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					
2/24/23	\$					
	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							
	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							
	Zito West Holding LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	Zito Media							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO Box 665							
	(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915							
	(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:							
	Zito Media - Lake Sinclair GA							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or sulte number)							
	(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.

	L	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito West Holding LLC	638
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated or	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	list will serve as a form of system identification hereafter knd
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	hama parks should be reported in parentheses helpw the
Area	identified city.	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Baldwin County	GA
Community	Hancock County	GA
	Putnam County	GA
D	Fulliani County	
Rows as Necessary		

Accounting Period: 2022/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63805

Zito West Holding LLC

Ε

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	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	229	25.14			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		1		l	I

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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	17.95	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
 Additional set(s) 	20.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

7:4 - 14 - - 4 | | - | -| - | - | - | - | - |

63805

Zito West Holding LLC

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, 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
WGXA	24.2	N	Macon, GA
WGXA	24.1	N	Macon, GA
WMAZ	13.1	N	Macon, GA
WMAZ	13.2	<u> </u>	Macon, GA
WMAZ	13.3	N-M	Macon, GA
WMGT	41.1	N	Macon, GA
WMGT	41.2	N-M	Macon, GA
WMGT	41.3	N-M	Macon, GA
WMUM	29.1	E	Macon, GA
WMUM	29.2	E	Macon, GA
WPGA	58.1	l	Macon, GA
WPGA	58.4	1	Macon, GA

Accounting Period: 2022/2	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63805

Zito West Holding LLC

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
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Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LL							63805
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subs clear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs	tify every no accounting prining that mu T CONCEI riod, did you ation? T', leave the stitute prograce, please of every no a distant state gulations, vies like "me	period, under your cable system RNING SUBS ur cable system e rest of this paramon a separadd additional and that your authorization	ision program, broadcast be pecific present and former in this log, see page (v) of sTITUTE CARRIAGE or carry, on a substitute be page blank. If your answer atte line. Use abbreviational rows to the tables. Evision program ("substitute or cable system substitute or see page (v) of the guitage.	asis, any none is "Yes," you is wherever p te program") ti	network te must com ossible, if hat, during ogrammin tions for fu	relevision prog	ns. For a further SA1-2 form. Iram X NO gram g is ting station ation.
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m."	sign of the adcast statinadian statinth and day ive "5/7." hes when the Example: ter "R" if the and regulatemming that	station broadd ion's location (ons, if any, the when your sy e substitute pr a program car e listed progrations in effect of	regram was carried by your right of the substitution of the substitution of the substituted for pro- during the accounting periods.	gram. the station is little station is little station is idea to program. Use the program of the system of the little state of	lentified). se numera m. List the 3:28:30 p.i t your sys letter "P" i	als, with the retimes accured in should be term was requient the listed problems in	month rately
	S	UBSTITUT	E PROGRAM	1	1 1		CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
								"
		 	 					
