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

1

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	•	,		\$	For additional information, contact the U.S. Copyright
General instru			01/16/2018		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this	WORKDOOK		ALLOCATION NUMBER	
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	/YY/(Period))	
		2017/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	diary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	h the owner conducts the business of t	he cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should ting period.	submit a
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	3
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		SJOBERGS CABLEVISION INC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		315 MAIN AVE N (Number, street, rural route, apartment, or suite n	umber)		
		THIEF RIVER FALLS, MN 5 (City, town, state, zip)			
С		s already appear in space B. In line		ntify the business and operation of the e system, if different from the addres	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	SJOBERGS CABLEVISION INC	
D	"a separate and distinct community or municipal entity (including uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first communit as the "first community." Please use it as the first community on all futu	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BAUDETTE	MN
Community		
Add Bowe as Nocossan		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	
Name	SJOBERGS CABLEVIS								
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Bot	•					,		
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serv			• • •				charged	
	<b>Rate:</b> Give the standard rate of							ge and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					0,	•		
	first set" and would be counted of								
	Block 2: If your cable system	•							
	printed in block 1 (for example, the number of subscribers								
	with the number of subscribers a sufficient.	and rates, in th	e ngni-	Hand DIOCK. A t	wo- or three	ee-word descript	ion of the s	Service is	
		OCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		075						
	Service to first set		675	64.92/MO					
	Service to additional set(s)	N/C							
	• FM radio (if separate rate)	N/A							
	Motel, hotel		14	64.92/MO					
	Commercial		12	64.92/MO					
	Converter	N/A							
	Residential	N/A							
	Non-residential	N/A							
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s				
-	In General: Space F calls for ra	te (not subscril	ber) infe	ormation with re	espect to a	all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There a	•			•		• • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuun	y blied. If dify it				ogram basis,	
ransmissions:	Block 1: Give the standard ra		the cab	le system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a				ished. List	t these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the r	rate for each.					
		BLO				-		BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	sidential				
	• Pay cable	11.00/MO		otel, hotel		T+M			
	• Pay cable—add'l channel	N/A		mmercial		25.00			
	Fire protection	N/A		y cable		10.00			
	- Duralar protoction	N/A		y cable-add'l ch	nannel	10.00			
	•Burglar protection		• Fir	e protection		N/A			
	Installation: Residential		_			N/A			
	Installation: Residential • First set	25.00		rglar protection		174			
	Installation: Residential • First set • Additional set(s)		Other	services:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	35.00	Other • Re	services: connect		N/C			
	Installation: Residential • First set • Additional set(s)		Other • Re	services:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	35.00	Other • Re • Dis	services: connect		N/C			

ting Period:	2017/2			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	SJOBERGS CABLEV	ISION INC		3
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary ismitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1</b> : List each statio multicast stream associate "WETA-2" as the same on <b>Column 2</b> : Give the chanr of license. For example, V <b>Column 3</b> : Indicate in each educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4</b> : Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program d both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepi- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
		2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
	KXJB	4	N	FARGO/VALLEY CITY, ND
	CBWT	5	<b>I</b>	WINNIPEG, MANITOBA
as Necessary	WDAZ	8	N	GRAND FORKS, ND
	KAWE	9	<b>I</b>	BEMIDJI, MN
	ктні	11	Ν	FARGO, ND
	КСРМ	21	I	GRAND FORKS, ND
	KNRR	17	I	PEMBINA, ND

LEGAL NAME OF								SYSTEM
	every radio s	station ca	rried on a separate and discre					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	od: 2017/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	SJOBERGS CABLEVI	SION INC						3
	SUBSTITUTE CARRIAG				)G			
I						tion that you	r ophlo ovo	tom carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				asis any noni	network telev	ision nroa	ram
Statement and				in ourry, on a substitute be	abio, any norm			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		oonood by th	ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day	when your sy	stem carried the substitut	e program. U	se numerals	, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syster	n was requ	ired
	to delete under FCC rules							
	was substituted for program							09.0
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5		E PROGRAM			AGE OCCL 6. TI		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
					┨		-	
						_	-	
					]		_	
					┨┟			
					] [		-	
						_	_	
							-	·
						_	-	
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							-	

Accounting Period:	2017/2		FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
Name	SJOBERGS CABLEVISION INC			3
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 to compute this a	ission service amount, see \$2!	
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 but less th Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	263,800	
	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			
	Line 1. Royalty fee for accounting period         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			
	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 m			
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K \$	252,519.17		
	3. Subtract line 2 from line 1	11,280.83		
	4. Enter the amount of gross receipts from space K		252,519.17	
	5. Enter the amount from line 3		11,280.83	
	6. Subtract line 5 from line 4		241,238.34	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,206.19
	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		\$	1,206.19
	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			
	Multiply line 5 by .01     S. 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			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			<u> </u>
	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)	\$	1,206.19	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,226.19
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 3
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations	7 170
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Richard J Sjoberg       Telephone       218-	681-3044
Information	Address     315 Main Ave N (Number, street, rural route, apartment, or suite number)       Thief River Falls, MN 56701 (City, town, state, zip)	
O Certification	Email       rsjoberg@mncable.net       Fax (optional) 218-681-6801         CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 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; or         • (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 identified as owner of in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X       /s/ Richard J Sjoberg         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Richard J Sjoberg         Title:       President	
	Title:     President       (Title of official position held in corporation or partnership)       Date:	

