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					
2/14/2025	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

## coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	CCOUNTING 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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	UNITED COMMUNICATIONS ASSOCIATION, INC.								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	PO BOX 117 (Number, street, rural route, apartment, or suite number)								
	DODGE CITY, KS 67801 (City, town, state, zip)								
С	ISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames 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 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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGI					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
	UNITED COMMUNICATIONS ASSOCIATION, INC.	53					
	Instructions: List each separate community served by the cable system. A "community" is t						
D	"a separate and distinct community or municipal entity (including unincorporated commun						
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here						
	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 properties are not as hotels.	parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	CIMARRON	KS					
Community	HANSTON	KS					
Community	COPELAND	KS					
	INGALLS						
Rows as Necessary	MONTEZUMA	KS KS					
	FORD	KS					
	ENSIGN	KS					
	SPEARVILLE	KS					
	ASHLAND	KS					
	JETMORE	KS					
	COLDWATER	KS					
	PROTECTION	KS					
	BUCKLIN	KS					
	DODGE CITY	KS					
	ENGLEWOOD	KS					
	FOWLER	KS					
	LIBERAL	KS					
	PIERCEVILLE	KS					
	SUBLETTE	KS					
	GARDEN CITY	KS					
	WRIGHT	KS					
	MINNEOLA	KS					
	KINSLEY	KS					
	GATE	OK					

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5383

# UNITED COMMUNICATIONS ASSOCIATION, INC.

Ε

Accounting Period: 2024/2

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.

BL	OCK 1		BLOCK	( 2	
CATECORY OF CERVICE	NO. OF	DATE	CATECORY OF CERVICE	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	568	59.00	EXPANDED PACKAGE	455	55.00
Service to additional set(s)			LIFESTYLE +	186	8.00
<ul> <li>FM radio (if separate rate)</li> </ul>			SPORTS +	128	6.00
Motel, hotel			STARZ ENCORE	50	6.00
Commercial			STARZ	18	9.00
Converter			CINEMAX	16	11.00
Residential			SHOWTIME	17	16.00
Non-residential			НВО	22	17.00
		1			

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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel		DVR 100 HRS	5.00	
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	30.00	DVR 200 HRS	8.00	
Fire protection		• Pay cable		DVR 300 HRS	10.00	
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		DVR 400 HRS	12.00	
Installation: Residential		Fire protection		ADDITIONAL STREAM	3.00	
• First set	30.00	<ul> <li>Burglar protection</li> </ul>				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
• FM radio (if separate rate)		Reconnect	30.00			
Converter		Disconnect			)	
		<ul> <li>Outlet relocation</li> </ul>				
		<ul> <li>Move to new address</li> </ul>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
UNITED COMMUNICATIONS ASSOCIATION, INC.

5383

# G

## Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1 CALL SIGN

**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 R'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBSD	6	N	ENSIGN, KS
KSNG	11	N	GARDEN CITY, KS
KUPK	13	N	GARDEN CITY, KS
KSAS	29	N	DODGE CITY, KS
TMUNDO	11-4	N-M	GARDEN CITY, KS

2 TYPE OF STATION

Add Rows as Necessary

A LOCATION OF STATION

SYSTEM ID#

UNITED COMMUNICATIONS ASSOCIATION, INC.

5383

#### 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.

H

**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).

ļ				•	1	,	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
NI/A							
N/A							
						[	
						<b> </b>	
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						ļ	
·							

