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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	11/1/23	S ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: ()	'YYY/(Period))	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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	
	INCTO		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CableSouth Media III, LLC	1836 A "community" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including uninco	rporated communities within unincorporated areas and including single, y that you list will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	, or mobile home parks should be reported in parentheses below the
First	CITY OR TOWN Jonesville	STATE LA
Community	Catahoula	LA
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SVSTEM.						FORM SA1	TEM II
Name	CableSouth Media III, LI							010	183
Е	SECONDARY TRANSMISSION								
	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including particulation)								
Fransmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondar	,		0 / 1					
Rates	each category by counting the n separately for the particular serv	•		0,0				charged	
	<b>Rate:</b> Give the standard rate of							e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc				-				
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tw	o- or three	e-word description	on of the s	ervice is	
		OCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		25	22.95					
	Service to first set		35	32.85					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		3				
-	In General: Space F calls for rational					l your cable syst	em's servi	ces that were	
F	not covered in space E, that is, t								
	service for a single fee. There are	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	billed. If ally la		arged on a varia	bie pei-pi	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the a	pplicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a				shed. List t	hese other serv	ices in the	form of a	
	brief (two- or three-word) descrip	and includ	le the ra	te for each.			1		
		BLO			105	DATE	0.475.0	BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER' ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:				luentiai				
	• Pay cable			tel, hotel					
	Pay cable—add'l channel     Eiro protoction		_	mmercial					
	Fire protection		-	/ cable	•				
	•Burglar protection		-	/ cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	150.00		glar protection					
			Other s	services:					
	Additional set(s)		-						
	• FM radio (if separate rate)			connect		150.00			
		5.00	• Dis	connect		150.00			
	• FM radio (if separate rate)	5.00	• Dis • Out			150.00			

ccounting Period:	2023/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Hamo	CableSouth Media III,	LLC		1836
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carrie in concerning substitute basis stations,	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also	me basis under ms [sections ions carried on a stitute program .og)—if the
	Column 1: List each station	's call sign. Do not report origination	program services such as HBO, ESP	N, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	evision station for broadcasting over t	the air in its community noncommercial
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of t	or "E-M" (for noncommercial education actions in the paper SA1-2 form. It the community to which the station	onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KLAX	3	N	Alexandria, LA
	KAQY	4	N	Monroe, LA
d Rows as Necessary	KARD	5	Ν	West Monroe, LA
	KNOE	6	N	Monroe, LA
	KLTM	7	E	Baton Rouge, LA
	WGN	19	I	Chicago, IL
	KNOE	9	Ν	Monroe, LA
	KLAX	12	N	Alexandria, LA

EGAL NAME OF			101EM:					SYSTEM 18
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recein the Consign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		l						

Nomo							FORM	I SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF CableSouth Media III, I		STEM:					SYSTEM ID# 1836
	SUBSTITUTE CARRIAGE	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
<b>I</b> 1	In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televi period, under sp	<i>sion program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or au	uthorizatior	ns. For a further
F	1. SPECIAL STATEMEN							
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network televi	ision progi	r <u>am</u>
	broadcast by a distant sta	tion?					YES	× NO
1	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	nust complet	e the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE							
F C f t s t v	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the proa the case of Mexican or Car <b>Column 4:</b> Give the mor first. Example: for May 7 giv <b>Column 6:</b> State the timuto to the nearest five minutes. stated as "6:00–6:30 p.m."	of every no distant sta gulations, of ies like "mo Bulls." m was broa sign of the adcast stati addian stati and an stati th and day ve "5/7." es when th Example: er "R" if the and regulat	onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (to ons, if any, the v when your sy e substitute pr a program carr e listed program ions in effect d	vision program ("substitute our cable system substitut ns. See page (v) of the ger etball." List specific progra er "Yes." Otherwise enter " asting the substitute progr the community to which the e community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progr luring the accounting perio	ed for the pro- neral instruct im titles, for e "No." am. e station is live station is live station is id program. U r cable syste :15 p.m. to e ramming that d; enter the l	ogramming o ions for furthe example, "I Lo censed by the entified). se numerals, m. List the tin :28:30 p.m. s t your system etter "P" if the	f another s er informa ove Lucy" e FCC or, with the n nes accura should be was <i>requ</i> e listed pro	station tion. or in nonth ately <i>ired</i>
-			E PROGRAM	1		N SUBSTIT		
F		2. LIVE?					RRED	7. REASON FOR
	1. TITLE OF PROGRAM	Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM –		7. REASON FO DELETION
-	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
-	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
-	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
-	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	
- - - - - - - - - - - - - - - - - - -	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	

Accounting Period:	<b>2023/1</b> FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM I       CableSouth Media III, LLC     18
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
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 \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,00 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 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-month accounting period is \$52.00         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       \$ 263,800.00         2. Enter amount of gross receipts from space K
	7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 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
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)       \$ 52.00         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 Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period	2023/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYS CableSouth Media III, LLC	'EM:	SYSTEM ID# 1836
M Channels	<ul> <li>to its subscribers, and (2) the cable system carried television broadcast s</li> <li>2. Enter the total number of activated or on which the cable system carried television broadcast s</li> </ul>	ations	s 8 135
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF we can contact about this statement of	URTHER INFORMATION IS NEEDED (Identify an individual to whom account.)	
for Further Information	Name William Welsh	Telephone	504-272-7998 x5020
	Address 1615 Poydras S (Number, street, rural rout New Orleans, L (City, town, state, zip)	, apartment, or suite number)	
	Email regulator	@swyftconnect.com Fax (optional)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (C</li> <li>(Owner other than corporation</li> <li>(Agent of owner other than corporation</li> <li>(Agent of owner other than corporation</li> <li>in line 1 of space B and the</li> <li>X</li> <li>(Officer or partner) I am an corporation</li> <li>in line 1 of space B.</li> <li>I have examined the statement of account</li> </ul>	bunt must be certified and signed in accordance with Copyright Office regulations neck one, <i>but only one</i> , of the boxes.) <b>n or partnership)</b> I am the owner of the cable system as identified in line 1 of space <b>prporation or partnership)</b> I am the duly authorized agent of the owner of the cable t the owner is not a corporation or partnership; or ficer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov at and hereby declare under penalty of law that all statements of fact contained herei of my knowledge, information, and belief, and are made in good faith.	B; or system as identified vner of the cable system
		X /s/ William Welsh Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Title:	rinted name: William Welsh VP of Accounting ite of official position held in corporation or partnership)	
	Date:	11/01/2023	

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 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 telephon 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 i 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 th 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: 2023/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
bleSouth Media III, LLC	183
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address	
" "	
<b>INTEREST ASSESSMENT</b> 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
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q Interest Assessmen
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.	
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 Assessmen
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	
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	
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	
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	
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	

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.