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					
	\$					
2/15/2024	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							
	20232 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							
	KALIDA TELEPHONE COMPANY INC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO BOX 267 (Number, street, rural route, apartment, or suite number)							
	KALIDA, OH 45853 (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:							
	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.

Accounting Period:	2023/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	KALIDA TELEPHONE COMPANY INC 6322							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, dis 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 as the 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 identification.							
Area Served	city.							
	CITY OR TOWN	STATE						
First	KALIDA	ОН						
Community	GREENSBURG TWP	ОН						
	JACKSON TWP	OH						
Add Rows as Necessary	JENNINGS TWP	ОН						
	PERRY TWP	OH						
	SUGAR CREEK TWP	ОН						
	UNION TWP	ОН						
1								

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63229

KALIDA TELEPHONE COMPANY INC

E

Secondary

Transmission

Service: Sub-

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.

BLO	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	552	85.20	IPTV	386	96.00	
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	10.99	Motel, hotel		EXPANDED BASIC	2.25
Pay cable—add'l channel	17.30	Commercial		DIGITAL EXPANDED	10.50
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	24.50	Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63229

4. LOCATION OF STATION

KALIDA TELEPHONE COMPANY INC

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

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.

2. B'CAST CHANNEL NUMBER

WBGU 27 Ε **BOWLING GREEN - LIMA, OH WBGU** 27.2 E-M **BOWLING GREEN - LIMA. OH WBGU BOWLING GREEN - LIMA, OH** 27.3 E-M WLIO 8.1 Ν LIMA, OH WOHL 8.2 LIMA, OH ı **WLQP** 35.1 Ν LIMA, OH **WLMO** 35.2 Ν LIMA, OH WTLW 44 Τ LIMA, OH WTLW 44.2 I-M LIMA, OH WTOL 11 Ν TOLEDO, OH

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

KALIDA TELEPHONE COMPANY INC

SYSTEM ID#

63229

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 S NONE NON	
NONE	TATION

Accounting Dari's	.d. 2022/2						F05	M SA4 OF BAGE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FUR	SYSTEM ID#
Name	KALIDA TELEPHONE							63229
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broat the case of Mexican or Can	fy every non- counting pe- ing that mus CONCER iod, did you tion? ", leave the EPROGRA itute progra ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the saddast static adian static	IL STATEMEN Innetwork televis eriod, under see st be included in NING SUBST Ir cable system rest of this pag IMS Innetwork televion and that you or authorization wies" or "baske dcast live, ente station broadca on's location (the ons, if any, the	cition program, broadcast by a secific present and former FC this log, see page (v) of the ITUTE CARRIAGE acarry, on a substitute base ge blank. If your answer is the line. Use abbreviations rows to the tables. Is ision program ("substitute bur cable system substitute bur cable system substitute system substitute actuall." List specific program or "Yes." Otherwise enter "Nesting the substitute programe community to which the	a distant statio C rules, regula e general instru is, any nonnel "Yes," you mu wherever pos program") tha ed for the prog eral instruction m titles, for exi No." am. e station is lice station is iden	ations, or au uctions in the twork telev ust comple ust comple ust during the ramming comes for furth ample, "I L unsed by th utified).	ision prograr YES te the progra eir meaning is ne accounting of another sta er informatio ove Lucy" or	n carried on a For a further 2 form. NO m
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ve "5/7." es when the Example: a er "R" if the and regulation	e substitute pro a program carri listed program ons in effect du	gram was carried by your ed by a system from 6:01: was substituted for progra uring the accounting period	cable system. 15 p.m. to 6:2 amming that y t; enter the letter FCC rules a	List the tires: 28:30 p.m. second system ter "P" if the	mes accurate should be n was <i>require</i> e listed progr ions in	ely
	S	UBSTITUT	TE PROGRAM	1		AGE OCC	-	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S CALL SIGN	4 0747/04/04 0047/04/	5. MONTH AND DAY		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM	— то –	
					-			
					-	 	_	
						<u> </u>		·
					-	 	_	
					-			·
					-		_	
					-		_	
					-			
					-			
		 						
