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

STATEME	ENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	by email to:
for Seconda	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
	ctions are located of this workbook	02/17/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	1	Period 2 = July 1 - December 31	
Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co	•	ry of another corporation, give the full corp	oorate title
Owner	If there were different owners during the	h the owner conducts the business of the o accounting period, only the owner on the se payment covering the entire accounting	last day of the accounting period should su	bmit a

		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	22185
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Fidelity Cablevision, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		CoBridge Broadband, LLC dba Fidelity Communications	
		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		UCTIONS: 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 s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	

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.

(City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Fidelity Cablevision, LLC	2218
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing. Note: Entities and properties such as hotels, apartments, condominiums, or mot	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	West Plains	МО
Community	Howell County	MO
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C								-2E. PAGE
Name	Fidelity Cablevision, LL		:					313	2218
		.0							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period							ung on uno	
Service: Sub-	Number of Subscribers: Both						2		
scribers and Rates	down by categories of secondar each category by counting the n	,		0 , ,					
Rales	separately for the particular serv			0) (,	scharged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,		tandar	d rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				of seco	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide	•		Ũ					
	that applies to your system. Not	e: Where an ir	ndividual	l or organization is r	receivi	ng service that	falls unde	r different	
	categories, that person or entity					•••	•		
	subscriber who pays extra for ca first set" and would be counted o					in the count ur	ider "Servi	ice to the	
	Block 2: If your cable system					service that are	e different f	from those	
	printed in block 1 (for example, t						,.		
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A two- o	or three	e-word descript	ion of the	service is	
		DCK 1					BLOCH	< 2	
		NO. OF SUBSCRIB		RATE	CATE	GORY OF SEI		NO. OF SUBSCRIBERS	RAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RAIL	CATE	GORT OF SEI	VICE	SUBSCRIBERS	KAI
	Service to first set		729	38.99					
	Service to additional set(s)		•						
	• FM radio (if separate rate)								
	Motel, hotel		1	14.80					
	Commercial		14	14.00					
	Converter								
	Residential								
	 Non-residential 								
			ļ						l
	SERVICES OTHER THAN SEC					l vour ochio ov		viene that ware	
F	In General: Space F calls for rain not covered in space E, that is, t		'	•					
	service for a single fee. There are					,			
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any rates a	are ch	arged on a vari	able per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable	e system for each o	of the a	oplicable servi	ces listed.		
Rates	Block 2: List any services that			•				t were not	
	listed in block 1 and for which a	• •			d. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclu	de the ra	ate for each.			1		
		BLO						BLOCK 2	-
	CATEGORY OF SERVICE	RATE		SORY OF SERVICE		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-residen	tial	\$20 /1	Tier		50
	Pay cable Add'l channel	рр		tel, hotel		\$80/hr	Tier Tier		56.
	Pay cable—add'l channel Eire protection		-	nmercial / cable		\$80/hr	Digital	Basic	13.0 12.0
	 Fire protection Burglar protection 		-	/ cable-add'l channe			Digital		7.9
	•Burgiar protection		-	e protection			Bigital		1.3
	• First set	\$80/hr		glar protection					
	Additional set(s)	çovini		services:					
	• FM radio (if separate rate)			connect		\$25			
	Converter			connect		*- v			
	1								-
			• Oui	let relocation					
				ve to new address					

-	LEGAL NAME OF OWNER O			SYST	EM				
Name					22				
	Fidelity Cablevision,								
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, <i>except</i> (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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 								
	basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann	l also in space I, if the station was carrie ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	see page (v) of the general instructor orogram services such as HBO, ES e-air designation. For example, re	ctions. SPN, etc. Identify each port multistream					
	Column 3: Indicate in each educational station, by end (for independent multicast For the meaning of these to Column 4: Give the locati	which is charmer 4 in washington, D.C. sh case whether the station is a network tering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t	(for network multicast), "I" (for inde or "E-M" (for noncommercial educa actions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	K38HE	38.1	I	WEST PLAINS, MO					
	KKAP	36.1	l	LITTLE ROCK, AR					
d Rows as Necessary	KOLR	10.1	Ν	SPRINGFIELD, MO					
	KOZK	21.1	Е	SPRINGFIELD, MO					
	KOZL	27.1	I	SPRINGFIELD, MO					
	KOZL-DT2	27.2	I-M	SPRINGFIELD, MO					
	KOZL-DT3	27.3	I-M	SPRINGFIELD, MO					
	KRBK	49.1	N	OSAGE BEACH, MO					
	KRBK-DT2	49.2	I-M	OSAGE BEACH, MO					
	KRBK-DT3	49.3	I-M	OSAGE BEACH, MO					
	KSPR	33.1	N	SPRINGFIELD, MO					
	KSPR-DT2	33.2	I-M	SPRINGFIELD, MO	_				
	KSPR-DT2	33.3	I-M	SPRINGFIELD, MO					
					_				
	KYTV	3.1	N	SPRINGFIELD, MO					
	KYCW-DT2	3.2	I-M	SPRINGFIELD, MO					
	KYCW-DT3		I-M	SPRINGFIELD, MO					