Accounting Perio						FOF	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#		
Name	UNITED COMMUNICAT	TIONS AS	SOCIATION,	, INC.			5383		
					_				
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LO	G				
<b>I</b>	In General: In space I, identi								
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television processing and the accounting period.								
Program Log	broadcast by a distant stat	ion?				YES	× NO		
	Note: If your answer is "No,	" leave the i	rest of this nad	e blank. If your answer is	"Yes " vou m	ust complete the progra	ım		
	•	icave the	rest of this pag	c blank. If your answer is	103, you iii	ust complete the progra			
	log in block 2.  2. LOG OF SUBSTITUTE	DDOCDA	MC						
	In General: List each subst			te line. I lee abbreviations	wherever no	ssible if their meaning is	6		
	clear. If you need more spa		•		wherever pos	ssible, if their meaning is	3		
	Column 1: Give the title				program") tha	at, during the accounting	q		
	period, was broadcast by a								
	under certain FCC rules, reg								
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progra	m titles, for ex	cample, "I Love Lucy" or	•		
	Column 2: If the program		lcast live enter	"Yes " Otherwise enter "	No "				
	Column 3: Give the call s								
	Column 4: Give the broa					ensed by the FCC or, in			
	the case of Mexican or Can								
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	e numerals, with the mo	nth		
	first. Example: for May 7 giv  Column 6: State the time		substitute pro-	gram was carried by your	aabla ayatam	List the times accurate	oly.		
	to the nearest five minutes.				•		ыу		
	stated as "6:00–6:30 p.m."	<u> глаттріс.</u> а	program came	od by a system nom o.or	. 10 p.111. to 0.2	zo.oo p.m. snodid be			
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that y	your system was <i>require</i>	ed		
	to delete under FCC rules a						ram		
	was substituted for program	ming that y	our system wa	s permitted to delete und	er FCC rules a	and regulations in			
	effect on October 19, 1976.								
					П мн	EN SUBSTITUTE			
	S	UBSTITUT	E PROGRAM			RIAGE OCCURRED	7. REASON FOR		
			3. STATION'S		5. MONTH		DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM — TO			
						_			
					·		""		
						_			
						_			

<b>Accounting Period:</b>	2024/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: UNITED COMMUNICATIONS ASSOCIATION, INC.			SYSTEM ID 538
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as 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 se on of how t	econdary transmi to compute this a	ission service
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 that	an \$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 royalty accounting period is \$52.00.	/ fee that yo	ou 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			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)
	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			_
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3 800 (but	less than \$527	600)
		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1. Enter the amount of gross receipts from space K		407,036.00	
	2. Base amount under statutory formula		263,800.00	
	3. Subtract line 2 from line 1			4 400 00
	4. Multiply line 3 by .01			1,432.36
	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 4	, 5, and 6 .		\$ 2,751.36
	FILING FEE AND TOTAL REMITTANCE DU	JE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		. \$	2,751.36
Due	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			\$ 2,771.36
	EFT Trace # or TRANSACTION ID #	27	'LM580F	
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the			

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MUNICATIONS ASSOCIATIONS	ION, INC.			SYSTEM ID#
M Channels	to its subscriber  1. Enter the total system carried  2. Enter the total on which the o	rs, and (2) the cable system's fall number of channels on which television broadcast stations all number of activated channels cable system carried television	total numb th the cable		accounting period.	144
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun		RMATION IS NEEDED (Identify an in	dividual	
for Further Information	Name	TODD HOUSEMAN			Telephone 6	320-227-8645
in o maion	Address	P BOX 117 (Number, street, rural route, apartr  DODGE CITY, KS 67 (City, town, state, zip)		e number)		
	Email	toddh@unitedte	elcom.net		Fax (optional) 620-855-4016	
	CERTIFICATION	(This statement of account m	ust be cert	rtified and signed in accordance with	Copyright Office regulations)	
O Certification	(Owned) (Agentin) (Agentin) (Official) (I have examined)	t of owner other than corporation 1 of space B and that the owner or partner) I am an officer (if line 1 of space B.  If the statement of account and here, and correct to the best of my	artnership)  Ition or par  wner is not  f a corporat	y one, of the boxes.)  The the owner of the cable system as the restriction or partnership; or a partner (if a partnership) of the slare under penalty of law that all statemer, information, and belief, and are made	ent of the owner of the cable sys e legal entity identified as owne	tem as identified
			Enter an el	/s/Todd Houseman electronic signature on the line above to electronic signature on the line above to electronic signature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed  Title:	Genera	Todd Houseman		
		(Title of o	niiciai positior	on held in corporation or partnership)	2/14/2025	

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ITED COMMUNICATIONS ASSOCIATION, INC.	5383
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
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.	Receipts Exclusion
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 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
×	
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	
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@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	
ID number	
First community served Accounting period	

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