This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
03/01/2022	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	20212 Barcode Data Filing Period (optional - see instructions)								
Accounting Period									
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner	List any other name or names under which the owner conducts the business of the cable system.								
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Cogeco US (Penn), LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)								
	Quincy, MA 02169 (City, town, state, zip)								
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	IDENTIFICATION OF CABLE SYSTEM:								
	Cogeco US, LLC MAILING ADDRESS OF CABLE SYSTEM:								
	24 Main St								
	2 (Number, street, rural route, apartment, or suite number)								
	Bradford, PA 16701 (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.

Accounting Period:	2021/2	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Cogeco US (Penn), LLC	29232
		A "community" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including uninco 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 futur	rporated communities within unincorporated areas and including single, y that you list will serve as a form of system identification hereafter known re filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums,	or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Shippenville	PA
Community	Ashland	PA
	Beaver	PA
Add Rows as Necessary	Clarion	PA
	Elk	PA PA
	Knox Borough Limestone	PA
	Monroe	IPA
	Township of Richland, Clarion Cty, Vengo City	IPA
	Paint	PA
	Piney	PA
	Porter	PA
	Redbank	PA
	Rockland	PA
	Salem	PA

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

29232

Cogeco US (Penn), LLC

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	< 2	2	
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	836	39.99	Res Expanded	734	\$ 64.99	
 Service to additional set(s) 			Digital Value	86	\$ 69.98	
 FM radio (if separate rate) 			Digital Plus	-	\$114.97	
Motel, hotel	0	39.99				
Commercial	25	39.99				
Converter						
 Residential 	0	4.99-14.99				
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	1.99 - 19.99	Motel, hotel		НВО	19.99
 Pay cable—add'l channel 		Commercial		Cinemax	19.99
Fire protection		• Pay cable		Showtime	19.99
•Burglar protection		 Pay cable-add'l channel 		MoviePlex	9.00
Installation: Residential		Fire protection		2 Premium	34.95
• First set	50.00	Burglar protection		3 Premium	49.95
 Additional set(s) 	40.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		 Outlet relocation 	40.00		
		Move to new address	40.00		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29232

Cogeco US (Penn), LLC

PRIMARY TRANSMITTERS: TELEVISION

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, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDKA	2	N	PITTSBURGH, PA
WJAC	6	N	JOHNSTOWN, PA
WPCB	9	l	GREENSBURG, PA
WPCW	5	l	JEANETTE, PA
WPGH	8	N	PITTSBURGH, PA
WPNT	7	<u> </u>	PITTSBURGH, PA
WPSU	3	E	CLEARFIELD, PA
WPXI	11	N	PITTSBURGH, PA
WQED	13	E	PITTSBURGH, PA
WTAE	4	N	PITTSBURGH, PA
WINP	16	l	PITTSBURGH, PA
	•		

Accounting Period: 2021/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Penn), LLC

29232

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WCCR	FM		Clarion, PA				
WDSY	FM	 	Pittsburgh, PA			 	
WOKW	FM	 	Indiana, PA			 	
WORK	FM	 	Dittaliana, PA			 	
WORK			Pittsburgh, PA				
WQED	FM	 	Pittsburgh, PA			 	
WRJS	FM	ļ	Oil City, PA			 	
WWSW	FM	ļ	Pittsburgh, PA			 	
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Accounting Perio	od: 2021/2						FOF	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
1101110	Cogeco US (Penn), LL	.C						29232
 Substitute	SUBSTITUTE CARRIAGING General: In space I, identification of the programmer of the p	ify every no	nnetwork telev eriod, under sp	ision program, broadcast by pecific present and former F	a <i>distant</i> stat CC rules, reg	ulations, d	or authorization	ons. For a further
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	During the accounting per broadcast by a distant sta	•	ur cable systei	m carry, on a substitute ba	sis, any nonr	network te		gram X NO
Program Log	Note: If your answer is "No		e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	YES plete the pro	
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every not distant state egulations, or lies like "mo Bulls." m was broat sign of the adcast statinadian statinath and day ew "5/7." es when the Example: The "R" if the lies and regulation ming that	add additional connetwork telection and that your authorization ovies" or "bask deast live, ent station broaddon's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	I rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the generated in it. I ist specific program of the community to which the community with which the extern carried the substitute or carried the substitute or carried by a system from 6:01 m was substituted for program in the accounting perioduring the accounting perioduring the accounting perioduring system ("substituted for program was substituted for program was substituted for program in the accounting perioduring the accounting the accounting perioduring the accounting the account	e program") the ed for the proper instruction titles, for each of the exterior is like a station is like a program. Use cable system: 15 p.m. to 6 tramming that d; enter the like a for the program in the exterior is the exterior in the ex	nat, durin ogrammir ions for fu example, censed by entified). se numer m. List thu :28:30 p.	g the accourng of another urther inform "I Love Lucy y the FCC or als, with the etimes accum. should be tem was req if the listed p	nting station ation. or , in month rately
	S	UBSTITUT	E PROGRAM	1		N SUBS ¹	TITUTE CURRED	7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES TO	DELETION
		10001110	07.22 0.011	iii diniiidii deedaa aa	7.11.2 27.11			
							_	
							_	
							_	
							_	

Name K Gross Receipts	COGECO US (Penn), LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's sec (as identified in space E) during the accounting period. For a further explanation of how to			SYSTEM II				
	Instructions : The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's sec (as identified in space E) during the accounting period. For a further explanation of how to							
	page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)		ssion service					
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.			81,280.00 ross receipts)				
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than ee page (vi) of the general instructions located in the paper SA1-2 form for more information.	n \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L	ESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo accounting period is $$52.00$	u must pay for t	his six-mon					
	Line 1. Royalty fee for accounting period							
	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							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mor	e than \$137,10	00)					
	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)	<u>-</u>						
	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 le	ess than \$527,	600)					
	Enter the amount of gross receipts from space K	281,280.00						
	2. Base amount under statutory formula	263,800.00						
	3. Subtract line 2 from line 1	17,480.00						
	4. Multiply line 3 by .01	\$	174.80					
	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		\$	1,493.80				
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Foo and								
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,493.80					
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		\$	1,513.80				
	Important: Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form for	-		ghts!				

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
Name	Cogeco US (P	OWNER OF CABLE SYSTEM: Penn), LLC	SYSTEM ID# 29232
M Channels	to its subscriber	You must give (1) the number of channels on which the cable system carried television broadcast stations, and (2) the cable system's total number of activated channels during the accounting period. In all number of channels on which the cable television broadcast stations.	ons 11
	on which the c	al number of activated channels cable system carried television broadcast stations cast services	195
N Individual to Be Contacted	we can contact a	D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	047 700 0000
for Further Information	Name Address	Patrick Bratton Z Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	hone 617-786-8800
		Quincy, MA 02169 (City, town, state, zip)	
	Email	pbratton@breezeline.com Fax (optional)	
0	CERTIFICATION	I (This statement of account must be certified and signed in accordance with Copyright Office regulation	ons)
Certification		ned, hereby certify that (Check one, but only one, of the boxes.)	D
		er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of some of the cable system as identified in line 1 of some other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of some other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of some other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of some other than corporation or partnership).	
	in	line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified	·
	I have examine	line 1 of space B.	herein
	are true, complet [18 U.S.C., Secti	te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	
		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: Patrick Bratton	
		Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
		Date: February 28, 2022	

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 29232 Cogeco US (Penn), LLC 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. \$ 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here 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 * 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 Address ID number First community served Accounting period

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