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					
03/03/2025	\$ ALLOCATION NUMBER				

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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20242 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							
	Cogeco US (Penn), LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	3 Batterymarch Park, Suite 200 (Number, street, rural route, apartment, or suite number)							
	Quincy, MA 02169 (City, town, state, ztp)							
С	<b>INSTRUCTIONS:</b> 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:							
	Cogeco US, LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2   24 Main St.   (Number, street, rural route, apartment, or suite number)							
	Bradford, PA 16701 (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:	2024/2								
riccounting r crious	202-1/2	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name		29232							
	Cogeco US (Penn), LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules:								
_	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single								
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
Served	Table Stage								
	CITY OR TOWN	STATE							
First	Shippenville	PA							
Community	Ashland	PA							
•	Beaver	PA							
Add Davis as Nassassas	Clarion	PA							
Add Rows as Necessary	Elk	PA							
	Knox Borough	PA							
	Limestone	PA							
	Monroe	PA							
	Township of Richland	IFA IPA							
	Paint Clarion Co	PA							
	L	PA							
	Porter Porter	PA							
	Redbank	PA							
	Rockland	PA							
	Salem	PA							
	Township of Richland	PA							

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (Penn), LLC

FORM SA1-2E. PAGE 2.

SYSTEM ID#

29232

Ε

Secondary Transmission Service: Subscribers and 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	454	\$49.99	Entertainment	9	\$89.98
<ul> <li>Service to additional set(s)</li> </ul>					\$134.98
• FM radio (if separate rate)					
Motel, hotel	0				
Commercial	48	\$49.99			
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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$1.99 - 19.99	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$99.00	Burglar protection			
Additional set(s)	\$40.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$40.00		
Converter		Disconnect			
		Outlet relocation	\$40.00		
		Move to new address	\$40.00		

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 29232

Cogeco US (Penn), LLC

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDKA	2	N	PITTSBURGH, PA
WJAC	6	N	JOHNSTOWN, PA
WPCB	9	<u> </u>	GREENSBURG, PA
WPKD	19	<u> </u>	JEANNETTE, PA
WPGH	53	N	PITTSBURGH, PA
WPNT	22	<u> </u>	PITTSBURGH, PA
WPSU	3	<b>E</b>	CLEARFIELD, PA
WPXI	11	N	PITTSBURGH, PA
WQED	13	E	PITTSBURGH, PA
WTAE	4	N	PITTSBURGH, PA
WINP	16	<u> </u>	PITTSBURGH, PA
KDKA-Dabl	2.3	I-M	PITTSBURGH, PA
KDKA-StartTV	2.2	I-M	PITTSBURGH, PA
WINP-Ion	16	<u>l</u>	PITTSBURGH, PA
WPGH-AntTV	8	I-M	PITTSBURGH, PA
WPNT-Comet	22.3	I-M	PITTSBURGH, PA
WPNT-My	22.1	I-M	PITTSBURGH, PA
WPNT-Nest	22.2	I-M	PITTSBURGH, PA
WPXI-Laff	11.3	I-M	PITTSBURGH, PA
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Cogeco US (Penn), LLC

29232

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		L					
		[					
		ļ					
	l						

