THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015 If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

SA3 Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

DATE RECEIVED	AMOUNT
3/1/23	\$
3/1/23	ALLOCATION NUMBER

Return to: Library of Congress Copyright Office-LS 101 Independence Avenue SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page it of the general instructions.

Α	ACCOUNTING PERIOD CO	VERED BY THIS STATEMENT: (Check one o	of the boxes and fill in the year date.)						
Accounting Period	January 1–June 30	■ July 1–Dece ear)	ember 31 2022 (Year)						
B Owner	corporate title of the subsidiary, in line 2, list any other names if there were different owners a single statement of account an Check here if this is the syst	wher of the cable system in line 1. If the owner is a snot that of the parent corporation. under which the owner conducts the business of the during the accounting period, only the owner on the addroyalty fee payment covering the entire accounting term's first filing. If not, enter the system's ID number and ID n	ne cable system. last day of the accounting period should submit g period.						
	1 LEGAL NAME OF OWNE Atlantic Telephone Men		3253						
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
	3 MAILING ADDRESS OF OPEN STREET, rural route, aparton Shallotte, North Carolini (City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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: ATMC								
	MAILING ADDRESS OF PO Box 3198 (Number, street, rural route, apartr Shallotte, North Carolin (City, town, state, zip code)	ment, or suite number)							
D Area	Instructions: For complete space all communities.	e D instructions, see page 1b. Identify only the first co	mmunity served below and relist on page 1b with						
Served	CITY OR TOWN	7. 2 200	STATE						
First >	Shallotte		IC						
Community	Below is a sample for reporting co	ommunities if you report multiple channel line-ups in	Space G.						
	CITY OR TOWN (SAMPLE)		STATE CH LINE UP SUB GRP#						
Sample >	Aliano		MD A 1 MD B 2						
	Alliance		MD B 3						

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 filling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				Name				
Atlantic Telephone Membership Corporation		3:	253	Name				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.								
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.								
If all communities receive the same complement of television broadcast stations all communities with the channel line-up "A" in the appropriate column below on a partially distant or partially permitted basis in the DSE Schedule, associate designated by a number (based on your reporting from Part 9).	or leave the co	lumn blank. If you	report any stations					
When reporting the carriage of television broadcast stations on a community-by channel line-up designated by an alpha-letter(s) (based on your Space G reporti (based on your reporting from Part 9 of the DSE Schedule) in the appropriate col	ng) and a subs	asis, associate eac scriber group desi	th community with a gnated by a number					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
SHALLOTTE	NC	Α	1	⋖ First				
BOLIVIA	NC	Α	1	Community				
BRICKLANDING	NC	Α	1					
CALABASH	NC	Α	1					
CAROLINA SHORES	NC	Α	1					
HOLDEN BEACH	NC	Α	1					
OCEAN ISLE BEACH	NC	A	1					
SUNSET BEACH	NC	A	1					
SUNSET HARBOR	NC	Δ	1					
VARNAMTOWN	NC	Δ	1					
TOWN OF LELAND	NC	Δ	1					
UNINCORPORATED BRUNSWICK COUTY	NC	Δ	1					
TABOR CITY	NC	Δ	1					
WHITEVILLE	NC	Δ	1					
UNINCORPORATED COLUMBUS COUNTY	NC	Λ	1					
ST JAMES	NC		4					
OAK ISLAND	NC	^	4					
OAN ISLAND								
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Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Atlantic Telephone Membership Corporation 3253

E

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.

BLOCK	(1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential: Service to first set Service to additional set(s)	25,378	\$36.75				
•FM radio (if separate rate) Motel, hotel						
Commercial Converter • Residential						
Non-residential						

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: • Pay cable	\$6.50	Installation: Non-residential • Motel, hotel	\$80.00		
·Pay cable—add'l channel	\$6.50	Commercial	\$80.00		
 Fire protection 		•Pay cable			
Burglar protection		 Pay cable—add'l channel 			
Installation: Residential	\$80.00	• Fire protection			
First set	\$60.00	·Burglar protection		• • • • • • • • • • • • • • • • • • • •	
Additional set(s)FM radio (if separate rate)		Other services: •Reconnect	\$20.00		,
 Converter 		Disconnect			
		Outlet relocation	\$90.00		,
		Move to new address	\$20.00		