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	17/2			
AL NAME OF OWNE	R OF CABLE SYSTEM:			SYSTEM ID
DBERGS CABL	EVISION INC			
The Satellite Hon lowing sentence: "In determ service of scribers a	ATEMENT CONCERNING GROSS RECEIF ne Viewer Act of 1988 amended Title 17, section 111 nining the total number of subscribers and the gross providing secondary transmissions of primary broad and amounts collected from subscribers receiving sec	(d)(1)(A), of the Cop amounts paid to the o cast transmitters, the condary transmission	ryright Act by adding the fol- cable system for the basic e system shall not include su s pursuant to section 119."	P
located in the paper			-	
made by satellite	nting period, did the cable system exclude any amou carriers to satellite dish owners?	ints of gross receipts	for secondary transmission	s
X NO	ne total here and list the satellite carrier(s) below	\$		_
		······································		
Name Mailing Address		ame ailing Address		
	I			
INTEREST AS	SESSMENT			
	te this worksheet for those royalty payments submitt			nt. Q
	ete this worksheet for those royalty payments submitt on of interest assessment, see page (viii) of the gene			Q
For an explanation		ral instructions locate		Q
For an explanation	on of interest assessment, see page (viii) of the gene	ral instructions locate		Q
For an explanation	on of interest assessment, see page (viii) of the gene amount of late payment or underpayment	ral instructions locate	ed in the paper SA1-2 form.	Q
For an explanation	on of interest assessment, see page (viii) of the gene	ral instructions locate	ed in the paper SA1-2 form.	Interest Assessment
For an explanation	on of interest assessment, see page (viii) of the gene amount of late payment or underpayment	ral instructions locate	ed in the paper SA1-2 form.	nt. Q Interest Assessment _ ays
For an explanation	on of interest assessment, see page (viii) of the gene amount of late payment or underpayment	ral instructions locate	ed in the paper SA1-2 form.	Interest Assessment
For an explanation	amount of late payment or underpayment	ral instructions locate	ed in the paper SA1-2 form.	Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I	amount of late payment or underpayment	ral instructions locate	ed in the paper SA1-2 form.	Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I Line 4 Multiply I	amount of late payment or underpayment	ral instructions locate	ed in the paper SA1-2 form.  xd xd x 0.00274 \$	Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I Line 4 Multiply I	amount of late payment or underpayment	ral instructions locate	x d x d x 0.00274	Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I Line 4 Multiply I in space I * To view the	amount of late payment or underpayment	ral instructions locate	x d x d x d x 0.00274 \$ (interest charge)	Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I Line 4 Multiply I in space I * To view the contact the	amount of late payment or underpayment	ral instructions locate	xd xd x 0.00274 \$ (interest charge) For further assistance pleas	Interest Assessment
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For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I Line 4 Multiply I in space I * To view the contact the ** This is the NOTE: If you are	amount of late payment or underpayment	ral instructions locate	x d x d x d x 0.00274 \$ (interest charge) For further assistance pleas / late. o the Copyright Office, pleas	Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I Line 4 Multiply I in space I * To view the contact the ** This is the NOTE: If you are	amount of late payment or underpayment	ral instructions locate	x d x d x d x 0.00274 \$ (interest charge) For further assistance pleas / late. o the Copyright Office, pleas	Interest Assessment
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For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I Line 4 Multiply I Line 4 Multiply I in space I * To view the contact the ** This is the NOTE: If you are list below the own Owner Address	amount of late payment or underpayment	ral instructions locate	x d x d x d x 0.00274 \$ (interest charge) For further assistance pleas / late. o the Copyright Office, pleas	Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I Line 4 Multiply I Line 4 Multiply I in space I * To view the contact the ** This is the NOTE: If you are list below the own Owner Address	amount of late payment or underpayment	ral instructions locate	x d x d x d x 0.00274 \$ (interest charge) For further assistance pleas / late. o the Copyright Office, pleas	Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I Line 4 Multiply I Line 4 Multiply I in space I * To view the contact the ** This is the NOTE: If you are list below the own Owner Address	amount of late payment or underpayment	ral instructions locate	x d x d x d x 0.00274 \$ (interest charge) For further assistance pleas / late. o the Copyright Office, pleas	Interest Assessment

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