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						
11/1/23	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.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							
Accounting	Barcode Data Filing Period (optional - see instructions)							
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							
	CableSouth Media III, LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	1615 Poydras St. Suite 650 (Number, street, rural route, apartment, or suite number)							
	New Orleans, LA 70112 (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	1 IDENTIFICATION OF CABLE SYSTEM:							
	Swyft Connect							
	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 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.

CableSouth Media III, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 city. CITY OR TOWN STATE Fordyce AR			FORM SA1-2E. PAGE					
CableSouth Media III, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 city. CITY OR TOWN STATE Fordyce AR Community	Nove	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 city. CITY OR TOWN STATE Fordyce AR	Name							
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Area Served identified city. CITY OR TOWN STATE First Fordyce AR Community	D	"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						
First Fordyce AR Community			ome parks should be reported in parentheses below the					
First Fordyce AR Community								
Community								
		Forayce	AK					
Research Research Control of the Con	Community							
Control of the cont								
	d Rows as Necessary							

Accounting Period: 2023/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 10029 CableSouth Media III, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES 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 last day of the accounting period (June 30 or December 31, as the case may be). Transmission Service: Sub-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 each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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 DI OCK 1

BL	OCK I		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	38	32.85				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		•			l	

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 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable		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	150.00	Burglar protection				
Additional set(s)		Other services:				
 FM radio (if separate rate) 		Reconnect	150.00			
Converter	5.00	Disconnect				
		Outlet relocation				
		Move to new address	150.00			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10029

CableSouth Media III, 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
KETS	2	E	Little Rock, AR
KKYK	3	<u> </u>	Little Rock, AR
KARK	4	N	Little Rock, AR
KASN	6	N	Little Rock, AR
KATV	7	N	Little Rock, AR
KLRT	8	N	Little Rock, AR
KARZ	9	<u> </u>	Little Rock, AR
KTVE	10	N	El Dorado, AR
KTHV	11	N	Little Rock, AR
KTVN	12	<u> </u>	Little Rock, AR
KKYK	13	<u> </u>	Little Rock, AR
WGN	19	<u>l</u>	Chicago, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CableSouth Media III, LLC

10029

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
O/ LEE OIOI4	71101 01 1 101	O/D	ECONTION OF STATION	O/ LE CICIT	7 (101 01 1 101	O/D	EGOXITION OF STATION
							
							

Accounting Perio	.d. 2022/1						FORM	A SA1 2E DACE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#	
Name	CableSouth Media III, I							10029	
	SUBSTITUTE CARRIAGE	E. SDECI	NI STATEME	INT AND DECCEAM LO	G				
- 1		_				tion that v	our cable eve	tem carried on a	
•		1 General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Carriage:									
Special Statement and	 During the accounting per 	iod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network te	levision prog	ram	
Program Log	broadcast by a distant sta	tion?					YES	X NO	
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comp	olete the prog	gram	
	log in block 2.				-				
	2. LOG OF SUBSTITUTE	PROGRA	AMS						
	In General: List each subst				wherever po	ossible, if	their meaning	g is	
	clear. If you need more spa			i rows to the tables. vision program ("substitute	e program") tl	hat during	the account	ina	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	im uues, ioi e	example,	I Love Lucy	OI	
				er "Yes." Otherwise enter '					
				casting the substitute progrethe community to which the		concod by	the ECC or	in	
	the case of Mexican or Car						the FCC or,	""	
	Column 5: Give the mor	nth and day		stem carried the substitute			als, with the n	nonth	
	first. Example: for May 7 giv		o cubatituto pr	ogram was carried by you	r cable eveter	m Liet the	timos accur	atoly	
	to the nearest five minutes.							atery	
	stated as "6:00-6:30 p.m."	•	. 0	•	•	•			
	Column 7: Enter the letter to delete under FCC rules a			n was substituted for progr					
	was substituted for progran							ogram	
	effect on October 19, 1976.	•	,	•		Ü			
				=	\\/\L	NI CLIDOT	ידוודר		
	SI	JBSTITUT	E PROGRAM	1		N SUBST AGE OC		7. REASON FOR	
		2. LIVE?	3. STATION'S	1	5. MONTH		TIMES	DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
							_		
							<u> </u>	'	
							_		
							_		
								"	
								†	
								 	
