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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	7/13/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	3847
		ביורביג ובירי וו מוש ש מרבי של אישר אושר אוויישר אווישר אווישר מבישר אווישר ששישר ששישר אווישר אווישר אווישר או	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		SJOBERGS CABLEVISION INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)	
		THIEF RIVER FALLS, MN 56701-1905	
	INSTR	<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system u	inless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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 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:	SYSTEM ID#
Name	SJOBERGS CABLEVISION INC	3847
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future for the second sec	community" is the same as a "community unit" as defined in FCC rules: prated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	THIEF RIVER FALLS	MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name	SJOBERGS CABLEVISI							515	384
	SJUDERUS CABLEVISI								
Е	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	IBERS AND RA	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed				ny standai	rd rate variations	s within a p	articular rate	
	category, but do not include disc				ios of soc	ondany transmis	sion convio	a that cable	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	nand block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.				T		BLOCK	0	
	BL	OCK 1 NO. OF					BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set	••••••	3,045	24.70/MO					
	Service to additional set(s)	N/A		N/C					
	• FM radio (if separate rate)	N/A	~	40.00/000					
	Motel, hotel		9	10.00/MO					
	Commercial Converter	N/A N/A							
	Residential	N/A							
	Non-residential	N/A							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					P b.t b.t	P-4I		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
natoo	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	11.00/MO	• Mo	otel, hotel		T+M			
	<ul> <li>Pay cable—add'l channel</li> </ul>	5.00/MO		mmercial		T+M			
	Fire protection	N/A		y cable		N/C			
	•Burglar protection	N/A		y cable-add'l ch	annel	N/C			
	Installation: Residential			e protection		N/A			
	• First set	10.00		rglar protection		N/A			
	Additional set(s)	35.00		services:					
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>	N1/2		connect		N/C			
	• L'ODVOROF	N/A	Dis	sconnect		N/C			
	Converter								
	Convener		• Ou	tlet relocation		10.00 N/C			

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM ID
ame	SJOBERGS CABLE			384
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i <b>Substitute Basis Station</b> basis under specific FCC i • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eace educational station, by ent (for independent multicast For the meaning of these to <b>Column 4:</b> Give the locati	also in space I, if the station was carrie ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination ad with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr. 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repr evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КХЈВ	4	Ν	FARGO/VALLEY CITY, ND
	КСРМ	5	l	GRAND FORKS, ND
		····•		
ws as Necessary	WDAZ	8	Ν	DEVILS LAKE, ND
ecessary	WDAZ CBWT	8 12	N	DEVILS LAKE, ND WINNIPEG, MANITOBA
ecessary			-	
essary	CBWT	12	I	WINNIPEG, MANITOBA
cessary	CBWT	12	l	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
ecessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
Vecessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
lecessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
Vecessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
s Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
5 Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
s Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
s Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND
Necessary	CBWT	12	I	WINNIPEG, MANITOBA
	KGFE	2	E	GRAND FORKS, ND
	KTHI	11	N	FARGO/GRAND FORKS, ND

SJOBERGS								SYSTEM IE 384
DOBENCO			•					304
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of for detailed infi- aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under ( item whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-				C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

	d: 2018/1						FORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#
Name	SJOBERGS CABLEVIS	SION INC					3847
	SUBSTITUTE CARRIAGI	: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi	fv everv nor	network televis	ion program broadcast by	- a <i>distant</i> stati	on that your cable s	system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE			
Special	<ul> <li>During the accounting per</li> </ul>	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television pro	gram
Statement and Program Log	broadcast by a distant star	tion?				YE	s × NO
Program Log	, ,			a black lfugue anover is f	·/ "		
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	st complete the pro	ogram
	log in block 2.		MO				
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations v	wherever nos	sible if their meani	na is
	clear. If you need more spa				wherever pos		
				sion program ("substitute p	program") that	t, during the accou	nting
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categori "NBA Basketball: 76ers vs.		vies of daske	toall. List specific program	i titles, for exa	imple, I Love Lucy	/ Or
			lcast live, enter	r "Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		
				e community to which the			r, in
	the case of Mexican or Can	adian statio	ins, if any, the o	community with which the steep carried the substitute p	station is iden	tified).	month
	first. Example: for May 7 giv		when your sys		ologiani. Use	numerais, with the	monui
			substitute pro	gram was carried by your o	cable system.	List the times accu	urately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."						
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						Jogram
	effect on October 19, 1976.					ina regulatione in	
	s	UBSTITUT	E PROGRAM	1		N SUBSTITUTE AGE OCCURREE	) 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — 1	ГО
						<del>-</del>	

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC				SYSTEM ID# 3847
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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 r	system's s ion of how	secondary trans to compute this	mission serv s amount, ser \$ 44	ice
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	',100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				1
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	1	263,800.00	100)	
	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		••••••		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)	
	1. Enter the amount of gross receipts from space K	\$	443,464.15		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	179,664.15		
	4. Multiply line 3 by .01		\$	1,796.64	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	, 5, and 6 .		\$	3,115.64
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		¢	3,115.64	
Total Remittance Due	<ol> <li>Royally Fee Payable for Accounting Fehot (non Block 1, 2, 613, above)</li> <li>Filing Fee (See the instructions for more information on filing fee calculations) .</li> </ol>			20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,135.64
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-	nent payal	ble to the Regis	ter of Copyri	

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: CABLEVISION INC	SYSTEM ID# 3847
M Channels	to its subscribe 1. Enter the to system carrie	You must give (1) the number of channels on which the cable system carried televisior ers, and (2) the cable system's total number of activated channels during the accountin al number of channels on which the cable ed television broadcast stations	
	on which the	cable system carried television broadcast stations	180
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual t about this statement of account.)	to whom
for Further Information	Name	Richard J Sjoberg	Telephone 218-681-3044
	Address	315 Main Ave N (Number, street, rural route, apartment, or suite number) Thief River Falls, MN 56701 (City, town, state, zip)	
	Email	rsjoberg@mncable.net Fax (	optional) 218-681-6801
0		N (This statement of account must be certified and signed in accordance with Copyrigh	nt Office regulations)
Certification		ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	ed in line 1 of space B; or
		nt of owner other than corporation or partnership) I am the duly authorized agent of the n line 1 of space B and that the owner is not a corporation or partnership; or	
	<ul> <li>I have examin are true, compl</li> </ul>	icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal en line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of ete, and correct to the best of my knowledge, information, and belief, and are made in good tion 1001(1986)]	fact contained herein
		Enter an electronic signature on the line above to certify the Enter signature using an "/s/ signature" (e.g., /s/ John Sm	
		Typed or printed name: <b>Richard J Sjoberg</b>	
		Title: <b>President</b> (Title of official position held in corporation or partnership)	
		Date:	7/12/18

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BERGS CABLEVISION INC	384
<ul> <li>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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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