This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017,	/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

				Return completed workbook by				
STATEME	NT OF ACCOUNT	FOR COPYRIG	email to					
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT					
	ms (Short Form)			<u>coplicsoa@copyright.gov</u>				
		9/15/2022	\$	For additional information, contact the U.S. Copyright				
General instruc	ctions are located	9/13/2022		Office Licensing Division at				
in the first tab o	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.				
		<u> </u>						
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	(Y/(Period))					
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	202	Barcode Data Filing Period (optional -	see instructions)					
Accounting								
Period								
	Instructions:							
В	Give the full legal name of the owner of subsidiary, not that of the parent corpor		ry of another corporation, give the full corpora	te title of the				
_		al de succession de de des la seta de la compañía d						
Owner	Owner List any other name or names under which the owner conducts the business of the cable system.							

f there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single
tatement of account and royalty fee payment covering the entire accounting period.

here if this is the system's f	irst filing. If not, enter 1	the system's ID number	assigned by the Licensi	ng Division

		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)
		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:
	I	MACK ALFORD CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	1	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Check

063352

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	063352						
D	CEQUEL COMMUNICATIONS LLC U63352 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Served	city.							
	CITY OR TOWN	STATE						
First	STRINGTOWN	ОК						
Community	(MACK ALFORD CORR)	ОК						
Add Rows as Necessary								

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICATIONS LLC										
_	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIE	ERS AND RAT	ES						
E	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										
Secondary Transmission							iose existii	ng on the			
Service: Sub-	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										
scribers and	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										
Rates	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 serv							a and the			
	Rate: Give the standard rate c unit in which it is generally billed.	-	-	•			-				
	category, but do not include disc	· ·	,		y standard		within a pa				
	Block 1: In the left-hand block				es of seco	ondary transmiss	ion service	e that cable			
	systems most commonly provide										
	that applies to your system. Note			-		-					
	categories, that person or entity				• •		•				
	subscriber who pays extra for ca first set" and would be counted o					in the count und	er Service				
	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										
	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	nd rates, in the	right-ha	and block. A two	o- or three	-word descriptio	n of the se	ervice is			
	sufficient.	OCK 1					BLOCK	()			
		NO. OF					BLUUR	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI		
	Residential:										
	 Service to first set 		0	-							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		4	42.41							
	Converter										
	• Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES							
F	In General: Space F calls for rat										
Г	not covered in space E, that is, t										
Services	service for a single fee. There ar		,		,		0()				
Other Than	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,										
Secondary	enter only the letters "PP" in the rate column.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
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.										
	CATEGORY OF SERVICE	BLOO		ORY OF SERV		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE		
	Continuing Services:			tion: Non-resi		INALE	CAILO	ORT OF SERVICE			
	• Pay cable	_		el, hotel	aonnai						
	Pay cable—add'l channel			nmercial							
	Fire protection			cable							
	•Burglar protection			cable-add'l cha	annel						
	Installation: Residential			protection							
	First set			glar protection							
	Additional set(s)			ervices:							
	• FM radio (if separate rate)			connect							
	Converter			connect							
	Converter										
				let relocation /e to new addre							

