THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

DATE RECEIVED

3/11/25

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

SA1-2 Short Form

Return to:

Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE *Washington, DC 20557-6400* (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERE July 1-December 31, 20						
Accounting Period	July 1-December 31, 20	24					
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh <i>If there were different owners during th</i> <u>a single statement of account and royalty fe</u>	rrect information beside it. the cable system. If the owner is a sub ent corporation. ich the owner conducts the business of e accounting period, only the owner on e payment covering the entire accounti	the last day of the accounting period should subm	it _028774			
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM					
	Vyve Broadband J, LLC						
			02	2877420242			
				028774 2024/2			
	Four International Drive, Suite 330 Rye Brook, NY 10573						
С			tify the business and operation of the system				
System	IDENTIFICATION OF CABLE SYSTEM:	he 2, give the mailing address of the	e system, if different from the address given i	п ѕрасе В.			
Gyötölli							
	MAILING ADDRESS OF CABLE SYSTEM: 234 N Windriver Drive 2 (Number, street, rural route, apartment, or suite number) Douglas, WY 82633 (City, town, state, zp code)						
D	-		A "community" is the same as a "community				
D		, , , , , , , , , , , , , , , , , , , ,	iding unincorporated commuinites within unin 55(dd) The first community that list will serve	•			
Area	areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	Glenrock Glenrock County	WY WY					
,	Rolling Hills	WY					
Privacy Act Notic	e: Section 111 of title 17 of the United States Code a	authorizes the Convright Office to collect the	personally identifying information (PII) requested on this				
-			ace an individual, such as name, address and telephone				
			includes appearing in the Offce's public indexes and in				
	pared for the public. The effects of not providing the of statements of account, and it may affect the legal s		g of your statement of account and its placement in the yould be made by a court of law.				

		(OTEN)		FORM SA3. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SY Vyve Broadband J, LLC	'STEM:		SYSTEM I 0287
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
	CITY OR TOWN	STATE		STATE
П				
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Area			H	
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Name	LEGAL NAME OF OWNER OF C	SYS	TEM ID							
Name	Vyve Broadband J, LLC								02877	
Е	SECONDARY TRANSMISSION									
E	In General: The information in s	•		0		,				
0	system, that is, the retransmission					•				
Secondary Transmission	about other services (including p last day of the accounting period						those exis	ting on the		
Service: Sub-							ble svstem	n, broken		
scribers and	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									
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	e number o	of persons or org	ganizations	s charged		
	separately for the particular serv					•	,			
	Rate: Give the standard rate c	-	-	•				-		
	unit in which it is generally billed category, but do not include disc	· · ·		,		ard rate variation	is within a	particular rate		
	Block 1: In the left-hand block					condarv transmis	ssion servi	ce that cable		
	systems most commonly provide	•		•						
	that applies to your system. Not									
	categories, that person or entity						•			
	subscriber who pays extra for ca					d in the count ur	nder "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system					onvine that are	different	from these		
	printed in block 1 (for example, t	•		,						
	with the number of subscribers a									
	sufficient.		s light i							
	BLC				BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	CODOCIAD		TUTE	0,11		(IIIOE	COBCOLUBEITO	1011	
	Service to first set		48	40.00						
	Service to additional set(s)								·	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		10	40.00						
	Converter			40.00						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS		.e					
-	In General: Space F calls for rate					all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t	hose services	that are	not offered in	combinati	on with any seco	ondary trar	nsmission		
	service for a single fee. There ar	•			0		0 (,		
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the un		usually	billed. If any r	ates are c	harged on a vari	able per-p	rogram basis,		
Secondary ransmissions:	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.									
Rates	Block 2: List any services that							t were not		
	listed in block 1 and for which a	separate charg	je was r	made or establ	ished. List	t these other ser	vices in th	e form of a		
	brief (two- or three-word) descrip	otion and inclue	le the ra	ate for each.						
		BLO	CK 1					BLOCK 2		
			CATEG	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE	RATE	UATEC							
	CATEGORY OF SERVICE Continuing Services:	RATE		ation: Non-res	sidential					
		RATE 19.95	Installa	ation: Non-res tel, hotel	sidential	T&M				
	Continuing Services:		Installa • Mo		sidential	T&M T&M				
	Continuing Services: • Pay cable	19.95	Installa • Mo • Cor	tel, hotel	sidential					
	Continuing Services: • Pay cable • Pay cable—add'l channel	19.95 15.95	Installa • Mo • Cor • Pay	tel, hotel mmercial		T&M				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	19.95 15.95 N/A	Installa • Moi • Cor • Pay • Pay	tel, hotel mmercial / cable		T&M T&M				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	19.95 15.95 N/A	Installa • Mo • Cor • Pay • Pay • Fire	tel, hotel mmercial / cable / cable-add'l cl	nannel	T&M T&M T&M				
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	19.95 15.95 N/A N/A 59.99	Installa • Mo • Cor • Pay • Pay • Fire • Bur	tel, hotel mmercial / cable / cable-add'l cl e protection	nannel	T&M T&M T&M N/A				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	19.95 15.95 N/A N/A 59.99	Installa • Mo • Cor • Pay • Pay • Fire • Bur Other	tel, hotel mmercial / cable / cable-add'l cl e protection rglar protection	nannel	T&M T&M T&M N/A N/A				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	19.95 15.95 N/A N/A 59.99 19.99	Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s • Red	tel, hotel mmercial / cable / cable-add'l cl e protection glar protection services: connect	nannel	T&M T&M T&M N/A				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	19.95 15.95 N/A N/A 59.99 19.99	Installa • Mo' • Cor • Pay • Pay • Fire • Bur Other • Rec • Dis	tel, hotel mmercial / cable / cable-add'l cl protection glar protection services: connect connect	nannel	T&M T&M T&M N/A N/A 29.99				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	19.95 15.95 N/A N/A 59.99 19.99	Installa • Mo' • Cor • Pay • Pay • Fire • Bur Other • Dis • Out	tel, hotel mmercial / cable / cable-add'l cl e protection glar protection services: connect	nannel	T&M T&M T&M N/A N/A				

