THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
3/30/22	\$				
	ALLOCATION NUMBER				

Return to: Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:				
Accounting Period		July 1-December 31, 20	19				
renou							
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. 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.						
	LE	GAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM				
		Vyve Broadband A, LLC					
				03	93602	20192	
					039360	2019/2	
		4 International Du Orite 220					
		4 International Dr Suite 330 Rye Brook, NY 10573					
			siness or trade names used to iden	tify the business and operation of the system	unless th	250	
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 nu	imber)				
		(City, town, state, zip code)					
				A !!it.!! :- t!		-£:I	
D		·		A "community" is the same as a "community ding unincorporated communites within unin			
			, , , , ,	.5(dd). The first community that list will serve			
Area	of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.						
		CITY OR TOWN	STATE	CITY OR TOWN	ST	ATE	
First Community	Wa	goner	OK				
Community							
				-			

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 effects 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 SA1-2c Rev 04/2011

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039360 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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 BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS** RATE Residential: · Service to first set 61 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 25.00 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential · Motel, hotel · Pay cable 19.95 • Pay cable—add'l channel Commercial Fire protection • Pay cable Burglar protection Pay cable-add'l channel Installation: Residential Fire protection First set Burglar protection 64.95 Additional set(s) Other services: • FM radio (if separate rate) Reconnect 39.95

Disconnect

Outlet relocation

· Move to new address

20.00

39.95

Converter

KOKI-MeTV

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039360 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 pro Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomn 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. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF NUMBER STATION KJRH-NBC Tulsa OK 2 Ν KRSU-ETV 35 CLAREMORE, OK KGEB-IND 53 Tulsa OK KTPX-ION 44 Okmulgee OK KOTV-CBS 6 Tulsa OK KTUL-ABC 8 Tulsa OK KOKI-FOX 23 Tulsa OK 17 Bartlesville OK KDOR-TBN KOED-PBS 11 Tulsa OK KQCW-CW 19 Muskogee OK KWHB-IND 47 Tulsa OK KMYT-MNT 41 Tulsa OK I-M Okmulgee OK KTPX-Oubo 44.2 KDOR-JUCE/Smile 17.3 I-M Bartlesville OK KDOR-The Hillsong Channel 17.2 I-M Bartlesville OK KDOR-TBN Salsa Bartlesville OK 17.5 I-M **KDOR-Enlace** 17.4 I-M **Bartlesville OK** Okmulgee OK KTPX-Ion Life 44.3 I-M 2.3 I-M Tulsa OK KJRH-Laff Tulsa OK KJRH-Bounce TV 2.2 I-M Tulsa OK KTUL-TBD TV 8.4 I-M I-M Tulsa OK KTUL-Comet TV 82

23.2

I-M

Tulsa OK

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039360 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. 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. 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 identifed. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1 CALL SIGN **CHANNEL** OF NUMBER STATION KMYT-GetTV 41.2 I-M Tulsa OK KOKI-Escape 23.3 I-M Tulsa OK KMYT-Grit TV 41.3 Tulsa OK I-M KOTV-News on 6 Now 6.3 I-M Tulsa OK KOED-OKLA 11.2 I-M Tulsa OK KTUL-Antenna TV 8.3 I-M Tulsa OK KMYT-Heroes and Icons 41.4 I-M Tulsa OK E-M Tulsa OK KOED-Create 11.3 KOED-Kids 11.4 E-M Tulsa OK

