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

STATEMI	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
	ary Transmissions by	DATE RECEIVED	AMOUNT					
Cable Syste	ems (Short Form)		\$	For additional information, contact the U.S. Copyright				
General instru	ictions are located	08/29/2018		Office Licensing Division at:				
in the first tab	of this workbook	00/29/2010	ALLOCATION NUMBER	Tel: (202) 707-8150				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
	2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	,	-						
	20181	Barcode Data Filing Period (optiona	I - see instructions)					
Accounting Period								
	Instructions:							
В	Give the full legal name of the owner of t of the subsidiary, not that of the parent c		idiary of another corporation, give the full co	rporate title				
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 single statement of account and royalty for		the last day of the accounting period should s ting period.	submit a				
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	29852				
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
	CCI Systems, Inc. (FKA Cable Cons	tructors Inc)						
	BUSINESS NAME(S) OF OWNER OF)					
	Packerland Broadband							
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
	P.O. BOX 190 (Number, street, rural route, apartment, or suite r	number)						
	Iron Mountain, MI 49801 (City, town, state, zip)							
<u> </u>	INSTRUCTIONS: In line 1, give any busin							
С	names already appear in space B. In line	2, give the mailing address of th	e system, if different from the address	s given in space B.				
System	IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM	A:						
	2 (Number, street, rural route, apartment, or suite r	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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI					
Humo	CCI Systems, Inc. (FKA Cable Constructors Inc)	298					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule: "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 know 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 identified city.	r mobile home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Auburndale						
Community							
ld Rows as Necessary							

	LEGAL NAME OF OWNER OF C	GAL NAME OF OWNER OF CABLE SYSTEM:								
Name	CCI Systems, Inc. (FKA	Cable Cons	structo	rs Inc)					2985	
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES					
E	In General: The information in s					y transmission	service of t	he cable		
	system, that is, the retransmissi									
Secondary Transmission	about other services (including plast day of the accounting period						those exist	ing on the		
Service: Sub-							ble system	, broken		
scribers and	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									
Rates	each category by counting the n			• • •		•		charged		
	separately for the particular servert Rate: Give the standard rate of					-		be and the		
	unit in which it is generally billed	-	-	•			-	-		
	category, but do not include disc									
	Block 1: In the left-hand block systems most commonly provide									
	that applies to your system. Not							0,		
	categories, that person or entity									
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system	-				sonvice that are	difforant f	rom those		
	printed in block 1 (for example, 1									
	with the number of subscribers a									
	sufficient.	0.014.4								
	BLOCK 1						BLOCK 2			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:			05.05	Evnond	امط		07	60	
	Service to first set		1	35.95	Expand	lea		27	60.	
	Service to additional set(s)				Digital HD			2	80. 80.	
	• FM radio (if separate rate)				עח			6	ου.	
	Motel, hotel									
	Commercial Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra				-	• •				
I	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions:	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									
Rates	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.									
	brief (two- or three-word) descri	ption and includ	BLOCK 1							
	brief (two- or three-word) descri		CK 1					BLOCK 2		
	brief (two- or three-word) descrip CATEGORY OF SERVICE			ORY OF SEF	VICE	RATE	CATEGO	DRY OF SERVICE	RAT	
		BLO	CATEG		-	RATE	CATEGO		RAT	
	CATEGORY OF SERVICE	BLO	CATEG Installa	ORY OF SEF	-	RATE	Showti	DRY OF SERVICE me & TMC	14.9	
	CATEGORY OF SERVICE Continuing Services:	BLO RATE	CATEG Installa • Mot	ORY OF SER tion: Non-res	-	RATE	Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE 18.95	CATEG Installa • Mot • Cor • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable	idential	RATE	Showti Stars &	DRY OF SERVICE me & TMC	14.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO RATE 18.95	CATEG Installa • Mot • Cor • Pay • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l c	idential	RATE	Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO RATE 18.95	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection	idential	RATE	Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO RATE 18.95	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SEF tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protectior	idential	RATE	Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE 18.95	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protectior ervices:	idential	RATE	Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.	
	CATEGORY OF SERVICE 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)	BLO RATE 18.95	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection ervices: onnect	idential	RATE	Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE 18.95	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Cother s • Reco • Disc	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection glar protection ervices: onnect connect	idential	RATE	Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.	
	CATEGORY OF SERVICE 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)	BLO RATE 18.95	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc • Out	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection ervices: onnect	idential	RATE	Showti Stars &	DRY OF SERVICE me & TMC Encore Tier	14. 12.	

