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						
STATEM	ENT OF ACCOUNT	FOR COPYRIC	email to							
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>						
·	ems (Short Form) uctions are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at						
in the first tab	of this workbook.	2/28/2023	ALLOCATION NUMBER	(202) 707-8150.						
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))							
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
	2022	2 Barcode Data Filing Period (optional	- see instructions)							
Accounting Period										
В	B 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 whic	th the owner conducts the business of the	e cable system.							
	If there were different owners during the statement of account and royalty fee pay		ne last day of the accounting period should submi iod.	t a single						
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	029392						
1										

		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	029392								
		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 unle a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa									
System	4	IDENTIFICATION OF CABLE SYSTEM:									
	1	MANY, LA									
		MAILING ADDRESS OF CABLE SYSTEM:									
	2	(Number, street, rural route, apartment, or suite number)									
		(City, town, state, zip code)									

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.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 029392
	Instructions: List each separate community served by the cable system. A "community	
	separate and distinct community or municipal entity (including unincorporated community)	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identified
Area	city.	
Served		
		07475
First	CITY OR TOWN MANY	LA
First Community		
Community	HEMPHILL	
	MILAM	LA
Add Rows as Necessary	NEGREET	LA
	PIPELAND	LA
	SABINE PARISH (PORTIONS)	LA
	VERNON PARISH	LA
	ZWOLLE	LA

									M SA1-2E. PAGE SYSTEM II					
Name														
	CEQUEL COMMUNICATIONS LLC													
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RAT	ES									
E	In General: The information in s		-			transmission se	ervice o	f the cable						
. .	system, that is, the retransmission													
Secondary Transmission	about other services (including p	, , ,	,		,		ose exi	sting 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	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													
	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													
	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.	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is												
		OCK 1					BLO	CK 2						
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	-00	RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBE	RS RATE					
	Residential:	SUBSCRIBE	-15	RAIE	CAT	LGORT OF SEI	(VICE	SUBSCRIBE	KO KAI					
	Service to first set		803	50.00										
	Service to additional set(s)		005	50.00										
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial		33	45.95										
	Converter			45.55										
	Residential													
	Non-residential													
	• Non-residential													
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES										
F	In General: Space F calls for rat		,			• •								
Г	not covered in space E, that is, the													
Services	service for a single fee. There ar furnished at cost or (2) services													
Other Than														
Secondary	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.													
Fransmissions:	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													
Rates	listed in block 1 and for which a s	• •			-	÷ .								
	brief (two- or three-word) descrip						003 111							
		BLO						BLOCK	2					
	CATEGORY OF SERVICE			ORY OF SERV	ICE	RATE	CATE	EGORY OF SERV						
	Continuing Services:			ation: Non-resi										
	• Pay cable	17.00	• Mot	tel, hotel										
	• Pay cable—add'l channel	19.00	• Cor	nmercial										
	Fire protection		• Pay	/ cable										
	•Burglar protection		-	/ cable-add'l cha	annel									
	Installation: Residential		• Fire	e protection										
	• First set	99.00		glar protection										
	 Additional set(s) 			services:										
	• FM radio (if separate rate)		• Red	connect		40.00								
	• Converter			connect										
	Converter		• Out	let relocation		25.00								
	Gonverter				ss	25.00 99.00								

	LEGAL NAME OF OWNER O	DF CABLE SYSTEM:		SYSTE								
Name	CEQUEL COMMUNICATIONS LLC											
	PRIMARY TRANSMITTERS: TELEVISION											
G Primary ansmitters: elevision	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do 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 <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 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, multicast), "I' (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for no											
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION											
	KALB-1	5	N	ALEXANDRIA, LA								
	KALB-HD1	5	N-M	ALEXANDRIA, LA								
ows as Necessary	KLPA-1	25	Е	ALEXANDRIA, LA								
	KLPA-2	25.2	E-M	ALEXANDRIA, LA								
	KLPA-3	25.3	E-M	ALEXANDRIA, LA								
	KLPA-HD1	25	E-M	ALEXANDRIA, LA								
	KMSS-1	33	I	SHREVEPORT, LA								
	KMSS-HD1	33	I-M	SHREVEPORT, LA								
	KPXJ-1	21	<u>I</u>	MINDEN, LA								
	KPXJ-2	21.2	I-M	MINDEN, LA								
	KPXJ-3	21.3	I-M	MINDEN, LA								
	KSHV-1	45	I	SHREVEPORT, LA								
	KSHV-HD1	45	I-M	SHREVEPORT, LA								
		LA-1 12 N										
	KSLA-1	12	N	SHREVEPORT, LA								
	KSLA-1 KSLA-2	12 12.2	N I-M	SHREVEPORT, LA SHREVEPORT, LA								
	KSLA-2	12.2	I-M	SHREVEPORT, LA								
	KSLA-2 KSLA-3	12.2 12.3	I-M I-M	SHREVEPORT, LA SHREVEPORT, LA								
	KSLA-2 KSLA-3 KSLA-4	12.2 12.3 12.4	I-M I-M I-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA								
	KSLA-2 KSLA-3 KSLA-4 KSLA-HD1	12.2 12.3 12.4 12	I-M I-M I-M N-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA								
	KSLA-2 KSLA-3 KSLA-4 KSLA-HD1 KTBS-1	12.2 12.3 12.4 12 3	I-M I-M I-M N-M N	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA								
	KSLA-2 KSLA-3 KSLA-4 KSLA-HD1 KTBS-1 KTBS-2	12.2 12.3 12.4 12 3 3.2	I-M I-M I-M N-M N I-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA								