FORM SA1-2. F	PAGE 4.								
LEGAL NAME OF	F OWNER OF (CABLE S	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	С						039360	
PRIMARY TRA	NGMITTEDS:	PADIO							
			rried on a separate and discre	et	te hasis and list t	those FM stati	ons carr	ied on an	Н
			enerally receivable" by your ca						• • •
	_	_							
			I-Band FM Carriage: Under (Primary
			tem whenever it is received a						Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations of	or	n this point, see	page (v) of the	e genera	l instructions.	
	•	-	each station carried.						
			n is AM or FM.						
			nal was electronically process	е	d by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.		_4_4: :_ !:_ !:		S ! 41	h f	
			on (the community to which th the community with which the				or, iri u	ne case or	
Wexican or Can	iauian stations	s, ii ariy, i	the community with which the	: 5	station is identifie	eu).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL GIGIT	AWIOTIW	O/D	LOCATION OF STATION		OALL GIGIN	AWOTTW	O/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Vyve Broadband A, Ll	.c						039360		
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
0	In 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									
	Substitute Carriage: Special Special During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Special										
Statement and Program Log	broadcast by a distant sta		ar oable syster	in ourry, orra outsuitate be	aoio, arry riori	notwork tolo		⊠No		
Program Log	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you	must comple	-	•		
	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 SUBSTITUTI			rata lina. I laa abbraviatian	a wharavar m	accible if the	oir maanina	io		
	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 attach additional pages.									
	Column 1: Give the title	of every no	onnetwork tele	vision program (substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general catego	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for	example, "I L	ove Lucy" c	or.		
	"NBA Basketball: 76ers vs.			"o/ " O/I	" ** "					
				er "Yes." Otherwise enter casting the substitute prog						
	Column 4: Give the bro	adcast stati	on's location (the community to which the	ne station is li		e FCC or, i	n		
	the case of Mexican or Car			e community with which the rstem carried the substitut			with the m	onth		
	first. Example: for May 7 gi		wileli your sy	sterri carried the substitut	e program. C	se numerais	, with the m	Ontil		
				ogram was carried by you				tely		
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to t	5:28:30 p.m.	should be			
	Column 7: Enter the let			n was substituted for proເ						
	to delete under FCC rules gram was substituted for p									
	effect on October 19, 1976		g triat your sys	tem was permitted to dete	ic under i o	J raics and r	ogulations ii	1		
					1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N CUDOTI				
	SUBSTITUTE PROGRAM					EN SUBSTIT IAGE OCCU		7. REASON		
	1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S				5. MONTH	FOR DELL				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO			
							<u>-</u>			
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 039360	Mama
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (as identifed in space E) during the accounting period. For a further explanation of how to compute this apage (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	nission service	K Gross Receipts
during the accounting period	\$ 9,813.65 (Amount of gross receipts)	
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 \$527,600 See page (vi) of the general instructions for more information.	263,801	L Copyright Royalty Fee
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	00)	
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)	-
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 recepits (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		
IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pa general instructions for more information.	ge I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC 039360
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.
Chamieis	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 which the cable system carried television broadcast stations and nonbroadcast services
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)
	Rye Brook, NY 10573 (City, town, state, zip)
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)
Certifcation	• 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 identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	Handwritten signature: /s/ Daniel J White
	Typed or printed name: Daniel J White
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)
	Date: 2/26/2020

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC			039360	Name
SPECIAL STATEMENT CONCERN The Satellite Home Viewer Act of 1988 ame lowing sentence: "In determining the total number of service of providing secondary transscribers and amounts collected from	ended Title 17, section 111(d)(1)(A), subscribers and the gross amounts p missions of primary broadcast trans	of the Copyright Act by adding the paid to the cable system for the bas mitters, the system shall not inclu	ısic de sub-	P Special Statement
For more information on when to exclude the During the accounting period did the cable made by satellite carriers to satellite dish of X NO YES. Enter the total here and list the satellite.	nese amounts, see the note on page system exclude any amounts of gro wners?	e (vii) of the general instructions. ss receipts for secondary transmis		Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Add	ress		
INTEREST ASSESSMENTS				
You must complete this worksheet for those For an explanation of interest assessment,			yment.	Q
Line 1 Enter the amount of late payment of	or underpayment	x		Interest Assessment
Line 2 Multiply line 1 by the interest rate* a	and enter the sum here	·····		
		x	days	
Line 3 Multiply line 2 by the number of day	vs late and enter the sum here		<u>-</u>	
Line 4 Multiply line 3 by 0.00274** enter h space L, (page 7)	ere and on line 3, block 4,	\$ (interest ch	- narge)	
* To view the interest rate chart click on contact the Licensing Division at (202		st-rate.pdf. For further assistance	please	
** This is the decimal equivalent of 1/36	,	for one day late		
NOTE: If you are fling this worksheet cover list below the owner, address, first commun	ing a statement of account already s	submitted to the Copyright Offce, p		
Owner Address				
ID number				
First community served				
Accounting period				

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