	1. 2024/2						5001	101105 51055		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·				FORI	SYSTEM ID#		
Name	Cogeco US (Penn), LI		TEM.					29232		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	)G					
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2									
Substitute Carriage:				he general ins	structions in th	ne paper S	A1-2 form.			
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and	broadcast by a distant sta		ui cable systei	il carry, orr a substitute ba	isis, ally florii	ietwork telev	<b>-</b> ' '	X NO		
Program Log	1			blank <b>16</b>	- "**/ "		_YES			
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you n	nust complet	e tne prog	gram		
	log in block 2.  2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs				s wherever po	ossible, if the	ir meanin	g is		
	clear. If you need more sp			l rows to the tables. vision program ("substitute	e program") th	nat during th	e account	ina		
	period, was broadcast by a	a distant sta	tion and that y	our cable system substitut	ted for the pro	ogramming o	f another	station		
	under certain FCC rules, rules not use general category									
	"NBA Basketball: 76ers vs		OVICS OF DASK	ctball. List specific progre	arri titics, for c	zampio, i Li	ove Lucy	OI .		
			·	er "Yes." Otherwise enter '						
		•		casting the substitute progi the community to which th		censed by the	e FCC or,	in		
	the case of Mexican or Ca									
	first. Example: for May 7 g	,	when your sy	stem carried the substitute	e program. Us	se numerals,	with the r	nonth		
	Column 6: State the time	nes when th	•	ogram was carried by you	•			ately		
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m. s	should be			
	·	ter "R" if the	listed prograr	n was substituted for prog	ramming that	your system	was <i>requ</i>	ired		
	to delete under FCC rules was substituted for progra							ogram		
	effect on October 19, 1976	•	your system w	as permitted to delete und	iei roc iules	and regulati	OHS III			
					1000	N OUDOTIT	UTE			
	s	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON					
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	MES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO			
		<b></b>								
							- 			
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Accounting Period:	2024/2			A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Penn), LLC		s	29232				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transm o compute this a	ission service	396				
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 \$263,800  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.							
	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 y accounting period is \$52.00	ou must pay for	this six-mon					
	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 lines 1 and 2	2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)					
	Base amount under statutory formula	263,800.00						
	2. Enter amount of gross receipts from space K	199,896.00						
	3. Subtract line 2 from line 1	63,904.00						
	4. Enter the amount of gross receipts from space K		99,896.00					
	5. Enter the amount from line 3		63,904.00					
	6. Subtract line 5 from line 4		35,992.00					
	7. Multiply line 6 by .005 (enter figure here)			679.96				
	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	· · · · · · · · · · · · · · · · · · ·	\$	679.96				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527,	600)					
	4. Enter the amount of groop respire from appeal.							
	Enter the amount of gross receipts from space K	262 900 00						
	2. Base amount under statutory formula	263,800.00						
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)							
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.							
	FILING FEE AND TOTAL REMITTANCE DUE							
Eiling Form								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	679.96					
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	[	\$	699.96				
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for	-		jhts!				

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Cogeco US (Penn), LLC	CABLE SYSTEM:			SYSTEM ID# 29232
M Channels	_	e cable system's tot	tal numb	s on which the cable system carried television broadcast stater of activated channels during the accounting period.	
	Enter the total number of on which the cable system and nonbroadcast services	carried television b		t stations	195
N Individual to Be Contacted	INDIVIDUAL TO BE CONT. we can contact about this st			RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name <b>Adrian</b>	na Maciejewska	а	Teleph	none <b>617-786-8800</b>
	(Number, str	rymarch Park, reet, rural route, apartme , MA 02169	Suite :	200 e number)	
	Email	legal@breezeline	e.com	Fax (optional)	
O Certification	Owner other that  (Agent of owner of in line 1 of spa  X (Officer or partner in line 1 of spa  I have examined the statem	certify that (Check on a corporation or particle B and that the ower) I am an officer (if ce B.  ent of account and hect to the best of my be (36)]	rtnershi ion or pa rner is no a corpor hereby de knowledg	tified and signed in accordance with Copyright Office regulate by one, of the boxes.)  p) I am the owner of the cable system as identified in line 1 of some artnership) I am the duly authorized agent of the owner of the obta corporation or partnership; or action) or a partner (if a partnership) of the legal entity identified acclare under penalty of law that all statements of fact contained ge, information, and belief, and are made in good faith.  /s/ Sean Brushett  electronic signature on the line above to certify this statement.  acture using an "/s/ signature" (e.g., /s/ John Smith)	space B; or cable system as identified as owner of the cable system
		Typed or printed r	name:	Sean Brushett	
				Operations Officer n held in corporation or partnership)	
		Date:		February 27, 2025	

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ounting Period: 2024/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
geco US (Penn), LLC	29232
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."	P Special Statement Concerning Gross 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 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x 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** 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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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.	
Owner Address	
, 1441 000	
ID number	"
Accounting period	"
Accounting period	1

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