

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

**SA1-2E
 Short Form**

STATEMENT OF ACCOUNT
*for Secondary Transmissions by
 Cable Systems (Short Form)*

General instructions are located
 in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
03/04/2019	\$
	ALLOCATION NUMBER

Return completed workbook
 by email to:

coplicsoa@copyright.gov

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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2018/2</div> <div>Period 1 = January 1 - June 30</div> <div>Period 2 = July 1 - December 31</div> </div> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Barcode Data Filing Period (optional - see instructions)</div>
B Owner	<p>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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p>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.</p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 63492</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM NORTHERN IOWA COMMUNICATIONS PARTNERS</p> <p>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</p> <p>MAILING ADDRESS OF OWNER OF CABLE SYSTEM 107 S STATE STREET, P.O. BOX 100 <small>(Number, street, rural route, apartment, or suite number)</small> TERRIL, IA 51364 <small>(City, town, state, zip)</small></p>
C System	<p>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.</p> <p>1 IDENTIFICATION OF CABLE SYSTEM:</p> <p>2 MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small></p>

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: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492
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E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES 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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential: <ul style="list-style-type: none"> • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter <ul style="list-style-type: none"> • Residential • Non-residential 	<p>1</p> <p>87</p>	<p>47.95</p> <p>5.00</p>	CARE CENTER ADDITIONAL DVR BROADCAST BASIC EXPANDED BASIC PREMIER	<p>1</p> <p>3</p> <p>1</p> <p>2</p> <p>133</p>	<p>####</p> <p>14.00</p> <p>47.95</p> <p>94.95</p> <p>####</p>

F Services Other Than Secondary Transmissions: Rates	<p>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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. 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 brief (two- or three-word) description and include the rate for each.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services: <ul style="list-style-type: none"> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential <ul style="list-style-type: none"> • First set • Additional set(s) • FM radio (if separate rate) • Converter 	<p>25.00</p> <p>35.00</p>	Installation: Non-residential <ul style="list-style-type: none"> • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other services: <ul style="list-style-type: none"> • Reconnect • Disconnect • Outlet relocation • Move to new address 	<p>10.00</p> <p>35.00</p> <p>25.00</p>	HBO CINEMAX SHOWTIME STARZ/ENCORE PLAYBOY	<p>17.50</p> <p>14.50</p> <p>15.00</p> <p>10.00</p> <p>14.00</p>

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492
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E
Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES
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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	240	101.95			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

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Services Other Than Secondary Transmissions: Rates

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BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		HBO	17.50
• Pay cable		• Motel, hotel		CINEMAX	13.50
• Pay cable—add'l channel		• Commercial		SHOWTIME	15.00
• Fire protection		• Pay cable		STARZ/ENCORE	10.00
• Burglar protection		• Pay cable-add'l channel			
Installation: Residential		• Fire protection			
• First set	10.00	• Burglar protection			
• Additional set(s)	10.00	Other services:			
• FM radio (if separate rate)		• Reconnect	60.00		
• Converter		• Disconnect			
		• Outlet relocation			
		• Move to new address			

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BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	21	39.00	EXPANDED BASIC/TIER 2	72	87.00
• Service to additional set(s)	455	3.00	ULTIMATE BASIC/TIER 3	460	95.00
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

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Services Other Than Secondary Transmissions: Rates

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Continuing Services:		Installation: Non-residential		HBO	17.50
• Pay cable		• Motel, hotel		CINEMAX	14.50
• Pay cable—add'l channel		• Commercial		SHOWTIME	15.00
• Fire protection		• Pay cable		STARZ/ENCORE	15.00
• Burglar protection		• Pay cable-add'l channel		PLAYBOY	15.00
Installation: Residential		• Fire protection			
• First set	25.00	• Burglar protection			
• Additional set(s)		Other services:			
• FM radio (if separate rate)		• Reconnect	25.00		
• Converter		• Disconnect			
		• Outlet relocation	65.00		
		• Move to new address	40.00		

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BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	5	38.50	PREMIER PACKAGE	151	95.00
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

