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					
8/18/2017	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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
		Midcontinent Communications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MANUNIO ADDDEGG OF OWNED OF GARLE SYSTEM
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 5040 (Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
	Ė	Ely, MN MAILING ADDRESS OF CABLE SYSTEM:
		PO Box 5040
	2	(Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040
•	1	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM						
Name								
	Midcontinent Communications	39						
	Instructions: List each separate community served by the cable system. A "commu							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kr as the "first community." Please use it as the first community on all future filings.							
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the						
Area Served	identified city.							
Served								
	CITY OR TOWN	CTATE						
	CITY OR TOWN	STATE						
First	Ely	MN						
Community	Ely-Outs	MN						
	Babbitt	MN						
d Rows as Necessary	Babbitt-outs	MN						
	Breitung Township	MN						
	Tower	MN						
	Winton	MN						
	YIIIOII	IVIIV						

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

Ε

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.

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	1,180	19.95	Business Accounts	32	19.95	
 Service to additional set(s) 			High Def Converter	277	8.00	
 FM radio (if separate rate) 			Nursing Homes	92	11.00	
Motel, hotel	176	6.25	Hospitals	36	5.67	
Commercial	246	20.25				
Converter	1,239	4.00				
 Residential 						
 Non-residential 						
		T				

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			
 Pay cable 	16.00	Motel, hotel	50.00	Cinemax	16.00
 Pay cable—add'l channel 		Commercial	50.00	Digital 1	12.00
 Fire protection 		• Pay cable		Showtime	16.00
 Burglar protection 		Pay cable-add'l channel		Starz!&Encore	16.00
Installation: Residential		Fire protection		TMC	16.00
First set	35.00	Burglar protection		Dig Sports & Variety	9.00
 Additional set(s) 	25.00	Other services:			
 FM radio (if separate rate) 		Reconnect	25.00		
Converter		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4. LOCATION OF STATION

SUPERIOR, WI (NBC)

Midcontinent Communications PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

KBJR-DT

3998

G

Primary Transmitters: Television

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 [sections

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. 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.

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.

2. B'CAST CHANNEL NUMBER

19

KBJR-DT2 19.2 N-M SUPERIOR, WI (CBS) **KBJR-DT3** 19.3 I-M SUPERIOR, WI (MNT/HEROES) **KDLH-DT** 33 I DULUTH, MN (CW) 17 DULUTH, MN (FOX) KQDS-DT ı KQDS-DT2 17.2 I-M **DULUTH, MN (ANTENNA)** 10 **WDIO-DT** Ν **DULUTH, MN (ABC)** 10.2 I-M WDIO-DT2 **DULUTH, MN (ME TV)** WDSE-DT 8 Ε **DULUTH, MN (PBS)** E-M WDSE-DT3 8.3 **DULUTH, MN (PBS CREATE)** 8.2 E-M **DULUTH, MN (PBS EXPLORE)** WDSE-DT2 WDSE-DT5 8.5 E-M **DULUTH, MN (PBS MN CHL)**