ing Period: 2									
lame	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID CEQUEL COMMUNICATIONS LLC. 063352								
G	•	TELEVISION entify every television station (including m during the accounting period, <i>except</i>	•	,					
•		in effect on June 24, 1981, permitting th	.,						
rimary smitters: evision	substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca							
		ules, regulations, or authorizations: e in space G—but do list it in space I (tr a substitute basis.	ne Special Statement and Program L	og)—if the					
	basis. For further information	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruction	ons.					
	multicast stream associated "WETA-2" as the same on	d with a station according to its over-the	e-air designation. For example, repor	t multistream					
	of license. For example, W	RC is channel 4 in Washington, D.C.		,					
		n case whether the station is a network sering the letter "N" (for network), "N-M" (f	•						
		, "E" (for noncommercial educational), o		nal multicast).					
	0	erms, see page (iv) of the general instru n of each station. For U.S. stations, list		s licensed by the					
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	ne community with which the station i	s identified.					
	1. CALL SIGN	4. LOCATION OF STATION							
		10	N						
	KTEN-1	IV	N	ADA, OK					
	KTEN-2	10.2	N I-M	ADA, OK ADA, OK					
vs as Necessary									
vs as Necessary	KTEN-2	10.2	I-M	ADA, OK					
rs as Necessary	KTEN-2 KTEN-3	10.2 10.3	I-M N-M	ADA, OK SHERMAN, TX					
rs as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
rs as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
rs as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
rs as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
is as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
rs as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
is as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
rs as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
is as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
rs as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
is as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
rs as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
is as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
is as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
is as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
is as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
is as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					
is as Necessary	KTEN-2 KTEN-3 KXII-1	10.2 10.3 12	I-M N-M N	ADA, OK SHERMAN, TX SHERMAN, TX					

LEGAL NAME OF									SYSTEM 063
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If idgnal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s pyright 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 ti sy: nis ec	he system's hea stem's FM anter point, see page by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem 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	-	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2					2,0		
				-					
				_					
				-					
				_					
				-					
				-					
				-					
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				-					

Accounting Perio	d: 2022/1						FORM	I SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					063352
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							carried on a
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMENT	-			-			
Special	 During the accounting peri 				s. anv nonne	twork television	program	
Statement and Program Log	broadcast by a distant stat	-	,				YES [X NO
Flogram Log	,							
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you m	ust complete the	program	1
	log in block 2.		M0					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	ssible if their me	aning is	
	clear. If you need more space						annigio	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."					,	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		ansed by the FC(or in	
	the case of Mexican or Can						5 01, 111	
	Column 5: Give the mon	th and day		em carried the substitute p			the mon	th
	first. Example: for May 7 giv					1.		
	to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:1				y
	stated as "6:00–6:30 p.m."	Example: a	program carrie					
				was substituted for progra				
	to delete under FCC rules a was substituted for program							im
	effect on October 19, 1976.	inning that y	our system wa	s permitted to delete unde				
					r 1			
		UBSTITUT	E PROGRAM			EN SUBSTITUT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	6	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						<u>_</u>		
						<u> </u>		
						+		
						<u> </u>		
						_		
						_		
						_		
						_		
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						_		
	L					-		

Accounting Period:	2022/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063352
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	1,032.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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 located in the paper SA1-2 form for more information.	:63,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	າis 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 \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	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 DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC			SYSTEM ID# 063352
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	pers, and (2) the cable system otal number of channels on w ried television broadcast stati otal number of activated chan ne cable system carried televi	ons	ng the accounting period.	5
N Individual to Be Contacted		TO BE CONTACTED IF FUR	THER INFORMATION IS NEEDED (Iden	tify an individual	
for Further Information	Name	RODNEY HASKINS	;	Telephone (903) 5	579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa			
		TYLER, TX 75701 (City, town, state, zip)			
	Email	RODNEY.HA	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified and signed in accordance	e with Copyright Office regulations)	
O Certification			: one, <i>but only one</i> , of the boxes.) r partnership) I am the owner of the cable s	system as identified in line 1 of space B; or	
	(Age		oration or partnership) I am the duly autho the owner is not a corporation or partnershi	rized agent of the owner of the cable system as p; or	identified
	X (Off	icer or partner) I am an office in line 1 of space B.	r (if a corporation) or a partner (if a partners	hip) of the legal entity identified as owner of the	cable system
	are true, comp		Ind hereby declare under penalty of law that a my knowledge, information, and belief, and		
			X /s/ Alan Dannenbaum		
		Typed or print	ed name: ALAN DANNENBAUN	Λ	
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partn	ership)	
		Date:		8/23/2022	

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Accounting Period: 2022/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	063352
 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 	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. Line 1 Enter the amount of late payment or underpayment	Q 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 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@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 Accounting period	

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