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BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		HBO	17.50
• Pay cable		• Motel, hotel		CINEMAX	13.50
• Pay cable—add'l channel		• Commercial		SHOWTIME	15.00
• Fire protection		• Pay cable		STARZ/ENCORE	10.00
• Burglar protection		• Pay cable-add'l channel		PLAYBOY	12.95
Installation: Residential		• Fire protection			
• First set	20.00	• Burglar protection			
• Additional set(s)		Other services:			
• FM radio (if separate rate)		• Reconnect	20.00		
• Converter		• Disconnect			
		• Outlet relocation			
		• Move to new address	20.00		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492
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BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	7	44.99	ADD'L DVR	1	14.99
• Service to additional set(s)	319	5.00	TIER 2	30	94.95
• FM radio (if separate rate)			TIER 3		####
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

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BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		HBO	17.50
• Pay cable		• Motel, hotel		CINEMAX	14.50
• Pay cable—add'l channel		• Commercial		SHOWTIME	15.00
• Fire protection		• Pay cable		STARZ/ENCORE	10.00
• Burglar protection		• Pay cable-add'l channel		PLAYBOY	13.00
Installation: Residential		• Fire protection			
• First set	50.00	• Burglar protection			
• Additional set(s)	50.00	Other services:			
• FM radio (if separate rate)		• Reconnect	35.00		
• Converter		• Disconnect			
		• Outlet relocation	50.00		
		• Move to new address	35.00		

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BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	7	38.50	PREMIER PKG	93	94.95
• Service to additional set(s)	32	3.00			
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

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Services Other Than Secondary Transmissions: Rates

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BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		HBO	17.50
• Pay cable		• Motel, hotel		CINEMAX	14.50
• Pay cable—add'l channel		• Commercial		SHOWTIME	15.00
• Fire protection		• Pay cable		STARZ/ENCORE	10.00
• Burglar protection		• Pay cable-add'l channel		PLAYBOY	12.95
Installation: Residential		• Fire protection		SPORTS PKG	75.00
• First set	20.00	• Burglar protection			
• Additional set(s)	20.00	Other services:			
• FM radio (if separate rate)		• Reconnect	20.00		
• Converter		• Disconnect			
		• Outlet relocation	20.00		
		• Move to new address	20.00		

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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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	4	44.99	ADD'L DVR	-	14.99
• Service to additional set(s)	133	5.00	TIER 2	16	94.95
• FM radio (if separate rate)			TIER 3	85	####
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

F
Services Other Than Secondary Transmissions: Rates

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.
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 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		HBO	17.50
• Pay cable		• Motel, hotel		CINEMAX	14.50
• Pay cable—add'l channel		• Commercial		SHOWTIME	15.00
• Fire protection		• Pay cable		STARZ/ENCORE	10.00
• Burglar protection		• Pay cable-add'l channel		PLAYBOY	13.00
Installation: Residential		• Fire protection			
• First set	50.00	• Burglar protection			
• Additional set(s)	50.00	Other services:			
• FM radio (if separate rate)		• Reconnect	35.00		
• Converter		• Disconnect			
		• Outlet relocation	50.00		
		• Move to new address	35.00		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHEREN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492
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E
Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES
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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	0	45.00	PREMIER	45	####
• Service to additional set(s)	82	5.00	TIER 2	1	90.00
• FM radio (if separate rate)			TIER 3	3	####
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

F
Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES
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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		HBO	17.50
• Pay cable		• Motel, hotel		CINEMAX	14.50
• Pay cable—add'l channel		• Commercial		SHOWTIME	15.00
• Fire protection		• Pay cable		STARZ/ENCORE	10.00
• Burglar protection		• Pay cable-add'l channel			
Installation: Residential		• Fire protection			
• First set	N/C	• Burglar protection			
• Additional set(s)	60.00	Other services:			
• FM radio (if separate rate)		• Reconnect	30.00		
• Converter		• Disconnect	N/C		
		• Outlet relocation	60.00		
		• Move to new address	30.00		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492
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E
Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES
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Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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).
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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)."
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BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	1	49.95	BASIC PLUS	1	94.95
• Service to additional set(s)	62	5.00	BROADCAST PREMIUM	45	####
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

