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	OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	by email to:		
		ansmissions by	DATE RECEIVED	AMOUNT			
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		9/1/2020	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150			
Α	ACC	2020/1 20201	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30 Barcode Data Filing Period (option:	Period 2 = July 1 - December 31			
Accounting Period							
<b>B</b> Owner		of the subsidiary, not that of the parent co List any other name or names under which	prporation. In the owner conducts the business of accounting period, only the owner on	the last day of the accounting period should	submit a		
		Check here if this is the system's first filing	. If not, enter the system's ID number	r assigned by the Licensing Division.	062601		
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM	1			
		CEQUEL COMMUNICATIONS LLC					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Т)			
		SUDDENLINK COMMUNICATIONS					
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite no	umber)				
		TYLER, TX 75701 (City, town, state, zip)					
•	INSTR		ess or trade names used to ide	entify the business and operation of the	e system unless these		
С				he system, if different from the addres			
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	<u> </u>	GREENE STATE CORRECT					
		MAILING ADDRESS OF CABLE SYSTEM					
	2	(Number, street, rural route, apartment, or suite n	umber)				
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	CEQUEL COMMUNICATIONS LLC	06260
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp	porated communities within unincorporated areas and including single,
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, c identified city.	or mobile home parks should be reported in parentheses below the
Served		
-	CITY OR TOWN WAYNESBURG	STATE
First Community	(GREENE SCI)	
connunty	(GREENE SCI)	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C								1-2E. PAGE
Name								51	06260
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	d (June 30 or D	ecember	<sup>·</sup> 31, as the cas	e may be	e).		0	
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		,	0,0				cnarged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	l. (Example: "\$	20/mth").	Summarize ar	ny standa	rd rate variation	s within a	oarticular rate	
	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, t with the number of subscribers a								
	sufficient.	and rates, in th	e nym-na	and DIOCK. A tw		e-word descript		Service is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODCOTUD		TUTE	0/11		(THOE	COBCONIBEIRO	
	Service to first set		o	-					
	Service to additional set(s)		0	-					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		360	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	te (not subscril	per) infor	mation with res	spect to a	ll your cable sys	stem's serv	rices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		<b>,</b>	···· · · · · · · · · · · · · · · · · ·				- 3,	
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				nea. Lisi	these other ser	vices in the	e lorm of a	
		BLO				DATE		BLOCK 2	
					ICE	RATE	CATEGO	ORY OF SERVICE	E RATE
	CATEGORY OF SERVICE	RATE		DRY OF SERV	dontial				
	Continuing Services:	RATE	Installa	ion: Non-resi	dential				
	Continuing Services: • Pay cable	RATE	Installat • Mote	i <b>on: Non-resi</b> el, hotel	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE - -	Installat • Mote • Corr	t <b>ion: Non-resi</b> el, hotel mercial	dential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE -	Installat • Mote • Com • Pay	<b>ion: Non-resid</b> el, hotel mercial cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE -	Installat • Mote • Com • Pay • Pay	t <b>ion: Non-resid</b> el, hotel mercial cable cable-add'l cha					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installat • Mote • Corr • Pay • Pay • Fire	tion: Non-resid el, hotel mercial cable cable-add'l cha protection					
	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-resid el, hotel mercial cable cable-add'l cha protection lar protection					
	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 s	ion: Non-resid el, hotel mercial cable cable-add'l cha protection lar protection ervices:					
	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	ion: Non-resid II, hotel mercial cable cable-add'I cha protection lar protection ervices: onnect					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc	ion: Non-resid el, hotel mercial cable cable-add'l cha protection lar protection ervices: onnect					
	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 • Corr • Pay • Pay • Fire • Burg Other so • Reco • Disc • Outl	ion: Non-resid II, hotel mercial cable cable-add'I cha protection lar protection ervices: onnect	annel				

Name				FC	ORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID#
	CEQUEL COMMUNIC				062601
G Primary ansmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on f license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	TELEVISION entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ales, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- pr "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a ostitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	STATION
					STATION
	KDKA-1	2	N	PITTSBURGH, PA	
	WPCB-1	40	l	GREENSBURG, PA	
s as Necessary	WPCW-1	19	l	PITTSBURGH, PA	
	WPGH-1	53	<b>I</b>	PITTSBURGH, PA	
	WPXI-1	11	Ν	PITTSBURGH, PA	
	WQED-1	13	E	PITTSBURGH, PA	
	WTAE-1	4	Ν	PITTSBURGH, PA	

EGAL NAME OF								SYSTEM 0620
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C 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. 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 ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE OIOIN		0,0		ONLE OIGH		0/0		

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					062601
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident				-	tion that you	r coblo ava	tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			sis anv noni	network telev	ision nroa	ram
Statement and		-		frouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog		aanaad bu th	a FCC ar	in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		, ,					
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour systen	n was <i>rea</i> u	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM –	- TO	
						-		
						_		
						_		
							-	
						-	-	
							-	
					·			
						_	-	
						_		
								+
							-	
1		1	1		1			1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 062601
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	nission service amount, se	8,055.50
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 \$ • 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 th accounting period is \$52.00	iis 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 \$137,10	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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 \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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)	<u> </u>	
	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			
Filing Fee and Total Remittance Due	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 #		
	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 mo		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062601
<b>M</b> 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	7 45
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	B; or
	<ul> <li>in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(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.</li> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	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 I
QUEL COMMUNICATIONS LLC	06260
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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> </ul> </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>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
	_
Name     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
	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 Assessment
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 Assessme
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