3. TYPE OF STATION

Ν

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

3998

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

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 	 					
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Accounting Perio	ILEGAL NAME OF OWNER OF	CADI E SVS	TEM:				FOR	M SA1-2E. PAGE 5.
Name	Midcontinent Commun		i Livi.					SYSTEM ID# 3998
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE	fy every non eccounting per ing that must r CONCER od, did you tion?	nnetwork televis eriod, under spe st be included in NING SUBST r cable system rest of this pag	sion program, broadcast be ecific present and former F I this log, see page (v) of the FITUTE CARRIAGE carry, on a substitute ba	y a distant sta CC rules, regu he general inst sis, any nonne	lations, or au ructions in th etwork televi	uthorizations e paper SA1 sion prograr YES	For a further -2 form.
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
	S		E PROGRAM	1	CARR	EN SUBSTI		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— TO	
								"
								"
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ccounting Period:		FF14.					A1-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYST Midcontinent Communication					S	YSTEM ID		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give all amounts (gross receipts) paid t (as identified in space E) during th page (vii) of the general instruction Gross receipts from subscribe during the accounting period. IMPORTANT: You must complete	o your cable system by su e accounting period. For a ns located in the paper SA ers for secondary transmis	bscribers for the further explanated 1-2 form. sion service(s)	system's ion of hov	secondary trans v to compute th	smission servicis amount, see	1,926.83		
	COPYRIGHT ROYALTY FEE		9,			(runeant or gr	000 (000)		
Copyright Royalty Fee	The process of the amount of gross Use block 1 if the amount of gross Use block 2 if the amount of gross Use block 3 if the amount of gross Use block 3 if the amount of gross Use block 3 if the amount of gross See page (vi) of the general instructions)	ck 3. receipts in space K is \$13 receipts in space K is mo receipts in space K is mo	re than \$137,100 re than \$263,800	but less	than \$527,600	\$263,800			
		BLOCK 1: GROSS REC	EIPTS OF \$13	7,100 OR	LESS				
	Instructions: As a cable system with accounting period is \$52.00	gross receipts of \$137,100	or less, the royal	y fee that	you must pay for	this six-month			
	Line 1. Royalty fee for accounting po	eriod							
	Line 2. Interest charge. Enter the a	mount from line 4, space Q,	page 8				0.00		
	Line 3. TOTAL ROYALTY FEE PAY	ABLE FOR ACCOUNTING	PERIOD Add lin	nes 1 and	2				
	BLOCK 2: G	ROSS RECEIPTS OF \$	263,800 OR LE	SS (but m	ore than \$137	,100)			
	1. Base amount under statutory form	nula	····· <u>·</u>	\$	263,800.00	_			
	2. Enter amount of gross receipts fro	om space K		\$	161,926.83	_			
	3. Subtract line 2 from line 1			\$	101,873.17	_			
	4. Enter the amount of gross receipt	s from space K			. \$	161,926.83			
	5. Enter the amount from line 3				\$	101,873.17			
	6. Subtract line 5 from line 4				\$	60,053.66			
	7. Multiply line 6 by .005 (enter figur	e here)				\$	300.27		
	8. Interest charge. Enter the amour	t from line 4, space Q, page	8				0.00		
	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)								
	Enter the amount of gross receipt	s from space K							
	Base amount under statutory form	·	-		263,800.00	_			
	3. Subtract line 2 from line 1		•			_			
	4. Multiply line 3 by .01		-			_			
	5. Royalty due on the first \$263,800					1.319.00			
	6. Interest charge. Enter the amour								
	7. TOTAL ROYALTY FEE PAYABI								
	FILI	NG FEE AND TOTAL RE	MITTANCE DU	E					
Filing Fee and otal Remittance	Royalty Fee Payable for Accounti	ng Period (from Block 1, 2,	or 3, above)		\$	300.27			
Due	2. Filing Fee (See the instructions for	or more information on filing	fee calculations)		. \$	20.00			
	3. TOTAL AMOUNT DUE FOR ACC	COUNTING PERIOD. Add	lines 2 and 3			\$	320.27		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!								
		the general instructions			_		,		

Accounting Period:	2017/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CAE Midcontinent Communicati				SYSTEM ID# 3998
M Channels	to its subscribers, and (2) the care. 1. Enter the total number of characteristic system carried television broad. 2. Enter the total number of act on which the cable system care.	cable system's total numb annels on which the cable adcast stations		counting period.	336
N Individual to	INDIVIDUAL TO BE CONTACT we can contact about this state		RMATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name Wynne Ha	aakenstad		Telephone 952	-844-2622
		vynne.haakenstad@mid	dco.com	Fax (optional)	
O Certification	(Owner other than complete, and correct to [18 U.S.C., Section 1001(1986)]	ry that (Check one, but only corporation or partnership er than corporation or pa B and that the owner is not a man officer (if a corpora B.) of account and hereby decorporate of the best of my knowledge of the best of my knowledge enter sign. Enter an enter sign.	tified and signed in accordance with Color of the boxes.) a) I am the owner of the cable system as strtnership) I am the duly authorized ager to a corporation or partnership; or stion) or a partner (if a partnership) of the clare under penalty of law that all statements, information, and belief, and are made in the clare using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to consture using an "/s/ signature" (e.g., /s/ Journal of the line above to constant using an "/s/ signature" (e.g., /s/ Journal of the line above to constant using an "/s/ signature" (e.g., /s/ Journal of the line above to constant using an "/s/ signature" (e.g., /s/ Journal of the line above to constant using an "/s/ signature" (e.g., /s/ Journal of the line above to constant using an "/s/ signature" (e.g., /s/ Journal of the line above to constant using an "/s/ signature" (e.g., /s/ Journal of the line above to constant using an "/s/ signat	identified in line 1 of space B; or and of the owner of the cable system elegal entity identified as owner of the ents of fact contained herein in good faith.	
	Da	ate:		8/17/17	

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counting Period: 2017/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communications	3998
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."	Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Walling Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	<u>-</u>
* 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@loc.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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