		 			-			
			 	 	-	+		
							_	
							<u> </u>	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: KALIDA TELEPHONE COMPANY INC			(SYSTEM II 6322
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the sea identified in space E) during the accounting period. For a further explanation 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.	system's son of how	secondary transm to compute this a	nission service amount, see	
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 in	but less t	han \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that	you must pay for t	his six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lii	nes 1 and	2	·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	nore than \$137,1	100)	
	Base amount under statutory formula	\$	263,800.00		
	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		· ·		
	Enter the amount from line 3		· ·		
	6. Subtract line 5 from line 4				0.00
	6. Subtract line 5 from line 4				0.00
	6. Subtract line 5 from line 4	and 8			0.00
	6. Subtract line 5 from line 4	and 8 3,800 (bu	t less than \$527		0.00
	6. Subtract line 5 from line 4	and 8	t less than \$527 504,511.27		0.00
	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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula	and 8 3,800 (bu	t less than \$527 504,511.27 263,800.00		0.00
	6. Subtract line 5 from line 4	and 8	t less than \$527 504,511.27 263,800.00 240,711.27	.600)	0.00
	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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26: 1. 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.	and 8 3,800 (bu	t less than \$527 504,511.27 263,800.00 240,711.27	,600)	0.00
	6. Subtract line 5 from line 4	and 8	t less than \$527 504,511.27 263,800.00 240,711.27	2,407.11 1,319.00	0.00
	6. Subtract line 5 from line 4	and 8	t less than \$527 504,511.27 263,800.00 240,711.27	2,407.11 1,319.00 0.00	
	6. Subtract line 5 from line 4	and 8	t less than \$527 504,511.27 263,800.00 240,711.27	2,407.11 1,319.00 0.00	3,726.11
	6. Subtract line 5 from line 4	and 8 3,800 (bu \$ \$ \$, 5, and 6	t less than \$527 504,511.27 263,800.00 240,711.27	2,407.11 1,319.00 0.00	
Eiling Eog and	6. Subtract line 5 from line 4	and 8 3,800 (bu \$ \$ \$, 5, and 6	t less than \$527 504,511.27 263,800.00 240,711.27	2,407.11 1,319.00 0.00	
otal Remittance	6. Subtract line 5 from line 4	\$ and 8 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	t less than \$527 504,511.27 263,800.00 240,711.27	2,407.11 1,319.00 0.00	
-	6. Subtract line 5 from line 4	and 8	t less than \$527 504,511.27 263,800.00 240,711.27 \$	2,407.11 1,319.00 0.00	
otal Remittance	6. Subtract line 5 from line 4	\$ and 8 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	t less than \$527 504,511.27 263,800.00 240,711.27 \$ \$	2,407.11 1,319.00 0.00 \$	
Filing Fee and Total Remittance Due	6. Subtract line 5 from line 4	and 8	t less than \$527 504,511.27 263,800.00 240,711.27 \$ \$	2,407.11 1,319.00 0.00 \$	3,726.11

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: PHONE COMPANY INC			SYSTEM ID# 63229
M Channels	CHANNELS Instructions: Y to its subscriber 1. Enter the total system carrier	8			
	on which the	Il number of activated channe cable system carried television deast services			47
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of accou	THER INFORMATION IS NEEDED (Identify an unt.)	individual to whom	
for Further Information	Name	Dave Hunt		Telephone	419-532-3218
	Address	121 E. Main Street, P (Number, street, rural route, apart Kalida, OH 45853			
	Email	(City, town, state, zip) daveh@kalidat	tel.com	Fax (optional 419-532-330	00
	CERTIFICATION (This statement of account m	nust be certified and signed in accordance with	Copyright Office regulations)	
O Certification			one, but only one, of the boxes.)		
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system	as identified in line 1 of space E	3; or
			ation or partnership) I am the duly authorized a he owner is not a corporation or partnership; or	gent of the owner of the cable s	ystem as identified
		er or partner) I am an officer (in line 1 of space B.	(if a corporation) or a partner (if a partnership) of	the legal entity identified as own	ner of the cable system
		te, and correct to the best of m	hereby declare under penalty of law that all state ny knowledge, information, and belief, and are ma		
			X /s/ Dave Hunt Enter an electronic signature on the line above to		-
		Typed or printed	Enter signature using an "/s/ signature" (e.g., /s, d name: Dave Hunt	John Smith)	
		Title:	Treasurer itle of official position held in corporation or partnership)		
		Date:	,	February 15, 2024	

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.

FORM SA1-2E. PAGE 8 Accounting Period: 2023/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 63229 KALIDA TELEPHONE COMPANY INC 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 sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** 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 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. Interest Assessment 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 (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@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

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.

ID number

First community served Accounting period