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

			Return completed workbook			
STATEME		FOR COPYRIGH	by email to:			
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov		
	ms (Short Form)		\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
	of this workbook	8-26-21	ALLOCATION NUMBER			
]		
Α	ACCOUNTING PERIOD COVERED B	BY THIS STATEMENT: (YY	YY/(Period))			
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	20211	Barcode Data Filing Period (optional	- see instructions)			
Accounting Period						
В	Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo	-	liary of another corporation, give the full corpo	orate title of		
Owner	List any other name or names under which	the owner conducts the business of th	e cable system.			
	If there were different owners during the a statement of account and royalty fee paym		ne last day of the accounting period should sub iod.	mit a single		
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	21026		

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CABLE ONE, INC. d/b/a SPARKLIGHT
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)
		PHOENIX, AZ 85012
		(City, town, state, zip)
		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a lineady appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	4	IDENTIFICATION OF CABLE SYSTEM:
	1	SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
		3759 OLD STERLINGTON RD (Number, street, rural route, apartment, or suite number)
		MONROE, LA 71203 (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 sufficiency of the fling, a determination that would be made by a court of law.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	2102
D	Instructions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including unincorpor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	"community" is the same as a "community unit" as defined in FCC rules: "a rated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "firs
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, c city.	or mobile home parks should be reported in parentheses below the identifie
	CITY OR TOWN	STATE
First Community	CALHOUN	LA
Community		
ld Rows as Necessary		
a nons as necessary		

									TEM ID
Name									
	CABLE ONE, INC. d/b/a SPARKLIGHT								
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s			-		•			
	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								
Secondary							those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n			0 / 1					
	separately for the particular serv							-	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· · ·		,	ny standa	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmi	ssion servi	ice that cable	
	systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca					I in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that ar	different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a					,	,,	, 0	
	sufficient.		0			•			
	BLC	DCK 1					BLOCK		r
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		15	\$42.00					
	 Service to additional set(s) 			······					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	1				
-	In General: Space F calls for rate					ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
a .	service for a single fee. There a		,		0		0.	/	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary			usualiy	billed. If any fa		larged on a var	able bei-b	logialii basis,	
Fransmissions:	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.								
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							e form of a	
	brief (two- or three-word) description and include the rate for each.								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-resi	dential				
	• Pay cable	\$19.00	• Mo	tel, hotel			EXPAN	IDED BASIC	52.5
	 Pay cable—add'l channel 		• Co	mmercial					
	Fire protection		• Pa	y cable					
	 Burglar protection 		• Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	\$30.00	• Bui	rglar protection					
	 Additional set(s) 		Other	services:					
	• FM radio (if separate rate)		• Re	connect		\$90.00			
	• Converter		• Dis	connect					
			• Ou	tlet relocation					
			• Mo	ve to new addre	ess	\$30.00			

nting Period: 2	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O			SYSTEM ID#
	CABLE ONE, INC. d/l			21026
G Primary ansmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, id- carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by ente (for independent multicast)	TELEVISION entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. So With respect to any distant stations car ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the-	1) stations carried only on a part-tin e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also ee page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repo- ision station for broadcasting over ation, an independent station, or a prinetwork multicast), "I" (for indepen- "E-M" (for noncommercial education	evision stations) me basis under ms [sections ions carried on a sstitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M"
	Column 4: Give the location	2. B'CAST CHANNEL NUMBER	he community to which the station	5
			3. TYPE OF STATION	
	KARD	19	<u> </u>	WEST MONROE, LA
	KLTM	13	E	MONROE, LA
ws as Necessary	KNOE	8	N	MONROE, LA
	KTVE	27	N	EL DORADO, AR
		22	1	
	КМСТ		I	WEST MONROE, LA
	KMCT KNOE-2	8	N	WEST MONROE, LA MONROE, LA
			I	·····
	KNOE-2	8	I	MONROE, LA
	KNOE-2	8	I	MONROE, LA
	KNOE-2	8		MONROE, LA
	KNOE-2	8		MONROE, LA