EGAL NAME O	FOWNER OF C								SYSTEM I 0293
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Sive the station	y the syst be receivent t the Cop sign of e he statio ion's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s byright Office regulations on the each station carried. n is AM or FM. hal was electronically processor at mark in the "S/D" column. on (the community to which the the community with which the	t th sys his ed	ne system's hea tem's FM anter point, see page by the cable sy station is license	idend, and (2) ina, during cei e (v) of the gei estem as a sep 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	
				-					
				-					
				-					
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Accounting Perio	d: 2022/2					FOR	M SA1-2E. PAGE 5.					
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#					
Name	CEQUEL COMMUNICA	TIONS LL	.C				029392					
I	SUBSTITUTE CARRIAGE In General: In space I, identi				a <i>distant</i> statio	on, that your cable syster	n carried on a					
Substitute	substitute basis during the ac explanation of the programm	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or authorizations.	For a further					
Carriage:	1. SPECIAL STATEMENT				0							
Special	 During the accounting per 				is, any nonne	etwork television progra	m					
Statement and Program Log	broadcast by a distant station?											
Flogram Log												
	 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 SUBSTITUTE PROGRAMS 											
	In General: List each subst			te line. Use abbreviations	wherever po	ssible, if their meaning i	s					
	clear. If you need more spa	ce, please a	add additional	rows to the tables.		-						
	Column 1: Give the title period, was broadcast by a			ision program ("substitute								
	under certain FCC rules, re											
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for ex	xample, "I Love Lucy" or	r r					
	"NBA Basketball: 76ers vs.		laast live suite	"Waa " Otherwise anter "N								
				r "Yes." Otherwise enter "N Isting the substitute progra								
	Column 4: Give the broa	dcast static	on's location (th	ne community to which the	station is lice							
	the case of Mexican or Can											
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Us	e numerals, with the mo	nth					
			substitute pro	gram was carried by your	cable system	. List the times accurate	ely					
	to the nearest five minutes.											
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	amming that	your system was require	ad					
	to delete under FCC rules a											
	was substituted for program	nming that y										
	effect on October 19, 1976.											
					WHE	EN SUBSTITUTE						
	S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION					
						_						
						_						
						_						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	CEQUEL COMMUNICATIONS LLC		5	WSTEM ID# 029392									
	GROSS RECEIPTS			029392									
K Gross Receipts	Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's secon (as identified in space E) during the accounting period. For a further explanation of how to co page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	dary transmis	ssion service										
	during the accounting period IMPORTANT: You must complete a statement in space P concerning gross receipts.		\$ 23 (Amount of gr	7,746.45 ross receipts)									
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 o Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$ See page (vi) of the general instructions located in the paper SA1-2 form for more information.		53,800.										
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LES	SS											
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you maccounting period is \$52.00.	ust pay for this	s 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 2												
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more		00)										
		<u>63,800.00</u>											
		37,746.45 26,053.55											
			27 746 45										
	4. Enter the amount of gross receipts from space K		<u>37,746.45</u> 26,053.55										
	S. Enter the amount norm line 5		11,692.90										
	7. Multiply line 6 by .005 (enter figure here)			1,058.46									
	8. Interest charge. Enter the amount from line 4, space Q, page 8		Ψ	0.00									
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		\$	1,058.46									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)												
	1. Enter the energy of grade receipte from an act /												
	1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula	63,800.00											
	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)	•	<u>1,319.00</u> 0.00										
	TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6												
		<u> </u>											
	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)	5	1,058.46										
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	5	20.00										
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	[\$	1,078.46									
	EFT Trace # or TRANSACTION ID #												
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form and the Excel instruction												

Accounting Period:	2022/2								FORM SA	1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC							S	8YSTEM ID# 029392
M Channels	to its subscrit 1. Enter the tr system car 2. Enter the tr on which th	You must give (1) the number pers, and (2) the cable system otal number of channels on w ried television broadcast stati otal number of activated chan he cable system carried televis padcast services	's total nu nich the c ons nels sion broa	umber of a cable 	ons	els during the	e accounting peri	od. [23 236	
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc		NFORMAT	ION IS NEEDEI	D (Identify an	n individual			
for Further Information	Name	RODNEY HASKINS						Telephone	(903) 579-3152	
	Address	3027 S SE LOOP 32 (Number, street, rural route, ap TYLER, TX 75701 (City, town, state, zip)		r suite numbe	er)					
	Email	RODNEY.HA	SKINS@	DALTICEL	JSA.COM		Fax (option	al		
	CERTIFICATIO	N (This statement of account	must be o	certified ar	nd signed in acc	cordance with	h Copyright Offic	e regulations)		
O Certification	(Ow (Age X (Off • I have examin are true, comp	ned, hereby certify that (Check ner other than corporation or ent of owner other than corpo in line 1 of space B and that ficer or partner) I am an officer in line 1 of space B. ed the statement of account and plete, and correct to the best of action 1001(1986)]	partnersl ration or the owner (if a corpo	ship) I am th partnershi r is not a co poration) or declare und	he owner of the o ip) I am the duly rporation or part a partner (if a pa er penalty of law	authorized ag nership; or rtnership) of t that all stater	gent of the owner the legal entity ide ments of fact cont	of the cable syst	em as identified	
			Enter a	an electron	lan Dannent ic signature on th sing an "/s/ signa	ne line above t	to certify this state s/ John Smith)	ement.		
		Typed or printe	ed name:		N DANNENI	BAUM				
		Title:			RAMMING held in corporation	or partnership))			
		Date:					2/28/20	23		

Privacy Act Notice: Section 111 of 11tle 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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period: 2022/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
CEQUEL COMMUNICATIONS LLC	029392
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 general did the goal a system service of general did the goal and an average of general did the goal and average of general did the general did the goal and average of general did the general did the goal and average of general did the general did the goal and average of general did the gene	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
X	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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	

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