Name	LEGAL NAME OF OWNE	R OF CABLE SYSTE	M:	S				
Hanit	Vyve Broadband J	, LLC			02877			
	PRIMARY TRANSMITTERS: TELEVISION							
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 station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. 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. 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 identifed.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION				
	KCWC 6.3 (PBS) River	8.1	E-M	Lander, WY				
	KCWC-Create 6.2 Rive	8.2	E-M	Lander, WY				
	KCWY 13 (NBC) Caspe	13.1	N	Casper, WY				
	KCWY 13.2 (CW) Casp	13.2	I-M	Casper, WY				
	KFNB 20 (FOX) Casper	20.1	I	Casper, WY				
	KGWC 14 (CBS) Caspe	14.1	N	Casper, WY				
	KTWO 2 (ABC) Casper	2.1	N	Casper, WY				
	KWYF 26 MeTV/MNT	27	1	Casper, WY				
	KTWO-Cozi 2.2 Casper		I-M	Casper, WY				
	KTWO-ION Plus 2.4	2.4	I-M					
				Casper, WY				
	KCWC-PBS Kids 6.3 Rivert	8.3	E-M	Lander, WY				
	k							

ACCOUNTING PERIOD: 2024/2

FORM SA1-2. P LEGAL NAME OF Vyve Broadk	OWNER OF C		YSTEM:				SYSTEM ID# 028774	Name
	•							
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		
receivable if (1) on the basis of r	it is carried by monitoring, to	the syst be receiv	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s	the system's hea ystem's FM anter	idend, and (2) nna, during ce	it can b rtain sta	e expected, ted intervals.	Primary Transmitters: Radio
Column 1: Id Column 2: Si	lentify the call tate whether t	sign of e he statio	Copyright Office regulations o each station carried. n is AM or FM. nal was electronically processe			-		
signal, indicate t Column 4: G	this by placing ive the statior	a check i's locatio	a mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#		
Name	Vyve Broadband J, LL						028774		
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	During the accounting per				asis anv non	network television progr	am		
Statement and Program Log	broadcast by a distant sta				,,	☐Yes	XNo		
	Note: If your answer is "No log in block 2	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ram		
	 log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS 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 attach additional pages. 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 sta under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio 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 mo 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 accurate 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 require to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to de						g itation ion. or in nonth ately ired		
	effect on October 19, 1976.				WHE	EN SUBSTITUTE	1		
	SI	JBSTITUT	E PROGRAM	1		IAGE 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	I ON DELE HON		
						_			
						_			
						_			
						_			
							·		
			1	1	1.1	1	1		

FORM SA1-2.	PAGE 6.		
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 028774	Name
	· · · · · · · · · · · · · · · · · · ·	020114	
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se	vice	K Gross Receipts
	page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)		
	during the accounting period.	15,454.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amoun	t of gross receipts)	
Instructions • • •	TROYALTY FEE To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions for more information.		L Copyright Royalty Fee
	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-mo accounting period is \$52.00	pul	
	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		
	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)		
	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		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	0	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	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	1. 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 # Not A	vailable	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	formation.	

		FORM SA1-2. PAGE 7					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 028774					
M	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.						
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	11					
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	130					
N Individual to Be Contacted							
for Further Information	Name Marie Censoplano Telephone 914-234-8313 Address Four International Drive, Suite 330						
	(Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip)						
	Email (optional) Fax (optional)						
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, 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; c (Agent of owner other than corporation or partnership; I am the duly authorized agent of the owner of the cable system 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 identifed as owner in line 1 of space B.	of the cable system					
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have 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)] 	erein					
	Handwritten signature: /s/ Daniel J. White						
	Typed or printed name: Daniel J. White						
	Title: SVP - Financial Planning (Title of official position held in corporation or partnership)						
	Date: 2/1/2025						

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 effects 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	SA1-2	PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028774	Hamo
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusion scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmismate by satellite carriers to satellite dish owners?	asic ude sub- 119."	P Special Statement Concerning Gross Receipts Exclusion
XNO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
×	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest of contract the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance 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.	0,	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, list below the owner, address, first community served, ID number, and accounting period as given in the original		
Owner Address		
ID number		
First community served		
Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying info	ormation (PII) requested	I 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 Offce's public indexes and in search reports prepared for the public. The effects 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 filing, a determination that would be made by a court of law.