CABLE ONE	OWNER OF							SYSTEM II 210
	,							210
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio state this by placing	y the sys be recein to the Co sign of e the static ion's sign g a check	Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically processe k mark in the "S/D" column. on (the community to which the	the system's he system's FM anten his point, see page ed by the cable s	adend, and (2 nna, during ce ge (v) of the ge ystem as a se) it can t ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
		-	the community with which the		, 			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/1						FO	RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	CABLE ONE, INC. d/b/	a SPARKI	LIGHT					21026		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG						
∎ Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried c substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth 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:										
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and	broadcast by a distant sta			ourly, on a substitute basi	io, any nonne					
Program Log	,						YES	NO		
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	"Yes," you mu	ust comple	ete the progra	am		
	log in block 2. 2. LOG OF SUBSTITUTE		MC							
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if th	eir meaning	is		
	clear. If you need more spa				millioror or poe	.0.010, 11 11	on mouning			
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute	program") tha	it, during t	he accountin	g		
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor									
		n was broad		r "Yes." Otherwise enter "N			-			
		0		isting the substitute progra			- 500 :			
	the case of Mexican or Can			ne community to which the community with which the			ie FCC or, in	1		
	Column 5: Give the mor	nth and day		tem carried the substitute			, with the mo	onth		
	first. Example: for May 7 giv									
	to the nearest five minutes.			gram was carried by your (ed by a system from 6:01::				ely		
	stated as "6:00–6:30 p.m."	Example. d	i program oam		10 p.m. to 0.2	.0.00 p.m.				
				was substituted for progra						
	to delete under FCC rules a			iring the accounting period				gram		
		omina that v	our evetom wa	s permitted to delete unde	r ECC rules a	and require	tione in			
	effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	ind regula	tions in			
	effect on October 19, 1976.			·	WHE		TITUTE	7 REASON FOR		
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES	7. REASON FOR DELETION		
	effect on October 19, 1976.		E PROGRAM	·	WHE CARRI	IN SUBS	TITUTE CURRED			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITUTE CURRED TIMES			

Accounting Period:	2021/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	CABLE ONE, INC. d/b/a SPARKLIGHT		21026
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ential amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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	4,836.25
	COPYRIGHT ROYALTY FEE		
L 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 th accounting period is \$52.00	is 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 \$137,1	00)	
	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	<u>.</u>	
	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 informati		nts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		INER OF CABLE SYSTEM: C. d/b/a SPARKLIGHT				SYSTEM ID# 21026
M Channels	to its subscribers,	• • • •	total numl	ls on which the cable system carried t ber of activated channels during the a le		7
	system carried	television broadcast station	IS			1
	on which the ca	number of activated channe able system carried televisio ast services	on broadca			39
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou		DRMATION IS NEEDED (Identify an in	dividual to whom	
for Further	Name	EMERSON YEARWO	OD		Telephone	602-364-6195
Information		210 E. EARLL DRIVE Number, street, rural route, apartr		te number)		
		PHOENIX, AZ 85012				
	Email	City, town, state, zip)	ARWOOI	D@CABLEONE.BIZ	Fax (optional 602-364-60	13
	CERTIFICATION (T	his statement of account mu	ust be cer	tified and signed in accordance with C	opyright Office regulations)	
O Certification	• I, the undersigned,	hereby certify that (Check or	ne, <i>but onl</i>	ly one , of the boxes.)		
			-	p) I am the owner of the cable system a		
	in	line 1 of space B and that the	e owner is	artnership) I am the duly authorized age not a corporation or partnership; or ation) or a partner (if a partnership) of th		-
		line 1 of space B.				
		, and correct to the best of m		clare under penalty of law that all statem ge, information, and belief, and are mad		
			Х	/s/ RAYMOND STORCK		
				electronic signature on the line above to c nature using an "/s/ signature" (e.g., /s/ J	,	
		Typed or printed	I name:	RAYMOND STORCK		
		Title: (Tit		PRESIDENT position held in corporation or partnership)		
		Date:			August 27, 2021	

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unting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
BLE ONE, INC. d/b/a SPARKLIGHT	21026
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	-
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@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
	1

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