EGAL NAME OF			ISTEM.					SYSTEM 1 221
	every radio s	station ca	rried 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 isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's location	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. In is AM or FM. nal was electronically process < 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 his point, see pay ed by the cable s e station is licens	adend, and (2 enna, during co 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
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Fidelity Cablevision, L	LC.						22185
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ify every no	nnetwork telev	<i>ision program</i> , broadcast b	a distant sta	ition, that yo	our cable sys	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm				he general in	structions in	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per		ur cable syster	m carry, on a substitute ba	isis, any noni	network tel		
Program Log	broadcast by a distant sta	tion?				L	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 comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Lica abbraviation	s whorover p	occiblo if t	hoir moonin	a ic
	clear. If you need more spa				s wherever p			y 15
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			"\\ " Otherwise	"NI- "			
				er "Yes." Otherwise enter casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car			e community with which th stem carried the substitute			le with the r	month
	first. Example: for May 7 gi		when your sy		e program. O	se numera		nontin
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:01	1:15 p.m. to t	5:28:30 p.m	i. should be	
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete und		s and regul		
								Γ
	s	UBSTITUT	E PROGRAM	1		N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. 1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
								"
							_	
							_	
							<u> </u>	+
							_	
							_	
							_	1
								+

Accounting Period:	2020/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC			S	YSTEM ID# 22185
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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	ystem's se on of how to	condary transm o compute this a	ission service amount, see	0,004.00 pss receipts)
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 f Use block 3 if the amount of gross receipts in space K is more than \$263,800 f See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lir	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula		263,800.00	,	
	2. Enter amount of gross receipts from space K	\$	180,004.00		
	3. Subtract line 2 from line 1	\$	83,796.00		
	4. Enter the amount of gross receipts from space K		. \$ 1	80,004.00	
	5. Enter the amount from line 3		. \$	83,796.00	
	6. Subtract line 5 from line 4		\$	96,208.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	481.04
	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	· · · · · · · · · · · · · · · · · · ·	\$	481.04
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	481.04	
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			\$	501.04
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2020/2								FC	ORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER Fidelity Cablevision									SYSTEM ID# 22185
M Channels	 to its subscribers, and Enter the total numb system carried televis Enter the total numb on which the cable system 	st give (1) the number of (2) the cable system's to ber of channels on which sion broadcast stations . ber of activated channels ystem carried television ervices	total numb h the cable s broadcast	ber of activated e 	I channels duri	ing the ac	counting perio		23 320	
N Individual to Be Contacted		CONTACTED IF FURTH this statement of accourt		RMATION IS	NEEDED (Iden	ntify an inc	lividual to wh	om		
for Further Information	Name Me l	linda Lahmann						Telephone	573-468-1216	
	(Num Sul	N Clark uber, street, rural route, apartr Ilivan, MO 63080 town, state, zip) melinda.lahmar			ations.com		Fax (option	nal)		
O Certification	(Owner othe (Agent of ow in line 1 of X (Officer or p in line 1 of • I have examined the st	reby certify that (Check c er than corporation or p wner other than corpora of space B and that the o partner) I am an officer (of space B. tatement of account and correct to the best of my	Dartnershi ation or pa owner is no (if a corpor hereby de y knowledg Knowledg Enter an o Enter sigr	ip) I am the ow artnership) I a ot a corporation ration) or a part eclare under pe ge, information /s/ Raymo	ner of the cable on the duly auth or partnership ther (if a partne enalty of law tha , and belief, and ond Storck	e system a norized ag ; or rship) of ti at all states d are mad	is identified in ent of the own ne legal entity ments of fact e in good faith	I line 1 of space ner of the cable I identified as ov contained herein	system as identified /ner of the cable system	
		Title: (Title of of		President F	tion or partnership	p)				
		Date:					2/11/2	21		

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
lelity Cablevision, LLC	2218
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 Y PS. Enter the total here and list the satellite carrier(s) below.	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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
x	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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 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 \$	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274 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 x - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 serv	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274 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 x - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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	Interest Assessment Interest Assessment Int
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274 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 x - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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