F
Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES
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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 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		HBO	17.50
• Pay cable		• Motel, hotel		CINEMAX	13.50
• Pay cable—add'l channel		• Commercial		SHOWTIME	15.00
• Fire protection		• Pay cable		STARZ/ENCORE	10.00
• Burglar protection		• Pay cable-add'l channel		SPORTS PKG	75.00
Installation: Residential		• Fire protection			
• First set	30.00	• Burglar protection			
• Additional set(s)	30.00	Other services:			
• FM radio (if separate rate)		• Reconnect	50.00		
• Converter		• Disconnect			
		• Outlet relocation			
		• Move to new address	30.00		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHEREN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492
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E
Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES
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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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).
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BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	36	49.95	BASIC PLUS	1	94.95
• Service to additional set(s)	311	5.00	BROADCAST PREMIUM	374	####
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

F
Services Other Than Secondary Transmissions: Rates

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.
Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.
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BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		HBO	17.50
• Pay cable		• Motel, hotel		CINEMAX	13.50
• Pay cable—add'l channel		• Commercial		SHOWTIME	15.00
• Fire protection		• Pay cable		STARZ/ENCORE	10.00
• Burglar protection		• Pay cable-add'l channel		SPORTS PKG	75.00
Installation: Residential		• Fire protection			
• First set	30.00	• Burglar protection			
• Additional set(s)	30.00	Other services:			
• FM radio (if separate rate)		• Reconnect	50.00		
• Converter		• Disconnect			
		• Outlet relocation			
		• Move to new address	30.00		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492
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E
Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES
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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	0	44.99	ADDITIONAL DVR	-	14.99
• Service to additional set(s)	42	5.00	TIER 2	-	94.95
• FM radio (if separate rate)			TIER 3	23	####
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