								 	
							_		
		L						 	

Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	5	SYSTEM ID: 1002
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transic (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servi	
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 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.	\$263,800	
	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 fo accounting period is \$52.00	r this six-mon	tt
	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,	100)	
	1. Base amount under statutory formula		
	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)	
	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	0.00	
	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	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 # 2791FML1		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r		

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: edia III, LLC			SYSTEM ID# 10029				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.								
		I number of channels on which television broadcast stations	h the cable		12				
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services								
N Individual to Be Contacted		BE CONTACTED IF FURTION BOOM THE STATE OF ACCOUNTS ABOUT THIS STATEMENT OF ACCOUNTS	HER INFORMATION IS NEEDED (Identif nt.)	y an individual to whom					
for Further Information	Name	William Welsh		Telephone 5	04-272-7998 x5020				
	Address	1615 Poydras St. Su (Number, street, rural route, apart	ment, or suite number)						
		New Orleans, LA 70' (City, town, state, zip)	112						
	Email	regulatory@sw	yftconnect.com	Fax (optional)					
0	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance	with Copyright Office regulations)					
Certification	• I, the undersigne	ed, hereby certify that (Check o	one, but only one, of the boxes.)						
	(Owne	r other than corporation or p	artnership) I am the owner of the cable sys	stem as identified in line 1 of space B;	or				
			ation or partnership) I am the duly authorize owner is not a corporation or partnership; or		stem as identified				
		er or partner) I am an officer (line 1 of space B.	if a corporation) or a partner (if a partnershi	p) of the legal entity identified as owne	er of the cable system				
		e, and correct to the best of my	hereby declare under penalty of law that al knowledge, information, and belief, and ar						
			X /s/ William Welsh						
			Enter an electronic signature on the line ab Enter signature using an "/s/ signature" (e.g	•					
		Typed or printed	name: William Welsh						
		Title:	VP of Accounting official position held in corporation or partnership)						
		Date:		11/01/2023					

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ounting Period: 2	2023/1			FORM SA1-2E. PAGE 8
SAL NAME OF OW	NER OF CABLE SYSTEM:			SYSTEM ID#
bleSouth Med	dia III, LLC			10029
The Satellite H lowing sentenc "In dete service	TATEMENT CONCERNING GROSS REC fome Viewer Act of 1988 amended Title 17, section se: ermining the total number of subscribers and the gr of providing secondary transmissions of primary b s and amounts collected from subscribers receiving	oss amounts paid to the coadcast transmitters,	opyright Act by adding the fol- ne cable system for the basic the system shall not include sub	Concerning Gross
	mation on when to exclude these amounts, see the paper SA1-2 form.	note on page (vii) of t	he general instructions	Receipts Exclusion
-	ounting period, did the cable system exclude any a ite carriers to satellite dish owners?	mounts of gross recei	pts for secondary transmissions	
X NO				
YES. Ente	r the total here and list the satellite carrier(s) below	/	\$	
Name Mailing Address		Name Mailing Address		
INTEREST	ASSESSMENT			
For an explana	plete this worksheet for those royalty payments sul tion of interest assessment, see page (viii) of the g	general instructions loc		Q
Line 1 Enter t	he amount of late payment or underpayment			Interest Assessment
Line 2 Multiply	y line 1 by the interest rate* and enter the sum her	e	x	<u>-</u>
Line 3 Multiply	y line 2 by the number of days late and enter the s	um here		
	y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or blo	ock 3 line 6	x 0.00274	
	ne interest rate chart click on www.copyright.gov/line Licensing Division at (202) 707-8150 or licensing		(interest charge) df. For further assistance pleas	е
** This is th	ne decimal equivalent of 1/365, which is the interes	t assessment for one	day late.	
•	are filing this worksheet covering a statement of accountry, address, first community served, ID number	•	., .	Э
Owner Address				
Addicas				
ID number				
First communit Accounting per				

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 th 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.