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  \$  08/28/2018 ALLOCATION NUMBER									
\$	FOR COPYRIGHT OFFICE USE ONLY								
08/28/2018	DATE RECEIVED	AMOUNT							
	08/28/2018								

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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
7.	A	STATEMENT (TTTATEMENT)
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20181 Barcode Data Filing Period (optional - see instructions)
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
		CoBridge Telecom, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Fidelity Cablevision, Inc.
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		64 N Clark (Number, street, rural route, apartment, or suite number)
		Sullivan, MO 63080 (City, town, state, zip)
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	'	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	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.

Accounting Period:	2019/1	1									
Accounting Periou.	2010/1	EODM SA1 2E DAGE 1h									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#									
Name		5892									
	CoBridge Telecom, LLC Instructions: List each separate community served by the cable system. A "community served by the cable system."										
_	"a separate and distinct community or municipal entity (including unincorporated con										
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t will serve as a form of system identification hereafter known									
	as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter known									
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the									
Area Served	identified city.	parito siroara se reportea in parentineses seron tire									
Serveu											
	CITY OR TOWN	STATE									
First	El Dorado Springs	MO									
Community											
Add Rows as Necessary											

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

20/12/17/11/20/07/11/21/07/07/12/20/07

CoBridge Telecom, LLC

5892

## 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.

BL	OCK 1		BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:	CODOCHIDENO	1011	CATEGORY OF CERVICE	COBCONIDENC	TOTTE				
Service to first set	279	34.99							
Service to additional set(s)									
• FM radio (if separate rate)									
Motel, hotel	1	14.00							
Commercial	7	16.00							
Converter									
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 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	рр	Motel, hotel	\$80/hr	Tier	48.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$80/hr	Tier	10.00
<ul> <li>Fire protection</li> </ul>		• Pay cable		Digital Basic	12.00
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Digital Tier	7.99
Installation: Residential		Fire protection			
First set	\$80/hr	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$25		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5892

4. LOCATION OF STATION

PTTSBURG, KS

### CoBridge Telecom, LLC

1. CALL SIGN

**KOAM** 

PRIMARY TRANSMITTERS: TELEVISION

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

7

**KOLR** 10 Ν SPRINGFIELD, MO KOZK 23 Ε SPRINGFIELD, MO **KOZL** 28 SPRINGFIELD, MO ı **KPXE** 51 KANSAS CITY, MO 49 KRBK Ν **OSAGE BEACH, MO** I-M KRBK-DT2 49.2 **OSAGE BEACH, MO** 49.3 I-M KRBK-DT3 **OSAGE BEACH, MO** 19 Ν **KSPR** SPRINGFIELD, MO I-M KSPR-DT3 19.2 SPRINGFIELD, MO 19.3 I-M KSPR-DT3 SPRINGFIELD, MO **KYTV** 44 Ν SPRINGFIELD, MO I-M KYTV-DT3 44.3 SPRINGFIELD, MO

3. TYPE OF STATION

Ν

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### CoBridge Telecom, LLC

5892

### 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 Period: 2018/1 FORM SA1-2E. PAGE 5.											
-	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#			
Name	CoBridge Telecom, LL	.C						5892			
ı	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a	ify every nor	nnetwork televis	sion program, broadcast b	y a <i>distant</i> sta						
Substitute	explanation of the programm										
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE							
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant sta	tion?					YES	X NO			
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust complete	the prograi	m			
	log in block 2.										
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	ce, please a of every nor distant statis gulations, o ies like "mor Bulls." In was broad sign of the sadcast static adian statio at the and day re "5/7." es when the Example: a er "R" if the and regulation in that y	m on a separa add additional ranetwork televition and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the get tball." List specific program "Yes." Otherwise enter string the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for progring the accounting period	e program") that led for the program titles, for ex "No."  Tam e station is lice e station is ide e program. Use r cable system 1:15 p.m. to 6:2 ramming that yeld; enter the le	eat, during the gramming of ons for further cample, "I Lo ensed by the ntified). The numerals, of the time with the time with the course of th	e accounting another staur information ve Lucy" or FCC or, in with the more accurate hould be was require a listed programmers.	tion n. nth ly			
				II WHI	EN SUBSTI	TUTE					
	S	UBSTITUT	E PROGRAM	1		IAGE OCC		7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. T	TIMES — TO	DELETION			
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Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CoBridge Telecom, LLC	S	YSTEM ID: 5892
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	nsmission servic nis amount, see	5,081.00
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period	•	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137		02.00
	1. Base amount under statutory formula	)	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	<u></u>	
	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 \$52	27,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	<del>-</del>	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
1	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more information.		hts!

Accounting Period:	2018/1														FORM S	SA1-2E.	PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:														SYST	EM ID# 5892
M Channels	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.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  328																
N Individual to Be Contacted		BE CONTACTED IF FURTHI		ORI	RMATION	IS NEED	<b>ED</b> (Iden	itify an in	ndivid	ual to wh	hom						
for Further Information																	
	Address	64 N Clark (Number, street, rural route, apartn Sullivan, MO 63080	ment, or su	suite	e number)									 			
		(City, town, state, zip)												 			
	Email	melinda.lahman	n@fidel	elity	ycommur	ications.	com		Fa	ax (optio	nal)			 			
O Certification	• I, the undersigne	(This statement of account mu	ne, <i>but on</i>	only d	one, of th	e boxes.)											
	(Agent	of owner other than corporation or partial ine 1 of space B and that the over or partner) I am an officer (if	tion or pa	parti	rtnership) a corporat	I am the d ion or par	uly autho tnership;	orized age	ent of	the own	er of the	e cable s	system		1		
	I have examined	the statement of account and he, and correct to the best of my lon 1001(1986)]										d herein					
				an ele	/s/ Carl	gnature o	n the line				atement	i.	_				
		Typed or printed	I name:	: "	Carla (	Cooper								 			
		Title: (Title of of			residen			ip)									
		Date:								8/23/	/18						

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ounting Period: 2018/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Bridge Telecom, LLC	5892
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."	P 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 Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x days	_
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	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	11111

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