F
Services Other Than Secondary Transmissions: Rates

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.
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 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		HBO	17.50
• Pay cable		• Motel, hotel		CINEMAX	14.50
• Pay cable—add'l channel		• Commercial		SHOWTIME	15.00
• Fire protection		• Pay cable		STARZ/ENCORE	10.00
• Burglar protection		• Pay cable-add'l channel		PLAYBOY	13.00
Installation: Residential		• Fire protection			
• First set	50.00	• Burglar protection			
• Additional set(s)	50.00	Other services:			
• FM radio (if separate rate)		• Reconnect	35.00		
• Converter		• Disconnect			
		• Outlet relocation	50.00		
		• Move to new address	35.00		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM		SYSTEM ID#	
	NORTHERN IOWA COMMUNICATIONS PARTNERS		63492	
<p>G</p> <p>Primary Transmitters: Television</p> <p>Add Rows as Necessary</p>	<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>In General: In space G, identify every television station (including translator stations and low power television stations) 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 [section 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 or substitute program basis, as explained in the next paragraph</p> <p>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorization:</p> <ul style="list-style-type: none"> Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if 1 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 instruction <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form</p> <p>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.</p> <p>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), "E" (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 for</p> <p>Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed</p>			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDIN	11.1	E	DES MOINES, IA
	KDINDT2	11.2	E	DES MOINES, IA
	KDINDT3	11.3	E	DES MOINES, IA
	KDINDT4	11.4	E	DES MOINES, IA
	KEYCDT	12.1	N	MANKATO, MN
	KCCIDT	8.1	N	DES MOINES, IA
	KCCIDT2	8.2	N	DES MOINES, IA
	KCCIDT3	8.3	N	DES MOINES, IA
	KIMTDT	3.1	N	MASON CITY, IA
	KIMTDT2	3.2	N	MASON CITY, IA
	KIMTDT3	3.3	N	MASON CITY, IA
	KCWI	23.1	I	DES MOINES, IA
	KCW2	23.2	I	DES MOINES, IA
	KCW3	23.3	I	DES MOINES, IA
	KCW4	23.4	I	DES MOINES, IA
	WOIDT	5.1	N	DES MOINES, IA
	WOIDT2	5.2	N	DES MOINES, IA
	WOIDT3	5.3	N	DES MOINES, IA
	WOIDT4	5.4	N	DES MOINES, IA
	KDSMDT	17.1	I	DES MOINES, IA
	KDSMDT2	17.2	I	DES MOINES, IA
	KDSMDT3	17.3	I	DES MOINES, IA
	KDSMDT4	17.4	I	DES MOINES, IA
WHODT	13.1	N	DES MOINES, IA	
WHODT2	13.2	N-M	DES MOINES, IA	
WHODT3	13.3	N-M	DES MOINES, IA	
WHODT4	13.4	N-M	DES MOINES, IA	
KDMIDT	19.1	I	DES MOINES, IA	
KDMIDT3	19.3	I	DES MOINES, IA	
KFPXDT	39.1	I	DES MOINES, IA	
KFPXDT3	39.3	I	DES MOINES, IA	
KTIVDT	4.1	N	SIoux CITY, IA	
KTIVDT2	4.2	N	SIoux CITY, IA	
KTIVDT3	4.3	N	SIoux CITY, IA	
KCAUDT	9.1	N	SIoux CITY, IA	
KCAUDT2	9.2	N	SIoux CITY, IA	
KCAUDT3	9.3	N	SIoux CITY, IA	
KCAUDT4	9.4	N	SIoux CITY, IA	
KPTHDT	44.1	N	SIoux CITY, IA	
KPTHDT2	44.2	N	SIoux CITY, IA	
KPTHDT3	44.3	N	SIoux CITY, IA	
KMEGDT	14.1	N	SIoux CITY, IA	
KMEGDT2	14.2	N	SIoux CITY, IA	
KMEGDT3	14.3	N	SIoux CITY, IA	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492
K Gross Receipts	<p>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</p> <p>Gross receipts from subscribers for secondary transmission service(s) during the accounting period.....</p> <div style="float: right; border: 1px solid black; padding: 2px;"> \$ 25,371.66 <small>(Amount of gross receipts)</small> </div> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>	
L Copyright Royalty Fee	<p>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe</p> <ul style="list-style-type: none"> • 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 <p>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</p>	
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
<p>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</p>		
<p>Line 1. Royalty fee for accounting period \$ 52.00</p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00</p>		
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
<p>1. Base amount under statutory formula \$ 263,800.00</p> <p>2. Enter amount of gross receipts from space K</p> <p>3. Subtract line 2 from line 1</p> <p>4. Enter the amount of gross receipts from space K</p> <p>5. Enter the amount from line 3</p> <p>6. Subtract line 5 from line 4</p> <p>7. Multiply line 6 by .005 (enter figure here)</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8</p>		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
<p>1. Enter the amount of gross receipts from space K</p> <p>2. Base amount under statutory formula \$ 263,800.00</p> <p>3. Subtract line 2 from line 1</p> <p>4. Multiply line 3 by .01</p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00</p> <p>6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6</p>		
FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	<p>1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00</p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00</p> <p>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00</p>	
EFT Trace # or TRANSACTION ID #		26FMVBS1
<p>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.</p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492
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M Channels	<p>CHANNELS</p> <p>Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 44</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 357</p>
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N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)</p> <p>Name JOHN W. NOAH Telephone 712-853-6121</p> <p>Address 107 S STATE STREET, P.O. BOX 100 <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>TERRIL, IA 51364 <small>(City, town, state, zip)</small></p> <p>Email jnoah@terril.com Fax (optional) 712-853-6185</p>
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O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</p> <ul style="list-style-type: none"> I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (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</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <ul style="list-style-type: none"> I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] <p style="text-align: center;"> <u> X /s/ JOHN W. NOAH </u></p> <p style="text-align: center; font-size: small;">Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p> <p>Typed or printed name: JOHN W. NOAH</p> <p>Title: CCO <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: FEBRUARY 27, 2019</p>
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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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NORTHERN IOWA COMMUNICATIONS PARTNERS

63492

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 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. \$ _____

P

Special Statement Concerning Gross Receipts Exclusion

Name _____
Mailing Address _____

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 _____
x _____

Line 2 Multiply line 1 by the interest rate* and enter the sum here -
x _____ days

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.

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 _____

Q

Interest Assessment

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.