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						
01/28/2019	\$ 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									
A	ACCC	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								
		Central Telcom Services LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		P.O. Box 7 (Number, street, rural route, apartment, or suite number)							
		Fairview, Ut 84629-0007 (City, town, state, zip)							
С		<b>CUCTIONS:</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)							
		(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.

		FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
	Central Telcom Services LLC	24							
	Instructions: List each separate community served by the cable system. A "cor								
D	"a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	t you list will serve as a form of system identification hereafter kno							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Served	identified city.								
	CITY OR TOWN	STATE							
First	Wendover	Utah							
Community	West Wendover	Nevada							
Rows as Necessary									

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Central Telcom Services LLC

SYSTEM ID# 2410

# 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:							
Service to first set	202	24.95	Expanded	410	47.00		
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel	237	24.95					
Commercial							
Converter	23	-					
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 F				CATEGORY OF SERVICE	RA
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	17.95	Motel, hotel	Varies		
<ul> <li>Pay cable—add'l channel</li> </ul>	15.95	Commercial	-		
<ul> <li>Fire protection</li> </ul>	-	Pay cable	-		
<ul> <li>Burglar protection</li> </ul>	-	Pay cable-add'l channel	-		
Installation: Residential		Fire protection	-		
<ul> <li>First set</li> </ul>	100.00	Burglar protection	-		
<ul> <li>Additional set(s)</li> </ul>	29.95	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>	-	Reconnect	29.95		
<ul> <li>Converter</li> </ul>	-	Disconnect	-		
		Outlet relocation	49.95		
		Move to new address	29.95		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Central Telcom Services LLC**

2410

G

Primary
Transmitters:
Television

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KUTV** 2 Ν Salt Lake City, Utah KTVX 4 Ν Salt Lake City, Utah KSL 5 Ν Salt Lake City, Utah **KUED** 7 Ε Salt Lake City, Utah **KUEN** 9 Ε Ogden, Utah **KSTU** 13 I Salt Lake City, Utah 14 **KJZZ** ı Salt Lake City, Utah **KUPX** 16 Ī Provo, Utah **KUCW** 30 Ogden, Utah

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Central Telcom Services LLC**