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EGAL NAME OF OWNER OF CABLE SYSTEM: Lito West Holding LLC GROSS RECEIPTS astructions: The figure you give in this space determines the form you file and the 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 lage (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. MPORTANT: You must complete a statement in space P concerning gross receipts. PYRIGHT ROYALTY FEE tructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3.	ondary transmi compute this a	er the total of ssion service mount, see	43805 63805 63,765.46					
Instructions: The figure you give in this space determines the form you file and the amount (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 age (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. MPORTANT: You must complete a statement in space P concerning gross receipts. PPYRIGHT ROYALTY FEE tructions: To compute the royalty fee you owe:	ondary transmi compute this a	ssion service mount, see	5,765.46					
tructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3.			-					
		63,800						
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LI	ESS							
	u must pay for t	his six-mon						
		\$	52.00					
			0.00					
			_					
			52.00					
(, ,	00)						
-								
	-		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								
· · · · · · · · · · · · · · · · · · ·	<u> </u>							
		1.319.00						
<u> </u>								
<u> </u>		,						
FILING FEE AND TOTAL REMITTANCE DUE	<u>-</u>							
. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	52.00						
Filing Fee (See the instructions for more information on filing fee calculations)	\$	15.00						
. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00					
	-		nts!					
	ise block 2 if the amount of gross receipts in space K is more than \$137,100 but less that see block 3 if the amount of gross receipts in space K is more than \$238,000 but less that page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR Li instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo coounting period is \$52.00 ine 1. Royalty fee for accounting period	Ise block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 seeb block 3 if the amount of gross receipts in space K is more than \$253,800 but less than \$527,600 page (vi) of the general instructions located in the paper \$A1-2 form for more information. 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 to counting period is \$52.00 ine 1. Royalty fee for accounting period is \$52.00 ine 1. Royalty fee for accounting period ine 2. Interest charge. Enter the amount from line 4, space Q, page 8	Isse block 2 if the amount of gross receipts in space K is more than \$253,800 but less than or equal to \$263,800 bese block 3 if the amount of gross receipts in space K is more than \$253,800 but less than \$257,600 page (vi) of the general instructions located in the paper \$31-2 form for more information. 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 this six-mon coordinate period is \$52.00 Ine 1. Royalty fee for accounting period . \$ Ine 2. Interest charge. Enter the amount from line 4, space Q, page 8. Ine 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. \$ BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) Base amount under statutory formula \$263,800.00 Enter amount of gross receipts from space K. Subtract line 2 from line 1. Enter the amount from line 3. Subtract line 5 from line 4. Multiply line 6 by .005 (enter figure here). Interest charge. Enter the amount from line 4, space Q, page 8. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) Enter the amount of gross receipts from space K. Base amount under statutory formula \$263,800.00 Enter the amount of gross receipts from space K. Base amount under statutory formula \$263,800.00 Enter the amount of gross receipts from space K. Base amount under statutory formula \$263,800.00 Enter the amount of gross receipts from space K. Base amount under statutory formula \$263,800.00 Enter the amount of gross receipts from space K. Base amount under statutory formula \$263,800.00 Enter the amount of gross receipts from space K. Base amount under statutory formula \$263,800.00 Enter the amount of gross receipts from space K. Base amount under statutory formula \$263,800.00 Enter the amount of gross receipts from space K. Base amount under statutory formula \$263,800.00 Enter the amount of gross receipts from space					

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O Zito West Holdi	WNER OF CABLE SYSTEM: ing LLC				SYSTEM ID# 63805
M Channels	to its subscribers 1. Enter the total	, and (2) the cable system's to number of channels on which	the cable	which the cable system carried te f activated channels during the ac	ccounting period.	. 12
	on which the ca	number of activated channels able system carried television I ast services	oroadcast sta			141
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accoun		ATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name	Teri McMullen			Telephor	e 814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartm		mber)		
		Coudersport PA 1691 (City, town, state, zip)	15	100000000000000000000000000000000000000		
	Email	teri.mcmullen@	zitomedia.co	om	Fax (optional)	
0	CERTIFICATION ((This statement of account mu	st be certified	d and signed in accordance with C	Copyright Office regulations	5)
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but only or</i>	ne, of the boxes.)		
	(Owner	r other than corporation or pa	artnership) l	am the owner of the cable system a	as identified in line 1 of spac	ee B; or
		of owner other than corpora ine 1 of space B and that the o		ership) I am the duly authorized ag corporation or partnership; or	gent of the owner of the cab	e system as identified
		er or partner) I am an officer (i ine 1 of space B.	f a corporation	n) or a partner (if a partnership) of t	the legal entity identified as	owner of the cable system
		e, and correct to the best of my		e under penalty of law that all state nformation, and belief, and are mad		ein
			X /s	/James Rigas		_
				tronic signature on the line above to re using an "/s/ signature" (e.g., /s/.		
		Typed or printed	name: J a	ames Rigas		
		Title: (Title of of	President ficial position he	t		
		Date:			02/27/2023	

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 fling, a determination that would be made by a court of law.

ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
West Holding LLC	63805
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."	P Special Statement Concerning Gross
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.	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 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
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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	
(interest charge) * 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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