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 8/28/2023 \$

\$
ALLOCATION NUMBER

AMOUNT

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	ACCO	OUNTING 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.	24401					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		MEDIACOM INDIANA LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY						
		ONCE MEDIACOM WAT (Number, street, tural route, apartment, or suite number)						
		MEDIACOM PARK, NY 10918						
		(City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp						
System	em IDENTIFICATION OF CABLE SYSTEM:							
	1	MEDIACOM INDIANA LLC						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	1102 N. Fourth Street, P.O. Box 334						
	-	(Number, street, rural route, apartment, or suite number)						
		Chillicothe, IL 61523 (City, town, state, zip code)						
	1							

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	MEDIACOM INDIANA LLC	24401							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	me parks should be reported in parentheses below the identified							
	CITY OR TOWN	STATE							
First	Bluffton	IN							
Community	Decatur	IN							
	Monroe	IN							
Add Rows as Necessary	Poneto	IN IN							
	Tocsin Uniondale	IN IN							
	Vera Cruz	IN IN							
	Adams County	IN IN							
	Wells County	IN IN							
	Monroeville Township	IN							

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						-	TEM ID	
Name								010	2440	
	MEDIACOM INDIANA LL	.0								
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RAT	ES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
0	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Secondary Transmission	· · · ·	· · ·					nose existi	ng on the		
Service: Sub-	5 5 1 (- - -) 7							broken		
scribers and	down by categories of secondary			•						
Rates	each category by counting the nu							charged		
	separately for the particular server Rate: Give the standard rate c							e and the		
	unit in which it is generally billed.	-	-	•			-			
	category, but do not include disc	ounts allowed f	or adva	ance payment.	•					
	Block 1: In the left-hand block			•						
	systems most commonly provide that applies to your system. Note									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					0,				
	first set" and would be counted o									
	Block 2: If your cable system I	-		•						
	printed in block 1 (for example, ti									
	with the number of subscribers a sufficient.	nd rates, in the	right-h	and block. A two	o- or three	e-word description	on of the se	ervice is		
		DCK 1					BLOC	٢2		
		NO. OF		DATE	CAT			NO. OF	DAT	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Service to first set		901	29.95-61.54						
	Service to additional set(s)		301	29.95-01.54						
	· · ·									
	• FM radio (if separate rate)									
	Motel, hotel Commercial		•	20.05.04.54						
			0	29.95-61.54						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO	ONDARY TRAI	SMIS	SIONS: RATES						
-	In General: Space F calls for rat				pect to all	your cable sys	tem's servi	ces that were		
F	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 ar	•					• • • •			
Services Other Than	furnished at cost or (2) services									
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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLO						BLOCK 2	r	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-resi	dential		Family	Cable	105.0	
	• Pay cable	PP		otel, hotel			Family	Cable	105.0	
	• Pay cable—add'l channel	PP		mmercial						
	Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential	100.00		e protection						
	• First set	109.99		rglar protection						
		49.00		services:						
	Additional set(s)		-						T	
	• FM radio (if separate rate)			connect		49.00				
	· · /	10.50	• Dis	sconnect						
	• FM radio (if separate rate)	10.50	• Dis • Ou			49.00 49.00				

