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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	8/29/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20181 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.	040673
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
	INIOTO		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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 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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	040673
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.	nobile home parks should be reported in parentheses below the
_	CITY OR TOWN RIFLE	STATE
First Community	(RIFLE CORR)	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							04067
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						nose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standar	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	bers. C	Give the numbe	er of subsc	ribers and rate f	or each list	ed category	
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					I in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.							0	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		23	39.33					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN		SIONS: RATE	s				
-	In General: Space F calls for rat	-			-	l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar	•			•		• • •		
Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		louuny	billou. If uny fe				gram baolo,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other serv	lices in the	form of a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER		RATE		BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res		NATE	CATEGO	DRT OF SERVICE	NATE
	• Pay cable	_		tel, hotel					
	• Pay cable—add'l channel	_		nmercial					
	• Fire protection			/ cable					
	•Burglar protection			/ cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	_		glar protection					
	Additional set(s)			services:					
		-		connect					
	 FM radio (if separate rate) Converter 					-			
	- Converter			connect					
			• Out	tlet relocation		-			
				ve to new addr					

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			8YSTEM ID# 040673
	CEQUEL COMMUNICA			
G Primary nsmitters: elevision	In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: a in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p is with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBDI-PBS	12	E	DENVER, CO
	KCEC-UNV	14	l	DENVER, CO
ws as Necessary	KCNC-CBS	4	Ν	DENVER, CO
ows as Necessary	_ I	L		
	KDVR-FOX	31	<u> </u>	DENVER, CO
	KDVR-FOX KMGH-ABC	31 7		
			I N N	DENVER, CO
	KMGH-ABC	7		DENVER, CO DENVER, CO
	KMGH-ABC	7		DENVER, CO DENVER, CO
	KMGH-ABC	7		DENVER, CO DENVER, CO
	KMGH-ABC	7		DENVER, CO DENVER, CO
	KMGH-ABC	7		DENVER, CO DENVER, CO
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	KMGH-ABC	7		DENVER, CO DENVER, CO
	KMGH-ABC	7		DENVER, CO DENVER, CO
	KMGH-ABC	7		DENVER, CO DENVER, CO
	KMGH-ABC	7		DENVER, CO DENVER, CO

EGAL NAME OF								SYSTEM I 0406
	every radio s	station ca	arried on a separate and discrune of the second sec					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	rning Al y the sys be recein at the Co sign of of the static ion's sig g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office r t the system's he system's FM ante his point, see pa ed by the cable s he station is licen	egulations, ar adend, and (2 mna, during c ge (v) of the g system as a se sed by the FC	n FM sig () it can ertain st eneral in eparate	nal is generally 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	
OALL SIGN		3/0	LOCATION OF STATION	UALL SIGN		5/0	LOCATION OF STATION	

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					040673
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	fy every noi	nnetwork televis	sion program, broadcast by	a distant stati	ion, that your	cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	norizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	s, any nonnet	twork television	- · ·	
Program Log	broadcast by a distant star	tion?					YES	X NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete t	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their I	meaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute p	program") tha	t, during the a	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of a	nother stat	tion
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	information	۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies of daske	toall. List specific program	i titles, for exa	ampie, i Love	e Lucy or	
			dcast live, ente	r "Yes." Otherwise enter "N	0."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the community with which the			-CC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute p	program. Use	numerals, wi	ith the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		i program carn		0 p.m. to 0.2	0.00 p.m. 3nd		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa	s permitted to delete under		nu regulation	15 11 1	
	s	UBSTITUT	E PROGRAM	I		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S		5. MONTH	6. TIN		DELETION
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- то	
							-	
							-	
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						_	-	
							_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 040673
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 5,386.98
Copyright	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 • 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.	\$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 you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross 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	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 informat		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 040673
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 which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	6 24
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
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 B; (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 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)] K /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	stem as identified
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 08/18/2018	

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unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0406
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 flowing 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 scribers 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?	c Special Statemen 9." Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name 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 or an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	m. Q
	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q
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