FORM SA3. PAGE	3.									
LEGAL NAME OF OW	NER OF CABLE SYSTEM	1:	(a a a a a a a a a a a a a a a a a a a			Name				
Atlantic Teleph	Atlantic Telephone Membership Corporation 3253 PRIMARY TRANSMITTERS: TELEVISION									
In General: In a carried by your FCC rules and 76.59(d)(2) and substitute prog Substitute E basis under sp Do not list the station was List the station basis. For fu Column 1: Leach multicast stream as WETA-simulcast Column 2: Gits community on which your	space G, identify cable system during regulations in ef (4), 76.61(e)(2) agram basis, as exassis Stations: Wecific FCC rules, ne station here incarried only on a on here, and also orther information ist each station's stream associat "WETA-2". Simust). Give the channel of license. For exable system call	every television uring the accounting the accountifect on June 24 and (4), or 76.63 eplained in the new thin respect to an regulations, or an space G—but substitute basis in space I, if the concerning subside all sign. Do not ed with a station licast streams mumber the FCC example, WRC is tried the station.	station (including ting period, exce, 1981, permitting (referring to 76.6 ext paragraph. by distant stations do list it in spaces. estation was carriestitute basis station according to its ust be reported in Channel 4 in Was	pt (1) stations call g the carriage of it (e)(2) and (4))]; carried by your of e I (the Special S ed both on a sub- ions, see page (v in program service cover-the-air des in column 1 (list e the television sta- shington, D.C. Th	ns and low power television stations) rried only on a part-time basis under certain network programs [sections and (2) certain stations carried on a sable system on a substitute program statement and Program Log)—if the stitute basis and also on some other of the general instructions. es such as HBO, ESPN, etc. Identify ignation. For example, report multipach stream separately; for example ation for broadcasting over-the-air in is may be different from the channel pendent station, or a noncommercial	G Primary Transmitters: Television				
for independer for the meanin Column 4: I planation of loc Column 5: I cable system of carried the dist for the retrain of a written agrithe cable systetion "E" (exemplex planation of Column 6: GFCC. For Mexic Note: If you are	ation, by entering at multicast), "E" g of these terms of the station is or cal service area, of you have enteriarried the distantiant station on a primary of). For simulcast these three categive the location of can or Canadiant entitles and a primary of).	the letter "N" (for noncommer, see page (v) of utside the local see page (v) of the ded "Yes" in coluit station during to poart-time basis the stant multicast sento on or before transmitter or as, also enter "E" gories, see page feach stations, if any, see channel line-up	or network), "N-Norcial educational), the general instruction and the general instruction and the general instruction accounting personal process of lack of tream that is not a June 30, 2009, but association report of the general from the general process of the general process of the general process of the general give the name of	f" (for network m or "E-M" (for not uctions. "distant"), enterctions. complete column eriod. Indicate by a activated chants subject to a royal etween a cable syresenting the price channel on any I instructions. It the community we community were priced to the community of the community were priced to the community were priced to the community of the community were priced to the community of the com	ulticast), "I" (for independent), "I-M" ncommercial educational multicast). "Yes". If not, enter "No". For an expectation of the basis on which your entering "LAC" if your cable system nel capacity. It is the subject ty payment because it is the subject ty ty payment because it is the subject ty ty new or an association representing many transmitter, enter the designation of the basis, enter "O." For a further to which the station is licensed by the with which the station is identified.	Channel Line-Up				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
WWAY	3	N	NO		WILMINGTON, NC					
WECT	6	N	NO		WILMINGTON, NC					
WSFX	26	N	NO		WILMINGTON, NC					
WUNJ	39	E	NO		WILMINGTON, NC					
WILM	10	N	NO		WILMINGTON, NC					

