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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	03/01/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD CC	VERED BY THIS STATEMENT: (YYY	Y/(Period))	

~	AUUU	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 Barcode Data Filing Period (optional - see instructions)	
Accounting		20102	
Accounting Period			
		Instructions:	
В		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.	021064
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(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 us 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:	
		WHITE HALL, AR MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE STSTEM.	
	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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	021064
D	Instructions: List each separate community served by the cable system. A "communit" "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	WHITE HALL	AR
Community	GRANT COUNTY(PORTION)	AR
	HARDIN	AR
dd Rows as Necessary	JEFFERSON COUNTY	AR
	PINE BLUFF ARSENAL	AR
	REDFIELD	AR

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							02106
E	SECONDARY TRANSMISSION In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existi	ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be coun	ted as a	subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca					l in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.							()	
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		701	29.99					
	 Service to additional set(s) 	1	,50 6	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		21	29.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	6				
Е	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:	I	Installa	tion: Non-res	idential				
	• Pay cable	17.00	• Mot	el, hotel					
	 Pay cable—add'l channel 	19.00		nmercial					
	Fire protection			cable					
	 Burglar protection 			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	99.00		glar protection					
	Additional set(s)	25.00		ervices:					
	FM radio (if separate rate)			onnect		40.00			
	Converter			connect					
	i de la constancia de la c		 Outl 	et relocation		25.00			
				e to new addre		99.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC			021
	PRIMARY TRANSMITTERS:			
•		entify every television station (including	translator stations and low power	television stations)
G	carried by your cable syste	m during the accounting period, except	(1) stations carried only on a part	time basis under
Primary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6		
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television		With respect to any distant stations caules, regulations, or authorizations:	arried by your cable system on a s	ubstitute program
	• Do not list the station her	e in space G—but do list it in space I (th	ne Special Statement and Program	n Log)—if the
	station was carried only on	a substitute basis. also in space I, if the station was carried	d both on a substitute basis and a	so on some other
	basis. For further information	on concerning substitute basis stations,	see page (v) of the general instru	ctions.
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the		
	"WETA-2" as the same on	the form.	.	
		el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	vision station for broadcasting over	er the air in its community
	Column 3: Indicate in each	n case whether the station is a network		
		ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c		
	For the meaning of these te	erms, see page (iv) of the general instru	ictions in the paper SA1-2 form.	
		on of each station. For U.S. stations, list idian stations, if any, give the name of th		
		idian stations, in any, give the name of a	ie community with which the state	
	1. CALL SIGN KARK-HD1	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		32	<u>N-M</u>	
	KARK-1	32	N	LITTLE ROCK, AR
d Rows as Necessary	KARZ-HD1	44	I-M	LITTLE ROCK, AR
	KARZ-1	44	<u> </u>	LITTLE ROCK, AR
	KASN-1	39	<u> </u>	PINE BLUFF, AR
	KASN-HD1	39	I-M	PINE BLUFF, AR
	KATV-1	22	N	LITTLE ROCK, AR
	KATV-3	22	I-M	LITTLE ROCK, AR
	KATV-2	22	I-M	LITTLE ROCK, AR
	KATV-HD1	22	N-M	
		-		
	KETS-1	7	<u> </u>	
	KETS-2	7	E-M	LITTLE ROCK, AR
	KETS-HD1	7	E-M	LITTLE ROCK, AR
	KETS-3	7	E-M	LITTLE ROCK, AR
	KETS-4	7	E-M	LITTLE ROCK, AR
	KKAP-1	36	Е	LITTLE ROCK, AR
	ККҮК-1	30	I	LITTLE ROCK, AR
	KLRT-HD1	16	- I-M	LITTLE ROCK, AR
			1-141	
	KLRT-1	16		LITTLE ROCK, AR
	KMYA-1	49	I	CAMDEN, AR
	KTHV-1	12	<u>N</u>	LITTLE ROCK, AR
	KTHV-HD1	12	N-M	LITTLE ROCK, AR
	KTHV-3	12	I-M	LITTLE ROCK, AR
	KVTN-1	24	I	PINE BLUFF, AR
	KVTN-HD1	24	I-M	PINE BLUFF, AR
	L			

EGAL NAME OF								SYSTEM ID
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info paper SA1-2 fo Column 1: Io Column 2: S	it is carried by monitoring, to prmation about rm. dentify the call state whether	y the sys be recei it the Co I sign of e the static	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante his point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, tated intervals. nstructions in the.	Primary Transmitters: Radio
ignal, indicate Column 4: O	this by placing Give the station	g a checl n's locati	nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	8/D		CALL SIGN	AM or FM	8/D		
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					021064
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv no	nnetwork televis	<i>sion program.</i> broadcast by	a distant stat	ion. that vour cab	ole svsten	n carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the pap	per SA1-2	2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	· • ⊢	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the	program	
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their me	aning is	
	clear. If you need more spa			ision program ("substitute	orogram") tha	t during the acc	counting	
	period, was broadcast by a							on
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further info	ormation.	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Li	ucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		. .	
	Column 4: Give the broat the case of Mexican or Can			e community to which the			C or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, with	the mont	h
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				/
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should	u be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							m
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	no regulations in	n	
					П		r	
			E PROGRAM	1		N SUBSTITUT		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 —	ТО	
						_		
						_		
						_		
							-	
						_		
						_		
1		1	1					

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 021064
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	1,494.50 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00 Line 1. Royalty fee for accounting period		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10)0)	
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of groups requires from anona // \$ 154,404,50		
	2. Enter amount of gross receipts from space K \$ 154,494.50 3. Subtract line 2 from line 1 \$ 109,305.50		
		54,494.50	
		09,305.50	
	6. Subtract line 5 from line 4	<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)		225.95
	- 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	\$	225.95
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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)	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	225.95	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	245.95
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 021064
M Channels	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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	25 183
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. 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)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 02/18/2019	

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unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0210
 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? 	P Special Statemen Concerning Gros Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Mailing Address 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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
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