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.

		Return completed workbook by					
FOR COPYRIGH	FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov					
	\$	For additional information, contact the U.S. Copyright Office Licensing Division at					
	ALLOCATION NUMBER	(202) 707-8150.					
		4					

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20221 Barcode Data Filing Period (optional - see instructions)
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.
		1
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
		MOREAUVILLE, LA
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	023706
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	MOREAUVILLE	LA
Community	AVOYELLES PARISH	
Add Powers 1	BELLEDEAU BORDELONVILLE	LA LA
Add Rows as Necessary	COTTONPORT	
	ECHO	
	PLAUCEVILLE	LA
	RAPIDES PARISH(PORTION)	LA
	SIMMESPORT	LA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SY	STEM ID			
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE		TES							
E	In General: The information in s	pace E should	cover al	I categories of	secondary							
. .	system, that is, the retransmission											
Secondary Transmission	about other services (including p						iose existii	ng on the				
Service: Sub-		v of the accounting period (June 30 or December 31, as the case may be). per of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers 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.	-	-	•			-					
	category, but do not include disc	· · ·	,		, otaniaan		mann a pi					
	Block 1: In the left-hand block			•		•						
	systems most commonly provide that applies to your system. Note											
				-		-						
	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 a sufficient.	nd rates, in the	e right-ha	and block. A tw	o- or three	e-word descriptio	n of the se	ervice is				
		OCK 1					BLOCK	(2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	NO. OF SUBSCRIBERS	RATI					
	Residential:	00000000			0,111			CODOCIMPLIC				
	Service to first set		621	50.00								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		23	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES								
F	In General: Space F calls for rat											
1	not covered in space E, that is, the service for a single fee. There are											
Services	furnished at cost or (2) services	•	,		0		0()					
Other Than	amount of the charge and the un											
Secondary	enter only the letters "PP" in the											
ransmissions:	Block 1: Give the standard rat							were not				
Rates	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.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Installa	ation: Non-resi	dential							
	• Pay cable	17.00		tel, hotel								
	Pay cable—add'l channel	19.00		nmercial								
	Fire protection		-	cable								
	•Burglar protection			cable-add'l ch	annel							
	Installation: Residential			protection								
	• First set	99.00		glar protection								
	Additional set(s)	25.00		services:								
	• FM radio (if separate rate)			connect		40.00						
	- Convertor		 Dise 	connect								
	Converter											
	Convener		• Out	let relocation		25.00 99.00						

Name		OF CABLE SYSTEM:		SYSTEM				
	CEQUEL COMMUNI	CATIONS LLC		023				
G Primary Transmitters: Television	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) stators 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 station was carried <i>only</i> 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. <i>Do not</i> 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, 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 (v) 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 identified. 							
	1. CALL SIGN	4. LOCATION OF STATION						
	KALB-1	5	N	ALEXANDRIA, LA				
	KALB-2	5.2	N-M	ALEXANDRIA, LA				
Rows as Necessary	KALB-3	5.3	I-M					
				ALEXANDRIA, LA				
ws as Necessary	KALB-HD1	5	N-M	ALEXANDRIA, LA ALEXANDRIA, LA				
ws as Necessary								
ws as Necessary	KALB-HD1	5	N-M	ALEXANDRIA, LA				
ws as Necessary	KALB-HD1 KALB-HD2	5 5.2	N-M N-M	ALEXANDRIA, LA ALEXANDRIA, LA				
ws as Necessary	KALB-HD1 KALB-HD2 KBCA-1	5 5.2 41	N-M N-M I-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
ws as Necessary	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1	5 5.2 41 31	N-M N-M I-M N	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
ws as Necessary	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2	5 5.2 41 31 31.2	N-M N-M I-M N I-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
ws as Necessary	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1	5 5.2 41 31 31.2 31	N-M N-M I-M N I-M N-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
ws as Necessary	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1	5 5.2 41 31 31.2 31 25	N-M N-M I-M N I-M N-M E	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
ws as Necessary	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2	5 5.2 41 31 31.2 31 25 25.2	N-M N-M I-M I-M I-M E E E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				
ws as Necessary	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3	5 5.2 41 31 31.2 31 25 25.2 25.3	N-M N-M I-M N I-M E E E-M E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA				

