4	N-M	Omaha, NE				
	COURT-TV	3.5	N-M	Omaha, NE				
	WOWT	6.1	N	Omaha, NE				
	COZI	6.2	N-M	Omaha, NE				
	H&I	6.3	N-M	Omaha, NE				
	ION TV	6.4	N-M	Omaha, NE				
	Start TV	6.5	N-M	Omaha, NE				
	CIRCLE	6.5	N-M	Omaha, NE				
	KETV-DT	7.1	N	Omaha, NE				
	KETV-STORY	7.3	N-M	Omaha, NE				
	твр	15.1	N-M	Omaha, NE				
			N-M					
	STADIUM	15.2		Omaha, NE				
	CHARGE!	15.3	<u>N-M</u>	Omaha, NE				
	KYNE	26.1	E	Omaha, NE				
	IPTV-H	36.1	E-M	RED OAK, IA				
	IPTV2-H	36.2	E-M	RED OAK, IA				
	IPTV3-H	36.3	E-M	RED OAK, IA				
	IPTV4-H	36.4	E-M	RED OAK, IA				
	FOX42	42.1	N	Omaha, NE				
	ΜΥΤν	42.2	N-M	Omaha, NE				
	MYTV CW	42.2 42.3	N-M N	Omaha, NE Omaha, NE				

ccounting Period:	2024/1			FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	Walnut Telephone C	ompany dba Marne Elk Horn		61
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part-	time basis under
Primary		e)(2) and (4), or 76.63 (referring to 76.61		
Transmitters: Television	substitute program basis, a Substitute Basis Stations	as explained in the next paragraph. With respect to any distant stations ca rules, regulations, or authorizations:		
	• Do not list the station here station was carried only on	re in space G—but do list it in space I (th n a substitute basis.		<i></i>
	basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann	nel number the FCC assigned to the telev	see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	ctions. PN, etc. Identify each port multistream
	<b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast For the meaning of these t	/RC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), o erms, see page (iv) of the general instru-	or network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form.	pendent), "I-M" tional multicast).
		on of each station. For U.S. stations, list adian stations, if any, give the name of th	-	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	TRUE	7.4	N-M	Omaha, NE
	GETTV	7.5	N-M	Omaha, NE

EGAL NAME O			YSTEM: dba Marne Elk Horn					SYSTEM ID
	phone con	ipany						611
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
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recei t the Cop sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anter is point, see page ed by the cable system e station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep red by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters: Radio
Mexican or Can	adian stations					S/D		
GALL SIGN	AIVI OF FIVI	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		L				l		

Accounting Perio	d: 2024/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Walnut Telephone Con	npany dba	a Marne Elk	Horn			6119
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i		
	In General: In space I, identi substitute basis during the ad						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in the paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork television prograr	n
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Note: If your answer is "No,	," leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their meaning is	6
				sion program ("substitute	program") tha	at, during the accounting	1
	period, was broadcast by a	distant stati	ion and that you	ur cable system substitute	d for the prog	ramming of another sta	tion
	under certain FCC rules, re Do not use general categor	gulations, o	r authorizations	s. See page (v) of the gene	eral instructio	ns for further informatio	n.
	"NBA Basketball: 76ers vs.		vies of daske	tball. List specific program	n ulles, for ex	ample, I Love Lucy of	
	Column 2: If the program	n was broad		"Yes." Otherwise enter "			
				sting the substitute progra			
	the case of Mexican or Can			e community to which the community with which the			
				em carried the substitute			nth
	first. Example: for May 7 giv						
	<b>Column 6:</b> State the time to the nearest five minutes.			gram was carried by your			ely
	stated as "6:00–6:30 p.m."		i program carne	ed by a system nom 0.01.	15 p.m. to 0.2		
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.		our system wa	s permitted to delete unde			
						EN SUBSTITUTE	
	s		E PROGRAM		CARR	IAGE OCCURRED 6. TIMES	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	FROM — TO	
		+			.		
							.+
							.+
							.+

Accounting Period:	2024/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
	Walnut Telephone Company dba Marne Elk Horn 611
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.
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 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 \$ 196,783.00
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3 \$ 67,017.00
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here) \$ 648.83
	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 \$ 648.83
	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) \$ 1,319.00
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 648.83
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 \$ 668.83
	EFT Trace # or TRANSACTION ID # 27GEIPMS
	Important: 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:	2024/1					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: none Company dba Marne	e Elk Horn			SYSTEM ID# 6119
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	rs, and (2) the cable system's al number of channels on whi ed television broadcast statio al number of activated chann e cable system carried televisi	s total number of ich the cable ns els on broadcast sta	vhich the cable system carried activated channels during the tions	accounting period.	27 173
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of acco		FION IS NEEDED (Identify an	individual	
for Further Information	Name	Rachel Hamilton			Telephone	712-784-2211
	Address	510 Highland St (Number, street, rural route, apar Walnut IA 51577 (City, town, state, zip)	tment, or suite numb	er)		
	Email	rachel@metcte	am.com		Fax (optional	
	CERTIFICATION	(This statement of account m	nust be certified a	nd signed in accordance with	Copyright Office regulations)	
O Certification		ed, hereby certify that (Check o er other than corporation or p		of the boxes.) the owner of the cable system	as identified in line 1 of space B	3; or
	(Agen	t of owner other than corpor in line 1 of space B and that th		<b>hip)</b> I am the duly authorized ag corporation or partnership; or	gent of the owner of the cable s	system as identified
		in line 1 of space B.		or a partner (if a partnership) of		ner of the cable system
	are true, comple			nder penalty of law that all state prmation, and belief, and are ma		
	I		X "/s/"	Rachel Hamilton		
				nic signature on the line above to ısing an "/s/ signature" (e.g., /s/		
		Typed or printe	d name: Rac	hel Hamilton		
		Title:	CEO itle of official position	held in corporation or partnership)		
		Date:			7/29/24	

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Inting Period: 2024/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nut Telephone Company dba Marne Elk Horn	6119
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 Name 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	_
(interest charge) * 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.	
** 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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