Name	LEGAL NAME OF	OWNER OF CABL	E SYSTE	EM:						
	Atlantic Tele	phone Memi	ershi	p Corporation				3253		
Н	In General:	RIMARY TRANSMITTERS: RADIO General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an -band basis whose signals were "generally receivable" by your cable system during the accounting period.								
Primary ansmitters: Radio	Special Instruction on the basis of For detailed in Column 1 Column 2 Column 3 signal, indica Column 4	ructions Cor (1) it is carrie of monitoring nformation a : Identify the : State whetl : If the radio ate this by pla : Give the sta	d by to be to bout the call safetion station safetion's	ing All-Band FM Carriage: the system whenever it is received at the headend, when the Copyright Office regulign of each station carried, estation is AM or FM. In a signal was electronically a check mark in the "S/D" of location (the community to if any, the community with the system of the system of the community with the system of the	Under Copyright ceived at the system's lations on this performed by the processed by the column.	t Office regulations to office regulations to office regulations to office regulations to office regulations and the cable systems of the cable systems are regulated as a second regulation of the cable regulations are regulated as a second regulation regulations are regulated as a second regulation regulation regulations are regulated as a second regulation regulation regulations are regulated as a second regulation regulatio	llation lend, a, dur ge (vi) stem	is, an FM signal is general and (2) it can be expecte ing certain stated interval of the general instruction as a separate and discre		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATIO		
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LEGAL NAME OF OWNER OF CABLE SYST							Name
Atlantic Telephone Membersh	ip Corporat	ion			3253		
SUBSTITUTE CARRIAGE In General: In space I, identify carried on a <i>substitute basis</i> d authorizations. For a further exinstructions.	every nonne uring the ac	twork television	n program broadcast by	/ a distant s nt and form	ner FCC rules, rea	ulations, or	Substitute Carriage:
SPECIAL STATEMENT CC During the accounting periodroadcast by a distant stat Note: If your answer is "No", I log in block 2.	d, did your on?	cable system (carry, on a substitute ba		☐ Yes	■ No	Special Statement and Program Log
2. LOG OF SUBSTITUTE PR In General: List each substitut clear. If you need more space Column 1: Give the title of period, was broadcast by a constation under certain FCC ruinformation. Do not use gene Love Lucy" or "NBA Basketba Column 2: If the program of Column 3: Give the call sig Column 4: Give the broadca the case of Mexican or Canaca Column 5: Give the month of first. Example: for May 7 give Column 6: State the times of to the nearest five minutes. Estated as "6:00–6:30 p.m." Column 7: Enter the letter of to delete under FCC rules and gram was substituted for progeffect on October 19, 1976.	te program, please atta every nonr listant static es, regulatiral categories. The station of the station stations and day when the support of the list regulations.	ach additional letwork televis on and that yo ons, or authores like "movies like "movies like "novies live, enter "tion broadcast is location (the con your system bestitute program carried program was in effect duri	pages. sion program (substitute our cable system substitute our cable system substitute or "basketball." List "Yes." Otherwise enter "ting the substitute programmunity with which the carried the substitute of t	e program) ituted for to of the gerespecific program. he station is program. Ucable systems of the control of t	that, during the the programming neral instructions ogram titles, for each sidentified). Is a numeral, with the times to 6:28:30 p.m. at your system whe letter "P" if the	accounting of another for further example, "I FCC or, in the month accurately should be as required listed pro-	
SU	BSTITUTE F	PROGRAM			SUBSTITUTE GE OCCURRED	7. REASON	
1, TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
- PAA					:		
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							FORM SA3.	PAGE 6.
Name	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	A :					
	Atlantic Telephon	ie Membership	Corporation				3253	
J Part-Time Carriage Log	time carriage due hours your syster Column 1 (Ca column 5 of space Column 2 (Da curred during the Give the montl "4/10." State the startiof the television "app." Example	space ties in various to lack of action carried that II sign): Give to be G. Ites and hourse accounting per and day when my and ending the station's broke; "12:30 a.m.	with column 5 of spa vated channel capac station. If you need in the call sign of every s of carriage): For eleriod. In the carriage occur times of carriage to badcast day, you ma -3:15 a.m. app."	ity, you more sp distant ach sta red. Us the nea y give	are required to corpace, please attach station whose bas ation, list the dates e numerals, with the arest quarter hour. It an approximate en	mplete this log and additional pagis of carriage y and hours whe month first. En any case whe ding hour, follow	giving the total dat ges. ou identified by "L en part-time carria example: for April re carriage ran to t wed by the abbre	AC" in age oc-
			DATES AND HOU	JRS OF	PART-TIME CARR	IAGE		
		WHEN CA	ARRIAGE OCCURRE	ח		WHEN CA	RRIAGE OCCURF	DED
	CALL SIGN	DATE	HOURS FROM	то	CALL SIGN	DATE	HOURS FROM	TO
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TOTAL	TOROL FACE F.	
LEGAL	L NAME OF OWNER OF CABLE SYSTEM:	Name
Atla	ntic Telephone Membership Corporation 3253	Name
all as (as is page 0	COSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service dentified in space E) during the accounting period. For a further explanation of how to compute this amount, see e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) turing the accounting period. CORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)	K Gross Receipts
inst:	PYRIGHT ROYALTY AND FILING FEES ructions: Use the blocks in this space L to determine the royalty fee you owe: complete block 1, showing your minimum fee.	L
• If fe • If	complete block 2, showing whether your system carried any distant television stations. Your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum see from block 1 on line 1 of block 4, and calculate the total royalty fee. Your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule ccompanying this form and attach the schedule to your statement of account.	Copyright Royalty Fee
► If b	f part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.	
► If 3	part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block below.	
► If 2	f part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line in block 4 below.	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K \$2,873,447.88 Line 2. Multiply the amount in line 1 by 0.01064	
	Enter the result here. This is your minimum fee.	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule.	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	
	Line 3. Add lines 1 and 2 and enter here	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger.	
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	Cable systems submitting additional
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) \$	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE: \$725.00	Section for the appropriate
	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here	form for submitting the
	Remit this amount via <i>electronic payment</i> payable to <i>Register of Copyrights</i> . (See page (i) of the general instructions for more information.)	additional fees.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Name	Atlantic Telephone Membership Corporation 3253	Name
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broat to its subscribers and (2) the cable system's total number of activated channels, during the accounting 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 and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name	896
	PO Box 3198 Address	
	Shallotte, NC 28459 (City, town, state, zip)	
	Email (optional) khughes@focusbroadband.com Fax (optional) 910-755-1871	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyrig lations, as explained in the general instructions.)	ht Office regu-
Certification	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 of space B; or	line 1
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the own the cable system as identified in line 1 of space B and that the owner is not a corporation or partner	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity is owner of the cable system in line 1 of space B.	dentified as
	I have examined the statement of account and hereby declare under penalty of law that all statement contained herein are true, complete, and correct to the best of my knowledge, information, and belief made in good faith. [18 U.S.C. sec. 1001] Handwritten signature: Handwritten signature:	ats of fact ∋f, and are
	Typed or printed name: Kim Edwards	
	Title: Vice President-Accounting and Finance (Title of official position held in corporation or partnership) Date: 3/L/2033	

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 filling, a determination that would be made by a court of law.