lame	LEGAL NAME OF OWNER OF			SYSTEM ID# 29852				
	CCI Systems, Inc. (FKA Cable Constructors Inc)							
G imary smitters: evision	 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), 076.63 (referring 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 <i>not</i> 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 <i>only</i> 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, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent, "I-M" (for independent multicast). "E" (for independent multicast). For the meaning of these terms, see page (v) of the general instructional multicast). For the meaning of these terms, see page (v) O. Stations, list the community with which the station is licensed by the FCC. For Mexican or Canadian station, for							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WAOW	Q	Ν	Waysay WI				
		9	<u>N</u>	Wausau, WI				
	WAOW HD	642	N	Wausau, WI				
s as Necessary	WAOW HD WSAW	642 8	N	Wausau, WI Wausau, WI				
as Necessary	WAOW HD WSAW WSAW HD	642 8 641	N N N	Wausau, WI Wausau, WI Wausau, WI				
as Necessary	WAOW HD WSAW WSAW HD WEAU	642 8 641 12	N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI				
as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD	642 8 641 12 645	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI				
is Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD	642 8 641 12 645	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI				
as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
s as Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				

EGAL NAME OI			YSTEM: Constructors Inc)					SYSTEM I 298
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl					н
ecceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate	it is carried b monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing	y the sys be recei at the Co l sign of e the statio ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processed mark in the "S/D" column. on (the community to which the	the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during co ge (v) of the g system as a se) it can ertain st eneral ii eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the			001, 111		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						·		

Accounting Perio	od: 2018/1						FORM	VI SA1-2E. PAGE 5.	
N	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				29852	
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Program Log									
	Note: If your answer is "No	" leave the	rest of this na	aa blank If your answer i	e "Vee " vou	must comr		-	
	-	, leave life		ge blattk. It your attswer t	s res, you	must comp	piere rue brog	Jian	
	log in block 2. 2. LOG OF SUBSTITUTE		MS						
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if	their meaning	a is	
	clear. If you need more spa	ice, please	add additional	I rows to the tables.				-	
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.	Bulls."					-		
				er "Yes." Otherwise enter					
				casting the substitute prog the community to which th		censed by	the FCC or	in	
	the case of Mexican or Car								
			when your sy	stem carried the substitute	e program. U	se numera	als, with the n	nonth	
	first. Example: for May 7 gi		o oubotituto pr	carom was corriad by you	r aabla avata	m list the	timos coour	ataly	
	to the nearest five minutes.			ogram was carried by you ried by a system from 6.0				alely	
	stated as "6:00-6:30 p.m."	•			·	•			
				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 regu			
						N SUBST			
	S	UBSTITUT	E PROGRAM	1		IAGE OCC		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
		100 01 110	ON LE DIGIT			11100	10		
						+			
							_		
						+			
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							_		
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							_		

Accounting Period:	2018/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 29852
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (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	1,329.22 pss 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t	his six-mon	
	accounting period is \$52.00		
	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 \$137,10	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		
	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 29852
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	4
	and nonbroadcast services	
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 Christopher Flanick Telephone	906-771-2208
	Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip)	
	Email christopher.flanick@packerlandbroadband.com Fax (optional) 906-828-324	39
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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on 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 herei 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 wner of the cable system
	X /s/ Jacob Mulaikal 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: Jacob Mulaikal Title: CFO	-
	(Title of official position held in corporation or partnership) Date: 8/6/2018	
L		

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

ccounting Period: 2018/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
CI Systems, Inc. (FKA Cable Constructors Inc)	29852
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 fol- lowing 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 sub- 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.	P Special Statement Concerning Gross Receipts Exclusion
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	
Name 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 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 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	
 * 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	
ID number First community served Accounting period	

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.