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

OTATEM		FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY				
-	ENT OF ACCOUNT ary Transmissions by	DATE RECEIVED	DATE RECEIVED AMOUNT				
Cable Syste	ems (Short Form)	8/29/24	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at				
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.			
A	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31				
Accounting Period	2024	Barcode Data Filing Period (optional	- see instructions)				
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full corp	porate title			
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 fili	ing. If not, enter the system's ID number	assigned by the Licensing Division.	063626			
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM					
	CEQUEL COMMUNICATIONS LLC						
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFERENT	Γ)				
	SUDDENLINK COMMUNICATIONS	i					

MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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 IDENTIFICATION OF CABLE SYSTEM: System 1 PICKAWAY CORRECTIONAL FACILITY 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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063626							
D	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								
Area Served									
First Community	ORIENT (PICKAWAY CORR)	ОН							
Add Rows as Necessary									

								FOF		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM								
	CEQUEL COMMUNICA	TIONS LLC							Ľ)6362
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
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	last day of the accounting period							ing on the		
Service: Sub-	Number of Subscribers: Bot	·				,	le system	, broken		
scribers and	down by categories of secondar	,		0 / 1						
Rates	each category by counting the n			•••				charged		
	separately for the particular server Rate: Give the standard rate of					•	,	ne and the		
	unit in which it is generally billed	-	-	•					è	
	category, but do not include disc	· ·	,						-	
	Block 1: In the left-hand block	•		-		•				
	systems most commonly provide								,	
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca						•		I	
	first set" and would be counted of									
	Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t					,		, 0		
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descripti	on of the s	service is		
		OCK 1					BLOCK	2		
		NO. OF					BLOOM	NO. OF	-	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SER	VICE	SUBSCRIB	ERS	RATI
	Residential:									
	 Service to first set 		0	-						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		49	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NOMO						E	
_	In General: Space F calls for ra				-	ll vour cable svs	tem's serv	rices that wer	e	
F	not covered in space E, that is, t		,		•					
	service for a single fee. There a	•			U					
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ates are ci	harged on a varia	able per-p	ogram basis	,	
ransmissions:			he cable	e system for ea	ach of the	applicable servic	es 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									
Rates	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.								
		ption and inclue	de the ra	te for each.			-			
		ption and inclue BLO		te for each.				BLOCK	٢2	
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO	CK 1	te for each. ORY OF SER	VICE	RATE	CATEG	BLOCH DRY OF SER		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEG				CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa	ORY OF SER			CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEG Installa • Mot • Con	ORY OF SER tion: Non-res el, hotel nmercial			CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEG Installa • Mot • Con • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable	idential		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEG Installa • Mot • Con • Pay	ORY OF SER tion: Non-res el, hotel nmercial	idential		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable	idential		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel nmercial cable cable	idential		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	idential		CATEGO			RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: onnect	idential		CATEGO			RATI

counting Period: 2	2024/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID				
Name	CEQUEL COMMUNIC	ATIONS LLC		06362				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting tl e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub-	ime basis under ams [sections tions carried on a ostitute program				
	station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on	a substitute basis. also in space I, if the station was carrie 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 the form.	d both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo	o on some other ions. PN, etc. Identify each ort multistream				
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. 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 in the paper SA1-2 form. 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 identified.							
	1. CALL SIGN	4. LOCATION OF STATION						
	W23BZ-1	23	I	COLUMBUS, OH				
	WBNS-1	10	Ν	COLUMBUS, OH				
d Rows as Necessary	WCMH-1	4	Ν	COLUMBUS, OH				
	WCMH-2	4.2	I-M	COLUMBUS, OH				
	WOSU-1	34	E	COLUMBUS, OH				
	WSYX-1	6	Ν	COLUMBUS, OH				
	WTTE-1	28		COLUMBUS, OH				
	WWHO-2	53.2		CHILLICOTHE, OH				
		55.2						

LEGAL NAME OF								SYSTEM 063
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S	it is carried by monitoring, to prmation abou rm. dentify the call state whether t	y the sys be rece It the Co sign of the statio	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	at the system's h system's FM an this point, see pa	eadend, and (tenna, during o ige (v) of the g	2) it can certain s jeneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitter: Radio
ignal, indicate Column 4: G	this by placing Give the station	g a chec n's locati	k mark in the "S/D" column. ion (the community to which the the community with which the	he station is licer	nsed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2024/1					FORM	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS L	LC				063626	
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I	In General: In space I, ident							
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMEN	-						
Special Statement and	 During the accounting per 	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network television prog		
Program Log	broadcast by a distant sta	tion?				YES	× NO	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must complete the prog	gram	
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Use abbreviations	s wherever p	ossible, if their meaning	a is	
	clear. If you need more spa	ce, please	add additional	rows to the tables.				
	Column 1: Give the title period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I Love Lucy"	or	
			dcast live, ente	er "Yes." Otherwise enter "	'No."			
				asting the substitute progr				
	the case of Mexican or Car		· ·	he community to which the community with which the			IN	
	Column 5: Give the mor	nth and day		stem carried the substitute			nonth	
	first. Example: for May 7 giv		e substitute nro	ogram was carried by your	r cable syste	m List the times accur	ately	
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "P" if tho	listed program	n was substituted for progr	amming that	t vour system was requ	ured	
	to delete under FCC rules a							
	was substituted for program effect on October 19, 1976.	• •	your system wa	as permitted to delete und	er FCC rules	and regulations in		
							T	
	SI	JBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
							"	

Accounting Period:	2024/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC 06362
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 c 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, se 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 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula 263,800.00 2. Enter amount of gross receipts from space K
	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)
	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) \$ 52.00
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 \$ 67.00
	EFT Trace # or TRANSACTION ID #
	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: MUNICATIONS LLC						SYSTEM ID# 063626
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's f number of channels on whic television broadcast stations number of activated channel able system carried television	total numb h the cabl s broadcas	ber of activated channels	during the a	accounting period.	t stations	8 25
	and nonbroadc	ast services						
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		RMATION IS NEEDED ((Identify an ii	ndividual		
for Further Information	Name	RODNEY HASKINS				T	elephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		te number)				
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM		Fax (optional)		
O Certification	I, the undersigned (Owned (Agent in li X (Office in li I have examined	(This statement of account m ed, hereby certify that (Check or r other than corporation or p c of owner other than corpor- ine 1 of space B and that the of er or partner) I am an officer (ine 1 of space B. d the statement of account and e, and correct to the best of m on 1001(1986)]	one,but or partnershi ation or p owner is no if a corpor	nly one, of the boxes.) ip) I am the owner of the o vartnership) I am the duly ot a corporation or partner ration) or a partner (if a pa eclare under penalty of law	cable system authorized a rship; or artnership) of w that all stat f, and are ma	as identified in line gent of the owner of the legal entity iden ements of fact conta	1 of space f the cable tified as or	B; or system as identified wner of the cable system
		Typed or printed	Enter sign name: SVP, F	electronic signature on the nature using an "/s/ signatu ALAN DANNENB PROGRAMMING	ure" (e.g., /s/ AUM:	•	nt.	
		(Title of o Date:	mcial positio	on held in corporation or partne	ersnip)	8/29/2024		

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counting Period: 2024/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	06362
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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 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	
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	
(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.	
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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