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

by email to:

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste General instru in the first tab	ctions	are located	01/29/2018	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO		BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		2017/2	Barcode Data Filing Period (optional		
В		Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent of		idiary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	ch the owner conducts the business of t	he cable system.	
		If there were different owners during the single statement of account and royalty f Check here if this is the system's first filin	ee payment covering the entire account		submit a
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
		Sac County Mutual Telephone Com BUSINESS NAME(S) OF OWNER O)	
		Arthur CATV		·	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		108 S Maple St (Number, street, rural route, apartment, or suite	number)		
		Odebolt, IA 51458 (City, town, state, zip)	,		
	INSTR		ness or trade names used to ider	ntify the business and operation of the	e system unless these
С		s already appear in space B. In line		e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTE	М:		
	2	(Number, street, rural route, apartment, or suite	number)		

FOR COPYRIGHT OFFICE USE ONLY

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.

(City, town, state, zip code)

Name Sac County Mutual Telephone Company Instructions: List each separate community served by the cable system. A "community" is the sa "a separate and distinct community or municipal entity (including unincorporated community of discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks is identified city. First CITY OR TOWN Add Rows as Necessary Instruction Add Rows as Necessary Instruction	within unincorporated areas and including single, e as a form of system identification hereafter knowr
D Instructions: List each separate community served by the cable system. A "community" is the sa "a separate and distinct community or municipal entity (including unincorporated communities or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks identified city. First CITY OR TOWN Area Mirst Arthur	within unincorporated areas and including single, e as a form of system identification hereafter knowr
Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks is identified city. First CITY OR TOWN Arthur	should be reported in parentheses below the
First Community	
First Community	
Community	STATE IA
	IA.
Add Rows as Necessary	

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Sac County Mutual Tele	ephone Con	npany						3061
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	-		-		•			
	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						those exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	number c	of persons or org	ganizations	s charged	
	separately for the particular serv							as and the	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				iny stanua		is within a		
	Block 1: In the left-hand block				ries of sec	ondary 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				••		•		
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system	0			()	service that are	e different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	vo- or thre	e-word descript	ion of the	service is	
	sufficient.	OCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
			246	EC 45					
	Service to first set		216	56.45					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		s				
_	In General: Space F calls for ra	-			-	Ill your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t	hose services	that are	not offered in	combinatio	on with any seco	ondary trar	nsmission	
. .	service for a single fee. There and								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If ally to		larged on a van	able pei-p	lografii basis,	
ransmissions:	Block 1: Give the standard ra		he cable	system for ea	ch of the	applicable servi	ces listed.		
Rates	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						BLOCK 2	
		1							
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	RATE	CATEG Installa	tion: Non-res		RATE	CATEG	JRT OF SERVICE	RAT
	Continuing Services: • Pay cable	RATE 12.95	CATEG Installa • Mote	tion: Non-res			CATEG	JRT OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mote • Con	tion: Non-res el, hotel nmercial		RATE 30.00	CATEG	JRT OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 12.95	CATEG Installa • Mote • Con • Pay	tion: Non-res el, hotel nmercial cable	idential		CATEG	ORT OF SERVICE	RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 12.95	CATEG Installa • Mote • Con • Pay • Pay	tion: Non-res el, hotel mercial cable cable-add'l ch	idential		CATEGO	JRT OF SERVICE	RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 12.95 16.95	CATEG Installa • Mote • Con • Pay • Pay • Fire	tion: Non-res el, hotel mercial cable cable-add'l ch protection	idential		CATEG		RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 12.95	CATEG Installa • Motr • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential				RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 12.95 16.95	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	idential	30.00			RAT
	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)	RATE 12.95 16.95	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burq Other s • Rec	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	idential				RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 12.95 16.95	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect connect	idential	30.00			RAT
	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)	RATE 12.95 16.95	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	idential annel	30.00			RAT

Accounting Period:	2017/2			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#					
	Sac County Mutual Te			30618					
G Primary Transmitters: Television	 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, <i>except</i> (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 (refring 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. <i>Do not</i> 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, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network), 'N-N'' (for network), 'T-N'' (for independent), 'I-M'' (for independent, 'I-M'' (for independent, 'I-M'' (for independent, 'I-M'' (for independent), 'I-M'' (for independent multicast). For the meaning of these terms, see page (v) of								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	κτιν	4	N	SIOUX CITY					
	КРТН	5	N	SIOUX CITY					
Add Rows as Necessary	KCAU	9	Ν	SIOUX CITY					
	KMEG	23	N	SIOUX CITY					
	IPTV	24	N	SIOUX CITY					

EGAL NAME OF								SYSTEM I 306
	every radio s	station ca	rried on a separate and discre					Н
eceivable if (1) on the basis of i for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, 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 of mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5.5		S. LE DIGIT		5,6		
						·		
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Sac County Mutual Te	lephone	Company					30618
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				are general in			
Special	During the accounting per				isis. anv noni	network tel	evision proa	ram
Statement and Program Log	broadcast by a distant sta	-	,			Γ	YES	× NO
Frogram Log	-			an blank K	- "Maa"	L		
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer is	s res, you	must comp	lete the prot	gram
	log in block 2. 2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa					hot during	the eccever	tina
	period, was broadcast by a			vision program ("substitute our cable system substitu				
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for fur	ther informa	ation.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live. ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi	ve "5/7."						
	Column 6: State the tim to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a piografii cai		1. 15 p.m. to t	0.20.00 p.m		
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	•	your system w			s and regul		
			E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	"
								"
								"
								"
							_	
							_	
								"
							_	
							_	
								1

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Sac County Mutual Telephone Company		30618
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	2,207.37 ss receipts)
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 than or equal to \$2 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.	63,800	
	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 you must pay for t accounting period is \$52.00	his six-mon	
	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 \$137,1	· · · · · · · · · · · · · · · · · · ·	
	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 \$ 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)	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sac County Mutual Telephone Company	SYSTEM ID# 30618
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 2. Enter the total number of activated channels on value of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	5 59
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 Melissa Pierce Telephone	712-668-2200
Information	Name Melissa Pierce Telephone Address 108 S Maple St, PO Box 488 (Number, street, rural route, apartment, or suite number) Image: Comparison of the suite number of the s	712-000-2200
	Odebolt, IA 51458 (City, town, state, zip) Email scmtco@netins.net Fax (optional) 712-668-210	0
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow 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 hereii 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)] 	system as identified
	X /s/Ronald Sorensen 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: Ronald Sorensen Title: Manager (Title of official position held in corporation or partnership)	
	Date: 01/29/2018	

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unting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
County Mutual Telephone Company	3061
 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." 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 Assessmen
x	_
Line 2. Multiply line 1 by the interest rate* and enter the sum here	-
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	-
x	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	-
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td></td>	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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