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM INDIANA L	LC		24
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station ⁱⁿ multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF	so in space I, if the station was carrie a concerning substitute basis stations, s call sign. <i>Do not</i> report origination p with a station according to its over-the	(1) stations carried only on a part-time carriage of certain network program 1(e)(2) and (4))]; and (2) certain static arried by your cable system on a substine Special Statement and Program Lind d both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESPN e-air designation. For example, repor- vision station for broadcasting over the service statement and program the set of the general instruction of the service such as the service ser	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community
		ing the letter "N" (for network), "N-M" (, , ,	
		'E" (for noncommercial educational), on the general instruction (in the general instruction (in the general instruction) (in the gen		nal multicast).
	Column 4: Give the location	of each station. For U.S. stations, list	the community to which the station is	-
	FUC. For Mexican or Canad	an stations, if any, give the name of the stations of the state of the	e community with which the station i	s identilled.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WANE/WANE(HD) CBS	31	N	Fort Wayne, IN
	WANE-DT3 Laff	31.3	I-M	Fort Wayne, IN
	WANE-DT4 ION Mystery	31.4	I-M	Fort Wayne, IN
	WFFT/WFFT(HD)FOX	36	I	Fort Wayne, IN
Rows as Necessary	WFFT-DT2 Bounce TV	36.2	I-M	Fort Wayne, IN
	WFWA/WFWA (HD) PBS	40	Ε	Fort Wayne, IN
	WFWA-DT2 PBS KIDS	40.2	E-M	Fort Wayne, IN
	WFWA-DT3 Create	40.3	E-M	Fort Wayne, IN
	WFWA-DT4 Explore	40.4	E-M	Fort Wayne, IN
	WFWA-DT5 PBS39WX	40.5	E-M	Fort Wayne, IN
	WINM TBN	12	I	Fort Wayne, IN
	WIPB PBS	23	E	Muncie, IN
	WISE/WISE (HD) CW	18	I	Fort Wayne, IN
	WISE-DT2 True Crime	18.2	I-M	Fort Wayne, IN
	WISE-DT3 Grit	18.3	I-M	Fort Wayne, IN
	WISE-DT4 Court TV	18.4	I-M	Fort Wayne, IN
	WISE-DT5 Start TV	18.5	I-M	Fort Wayne, IN
	WISE-DT6 MeTV	18.6	I-M	Fort Wayne, IN
	WISE-DT7 DABL	18.7	I-M	Fort Wayne, IN
	WPTA/WPTA(HD) ABC	24	N	Fort Wayne, IN
	WPTA-DT2/WPTA-DT2 (HD) N	24.2	N-M	Fort Wayne, IN
	WPTA-DT3/WPTA-DT3 (HD) N	24.3	I-M	Fort Wayne, IN
				1

EGAL NAME OF			YSTEM:					SYSTEM II
								244
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If	it is carried by monitoring, to prmation abour m. lentify the call tate whether th the radio stati	y the sys be recein t the Co sign of e he statio on's sign	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. nal was electronically processed mark in the "S/D" column.	the system's heasystem's heasystem's FM anter his point, see pag	adend, and (2) nna, during ce le (v) of the ge	it can b rtain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
Column 4: G	ive the station	i's locatio	the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				F				

Accounting Perio	od: 2023/1					FO	RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS1	EM:				SYSTEM ID#		
Name	MEDIACOM INDIANA L	LC					24401		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	;				
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations	. For a further		
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE					
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork television progra	m		
Statement and Program Log	broadcast by a distant stat		,				× NO		
Frogram Log	2					YES			
	Note: If your answer is "No"	', leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ust complete the progra	am		
	log in block 2. 2. LOG OF SUBSTITUTE		MS						
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program								
	was substituted for program effect on October 19, 1976.		/our system wa	s permitted to delete und					
	s		E PROGRAM		CARR	AGE OCCURRED	7. REASON FOR DELETION		
	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	-		
						_			
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Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC			:	8YSTEM ID# 24401
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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 receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross and the statement in space P concerning gross receipts and the statem	system's see on of how to	condary transmi compute this a	ssion service mount, see \$ 3	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha information.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that you	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 $\ldots \ldots$				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	nes 1 and 2		<u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				-
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				<u></u>
	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 \$26	3,800 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	325,130.67		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	61,330.67		
	4. Multiply line 3 by .01		\$	613.31	
	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	1, 5, and 6		\$	1,932.31
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,932.31	-
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,952.31
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC	SYSTEM ID# 24401
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	29 60
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845-44	3-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or 	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the c	
	 in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 8/3/2023	

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ccounting Period: 2023/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
IEDIACOM INDIANA LLC	24401
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Y ES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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.	
OwnerAddress	
ID number First community served Accounting period	

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