CEQUEL CO	OWNER OF (SYSTEM 023
	every radio s	tation ca	arried on a separate and discre					ied on an	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 idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t th sys his sed	ne system's hea stem's FM anter point, see page by the cable sy station is licens	idend, and (2) nna, during ce e (v) of the ge vstem as a se ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Г	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		T			2,0		
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					

Accounting Perio							FOR	M SA1-2E. PAGE 5			
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LL	.C					023706			
	SUBSTITUTE CARRIAGE	-	-								
	In General: In space I, identit										
Substitute	substitute basis during the ac explanation of the programmi										
Carriage:		-		• • • • • •	general metra						
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and	t and 1* During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant stat	ion?					YES	× NO			
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete f	the prograr	n			
	log in block 2.										
	2. LOG OF SUBSTITUTE										
	In General: List each subst				wherever pos	sible, if their i	meaning is				
	clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting										
	beriod, was broadcast by a distant station and that your cable system substituted for the programming of another station										
	under certain FCC rules, re										
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or				
	"NBA Basketball: 76ers vs.			·····							
				"Yes." Otherwise enter "N sting the substitute program							
				e community to which the		nsed by the F	CC or in				
	the case of Mexican or Can						00 01, 11				
				em carried the substitute p			ith the mon	ith			
	first. Example: for May 7 giv										
				gram was carried by your o				У			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sho	ould be				
		er "R" if the	listed program	was substituted for progra	mming that v	our system w	as required	4			
	to delete under FCC rules a										
	was substituted for program	ming that y	our system wa	s permitted to delete under	r FCC rules a	nd regulation	is in				
	effect on October 19, 1976.										
						N SUBSTIT					
	s	UBSTITUT	E PROGRAM			AGE OCCU		7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	/IES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO				
						_					
						_					
						_					
						_					

Accounting Period:	2022/1		FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	YSTEM ID: 023706
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	s secondary trans w to compute this	smission service s amount, see	7,036.83
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information	than \$527,600.	\$263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00.	it you must pay fo	r this six-month	
	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		-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137	7,100)	
	1. Base amount under statutory formula	263,800.00)	
	2. Enter amount of gross receipts from space K	187,036.83	<u>}</u>	
	3. Subtract line 2 from line 1	76,763.17	<u></u>	
	4. Enter the amount of gross receipts from space K	\$	187,036.83	
	5. Enter the amount from line 3	\$	76,763.17	
	6. Subtract line 5 from line 4	\$	110,273.66	
	7. Multiply line 6 by .005 (enter figure here)		\$	551.37
	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		\$	551.37
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$52	27,600)	
	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	· · · · <u></u>		
	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	ð		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and	1 Rought Eas Doughlo for Association Desired (from black 4, 2, 2, 5,	¢	EE4 37	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		551.37	
	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		\$	571.37
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form and the Excel in:			

Accounting Period:	2022/1						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC					SYSTEM ID: 02370(
M Channels	to its subscribe	You must give (1) the number ers, and (2) the cable system's tal number of channels on whi ied television broadcast station	s total nur ich the ca	nber of activated chanr ble	nels during the a	accounting period.	15
	on which the	tal number of activated channe e cable system carried televisi adcast services	on broad				229
N Individual to Be Contacted		O BE CONTACTED IF FURT t about this statement of acco		ORMATION IS NEEDE	D (Identify an ir	ndividual	
for Further Information	Name	RODNEY HASKINS				Telephone	(903) 579-3152
	Address 	3027 S SE LOOP 323 (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		ilte number)			
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM		Fax (optional	
0	CERTIFICATION	I (This statement of account m	nust be ce	rtified and signed in ac	cordance with C	Copyright Office regulations)	
Certification	• I, the undersign	ned, hereby certify that (Check o	one, <i>but ol</i>	nly one , of the boxes.)			
		er other than corporation or p			-		
		in line 1 of space B and that the	he owner i	s not a corporation or pa	artnership; or		-
		cer or partner) I am an officer (in line 1 of space B.					er of the cable system
	are true, compl	d the statement of account and ete, and correct to the best of n stion 1001(1986)]					
			X	/s/ Alan Dannen	baum		
				electronic signature on t nature using an "/s/ sign			
		Typed or printed	d name:	ALAN DANNEN	BAUM		
		Title:		PROGRAMMING	n or partnership)		
		Date:				8/24/2022	

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	023706
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- lowing 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 sub- scribers 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	P Special Statement Concerning Gross Receipts Exclusion
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 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 Assessment
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 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@copyright.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	

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