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

Return completed workbook

STATEME	ENT C	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
for Seconda	ry Trai	nsmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	ms (Sl	hort Form)			<u>coplicsoa@copyright.gov</u>
			9/1/2020	\$	For additional information, contact the U.S. Copyright
General instru	ctions a	are located	0/ 1/2020		Office Licensing Division at:
in the first tab	of this v	vorkbook		ALLOCATION NUMBER	Tel: (202) 707-8150
	1	-			
Α	ACCO	UNTING PERIOD COVERED B	BY THIS STATEMENT: (YY	YY/(Period))	
			Period 4 = January 4 June 20	Pariod 2 = July 4 December 24	
	:	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20201	Barcode Data Filing Period (optional	- see instructions)	
Accounting					
Period					
		Instructions:			
Р	(Give the full legal name of the owner of the	-	liary of another corporation, give the full cor	porate title
В	(of the subsidiary, not that of the parent co	rporation.		
Owner	1	List any other name or names under which	the owner conducts the business of th	e cable system.	
		If there were different owners during the a	ccounting period, only the owner on th	ne last day of the accounting period should s	ubmit a
		single statement of account and royalty fee	e payment covering the entire accounti	ng period.	
		Check here if this is the system's first filing.	If not, enter the system's ID number a	ssigned by the Licensing Division.	061734
		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 (
		3015 S SE LOOP 323	JABLE STSTEM		
		(Number, street, rural route, apartment, or suite nu	mber)		
		TYLER, TX 75701			
		(City, town, state, zip)	an or trade names used to ident	life the huginess and anarction of the	avetem unloss these
С				tify the business and operation of the e system, if different from the address	
System		IDENTIFICATION OF CABLE SYSTEM:			
	1	MUNCY STATE CORRECTIO	ONAL INSTITUTION		
		MAILING ADDRESS OF CABLE SYSTEM:			
	2				
	~ (Number, street, rural route, apartment, or suite nu	mber)		
	((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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	061734
	Instructions: List each separate community served by the cable system. A "comm	
	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	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 mobi	
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	MUNCY	PA
Community	(MUNCY SCI)	
d Rows as Necessary		******

	LEGAL NAME OF OWNER OF C								1-2E. PAGE STEM IC
Name			•					510	06173
Е	SECONDARY TRANSMISSION							h	
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	•					-		
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv			0 , (charged	
	Rate: Give the standard rate of							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. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, the number of subscribers						,		
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-na	ING DIOCK. A U	vo- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODCOND	LING		0/11		(VIOL	CODOCIVIDENC	Totti
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)		Ŭ						
	Motel, hotel								
	Commercial		208	40.71					
	Converter		200						
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		IONS: RATE	s				
-	In General: Space F calls for ra	te (not subscril	ber) infor	mation with re	spect to a	all your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t								
Samiaaa	service for a single fee. There a furnished at cost or (2) services		,		0		0()		
Services Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		actually	niou. n'any re		larged on a van		ogram baolo,	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a brief (two- or three-word) descri				shed. List	these other ser	vices in the	e form of a	
	bhei (two- of three-word) descrip		Je lite fai	e ior each.			1		
		BLO					0.750	BLOCK 2	
							CATEGO	ORY OF SERVICE	RATE
	CATEGORY OF SERVICE	RATE		DRY OF SER		RATE			
	Continuing Services:	RATE	Installat	ion: Non-res		RATE			
	Continuing Services: • Pay cable	RATE	Installat • Mote	ion: Non-res I, hotel		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE - -	Installat • Mote • Com	ion: Non-res el, hotel mercial		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installat • Mote • Com • Pay	ion: Non-res I, hotel mercial cable	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installat • Mote • Com • Pay • Pay	ion: Non-res el, hotel mercial cable cable-add'l ch	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installat • Mote • Com • Pay • Pay • Fire	ion: Non-res II, hotel mercial cable cable-add'l ch protection	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg	ion: Non-res II, hotel mercial cable cable-add'I ch protection lar protection	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	ion: Non-res II, hotel mercial cable cable-add'I ch protection lar protection ervices:	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other se • Reco	ion: Non-res II, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other se • Reco • Disc	ion: Non-res il, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc • Outle	ion: Non-res II, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	idential annel	RATE			

•	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA PRIMARY TRANSMITTERS:	ATIONS LLC		SYSTEM ID# 061734
6				U61/34
0	PRIMARY TRANSMITTERS:			
Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrie in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE-1	28	N	WILKES BARRE, PA
	WNEP-1	16	Ν	SCRANTON, PA
ws as Necessary	WOLF-1	56	I	HAZLETON, PA
	WSWB-1	38	I	SCRANTON, PA
	WVIA-1	44	E	SCRANTON, PA
	WYOU-1	22	Ν	SCRANTON, PA
	l I			

CEQUEL CO	OWNER OF C							SYSTEM 0617
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under (stem 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 th	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-	the community with which the	1		0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	od: 2020/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					061734
	SUBSTITUTE CARRIAG							
1		-	-					town convict on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ine general in		and habor o	
Special		-				notwork tolo	vision prog	rom
Statement and	During the accounting per	-	ul cable system	in carry, on a substitute ba	isis, any nom			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa				program") t	hot during t	ha agagunt	ina
	period, was broadcast by a			vision program ("substitute rour cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		concod by th		in
	the case of Mexican or Car							
				stem carried the substitute			, with the r	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syster	n was <i>rea</i> i	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
								Γ
	e		E PROGRAM	A		N SUBSTIT		7. REASON FOR
			3. STATION'S		-	6. TI		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	– то	
							-	
							_	
							-	
						_	_	
							-	
						_	_	
							-	
							_	
						_	_	
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							-	
						_	_	
							-	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	CEQUEL COMMUNICATIONS LLC		061734
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,804.82
	COPYRIGHT ROYALTY FEE		
L 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 1 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	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 t accounting period is \$52.00	his 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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	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		
	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)	52.00	
Due	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
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> 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 mo		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061734
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 value of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	6 44
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 RODNEY HASKINS Telephone	(903) 579-3152
O Certification	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or sulle number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	
	 (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow 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 herei 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)] 	system as identified vner of the cable system
	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: 8/14/2020	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06173
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
	_
Name Name Mailing Address Mailing Address	
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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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