2410

### 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	d: 2018/2						FOR	M SA1-2E. PAGE 5.					
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#					
Name	Central Telcom Service	es LLC						2410					
ı	SUBSTITUTE CARRIAGE		_			tion that you	r cable syste	om carried on a					
Substitute	n General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.												
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
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 station?												
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  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 with 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 "577."  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 program effect on October 19, 1976.	iiiiig iiiai y	oui system wa	is permitted to delete und	ei FCC Tules a	and regulation	1115 111						
					11			1					
	c	I IDOTITI IT	E PROGRAM	1		EN SUBSTI IAGE OCCI		7. REASON FOR					
		2. LIVE?	3. STATION'S	1	5. MONTH		IMES	DELETION					
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM -	— то						
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ccounting Period:		AL NAME OF	OWNER OF C	CABLE SY	YSTFM:											YSTEM I
Name	_	ntral Telo														24
<b>K</b> Gross Receipts	Inst all a (as		The figure ross receip n space E)	ots) paid during instruct subscri	d to you the acc ions loc ibers for	ur cable counting cated in or secor	e system g period. n the papendary tran	by subs For a f er SA1- nsmissi	scribers urther ex 2 form. on servi	for the xplana ce(s)	system'	s seco ow to c	ndary tra ompute t	nsmissio	n servic int, see	e
	IMP	PORTANT:														oss receipts)
Copyright Royalty Fee	• Con • Use • Use • Use	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 \$263,800  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.														
					BLC	OCK 1:	GROSS	RECE	IPTS O	F \$13	7,100 O	R LES	S			
		ructions: As			ith gross	s receip	ots of \$13	7,100 o	less, th	e royal	y fee tha	at you n	nust pay f	or this six	-month	
		e 1. Royalty			neriod											
																0.00
	Line	e 2. Interest	charge. Er	nter the	amouni	t irom ii	ne 4, spa	ice Q, p	age 8							0.00
	Line	e 3. <b>TOTAL</b>	ROYALTY	FEE P	AYABL	E FOR	ACCOU	NTING I	PERIOD	Add li	nes 1 an	d 2		· · · <u> </u>		
							CEIPTS				,		han \$13	7,100)		
	1. B	Base amoun	t under stat	tutory fo	ormula .					• • • • • •	\$	26:	3,800.00	<u>)                                    </u>		
	2. E	nter amour	it of gross re	eceipts	from sp	ace K .				• • • • • • •	\$	19	3,418.48	<u> </u>		
	3. S	Subtract line	2 from line	1							\$	7	0,381.52	<u>2</u>		
		Inter the am	_											193,41	8.48	
		Inter the am												70,38		
		Subtract line												123,03	6.96	
		Multiply line														615.18
	8. Ir	nterest char	ge. Enter ti	he amo	unt from	n line 4,	, space Q	, page 8	8							0.00
	9. <b>T</b>	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8										615.18				
			BLO	CK 3: (	GROSS	3 RECI	EIPTS O	F MOF	RE THA	N \$263	3,800 (b	ut less	than \$5	27,600)		
	1. E	Inter the am	nount of gro	ss rece	ipts fron	n space	∍ K									
	2. B	Base amoun	t under stat	tutory fo	ormula .						\$	26	3,800.00	<u>)</u>		
	3. S	Subtract line	2 from line	1										_		
	4. N	Multiply line	3 by .01									· · · <u></u>				
	5. R	Royalty due	on the first	\$263,80	00 of gro	oss rec	eipts (und	ler statu	tory forn	nula)		<u>\$</u>		1,31	9.00	
	6. Ir	nterest char	ge. Enter ti	he amo	ount from	n line 4,	, space Q	, page 8	3			· ·			0.00	
	7. <b>T</b>	OTAL ROY	ALTY FEE	PAYA	BLE FO	OR ACC	OUNTIN	G PERI	<b>OD.</b> Add	lines 4	, 5, and	6		<u></u>		
				FI	LING F	EE AI	ND TOTA	AL REM	IITTAN	CE DI	IE					
Filing Fee and Fotal Remittance	1. R	Royalty Fee	Payable for	r Accou	ınting Pe	eriod (fr	om Block	1, 2, or	3, above	e)		\$		61	5.18	
Due	2. F	Filing Fee (S	ee the instr	ructions	for mor	re inforr	mation on	filing fe	e calcula	ations)		\$		2	0.00	
	3. Т	OTAL AMO	OUNT DUE	FOR A	(CCOU	NTING (	PERIOD.	Add lii	nes 2 an	d 3				\$		635.18
		Importa	ant: Your r	emittar	nce mus	st be in	the forn	n of an	electron	ic pay	ment pa	yable t	o the Reg	jister of (	Copyrig	hts!

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:  O Services LLC				SYSTEM ID# 2410			
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.  9 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.								
N Individual to Be Contacted		BE CONTACTED IF FURTHI		RMATION IS NEEDED (Identify an inc	dividual to whom				
for Further Information	Name	Paul Peckham			Telephone	(435) 427-0561			
	Address	P.O. Box 7 (Number, street, rural route, apartm	ment, or suite	e number)					
		Fairview, Utah 84629 (City, town, state, zip)	)						
	Email	p.peckham@cei	entracom.co	com	Fax (optional) (435) 427-320	00			
	CERTIFICATION	(This statement of account mu	ust be certifi	ified and signed in accordance with C	opyright Office regulations)				
O Certification	• I, the undersigne	ed, hereby certify that (Check on	ne, <i>but only c</i>	one, of the boxes.)					
	(Owne	r other than corporation or pa	artnership)	I am the owner of the cable system as	identified in line 1 of space B;	or			
		t of owner other than corporat line 1 of space B and that the ov		tnership) I am the duly authorized age	nt of the owner of the cable sys	stem as identified			
	X (Office	er or partner) I am an officer (if		ion) or a partner (if a partnership) of the	e legal entity identified as owne	er of the cable system			
	I have examined	e, and correct to the best of my k	-	are under penalty of law that all statem, information, and belief, and are made					
			X	/s/ Eddie L. Cox					
				electronic signature on the line above to ature using an "/s/ signature" (e.g., /s/ J					
		Typed or printed	I name:	Eddie L. Cox					
				ent & General Manager n held in corporation or partnership)					
		Date:			1/28/2019				

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counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
entral Telcom Services LLC	2410
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	P Special Statement Concerning Gross Receipts Exclusion
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?  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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	

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