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	Return completed workbook by email to:				
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	– coplicsoa@loc.gov			
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			08/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150			
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	'YY/(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 th of the subsidiary, not that of the parent co		liary 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 a single statement of account and royalty fer		he last day of the accounting period should s ing period.	ubmit a			
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	1323			
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM					
		CCI Systems, Inc. (FKA Cable Const						
		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 nu	imber)					
		Iron Mountain, MI 49801 (City, town, state, zip)						
С		RUCTIONS: In line 1, give any busin						
-	name	s already appear in space B. In line 2	2, give the mailing address of the	e system, if different from the address	s given in space B.			
System	1	IDENTIFICATION OF CABLE STSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM						
	2	(Number, street, rural route, apartment, or suite no	imber)					
		(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:	SYSTEM II					
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	132					
D	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 know as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Served	identified city.						
	CITY OR TOWN	STATE					
First	Marshfield	WI					
Community							
dd Rows as Necessary							
uu nows as necessary							

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)									
Е	SECONDARY TRANSMISSION In General: The information in s				v transmission	service of	the cable			
—			-		•					
Secondary	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									
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					hla evetan	n broken			
scribers and	down by categories of secondar									
Rates	each category by counting the n	umber of billing	gs in that category	(the number c	of persons or or	ganization				
	separately for the particular serve Rate: Give the standard rate of				-		ae and the			
	unit in which it is generally billed									
	category, but do not include disc	counts allowed	for advance payme	ent.						
	Block 1: In the left-hand block									
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity	should be cour	nted as a subscribe	er in each app	licable category	. Example	e: a residential			
	subscriber who pays extra for ca				d in the count u	nder "Serv	ice to the			
	first set" and would be counted of Block 2: If your cable system				service that are	e different	from those			
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-hand block.	A two- or thre	e-word descript	tion of the	service is			
		ufficient. BLOCK 1 BLOCK 2						>		
		NO. OF		CAT			NO. OF	DAT		
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS RATE	CAT	EGORY OF SEI	VICE	SUBSCRIBERS	RAT		
	Service to first set		1 35.9	5 Expand	led		8	60.0		
	 Service to additional set(s) 			Digital			1	80.0		
	• FM radio (if separate rate)			HD			2	80.0		
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC			TES						
-	In General: Space F calls for ra	-		-	Il your cable sy	stem's ser	vices that were			
F	not covered in space E, that is, t									
Services	service for a single fee. There and furnished at cost or (2) services	•		•		• •	,			
Other Than										
	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.									
Secondary	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									
ransmissions:										
-		t your cable sys	stem furnished or o	offered during	the accounting	period tha	e form of a			
ransmissions:	Block 2: List any services that	t your cable systems separate charge	stem furnished or o ge was made or es	offered during ablished. List	the accounting	period tha	e form of a			
ransmissions:	Block 2: List any services that listed in block 1 and for which a	t your cable systems separate charge	stem furnished or o ge was made or es de the rate for each	offered during ablished. List	the accounting	period tha	e form of a BLOCK 2			
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable system separate charge ption and include BLOC	stem furnished or o ge was made or es de the rate for each CK 1 CATEGORY OF S	offered during ablished. List a. BERVICE	the accounting	period tha vices in th		RAT		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sys separate charg ption and includ BLOC RATE	stem furnished or og ge was made or es de the rate for each CK 1 CATEGORY OF S Installation: Non-	offered during ablished. List a. BERVICE	the accounting these other ser	period tha vices in th CATEG	BLOCK 2 ORY OF SERVICE			
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sys separate charg ption and includ BLO(RATE 18.95	stem furnished or og ge was made or es de the rate for each CK 1 CATEGORY OF S Installation: Non- • Motel, hotel	offered during ablished. List a. BERVICE	the accounting these other ser	period tha vices in th CATEG Showti	BLOCK 2 ORY OF SERVICE	14.9		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sys separate charg ption and includ BLOC RATE	stem furnished or og ge was made or es de the rate for each CK 1 CATEGORY OF S Installation: Non- • Motel, hotel • Commercial	offered during ablished. List a. BERVICE	the accounting these other ser	period tha vices in th CATEG Showti Stars &	BLOCK 2 ORY OF SERVICE ime & TMC & Encore Tier	14.9 12.9		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable sys separate charg ption and includ BLO(RATE 18.95	stem furnished or og ge was made or es de the rate for each CK 1 CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable	offered during tablished. List n. SERVICE residential	the accounting these other ser	period tha vices in th CATEG Showti Stars &	BLOCK 2 ORY OF SERVICE	14.9		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	t your cable sys separate charg ption and includ BLO(RATE 18.95	stem furnished or og ge was made or es de the rate for each CK 1 CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable	offered during tablished. List n. SERVICE residential	the accounting these other ser	period tha vices in th CATEG Showti Stars &	BLOCK 2 ORY OF SERVICE ime & TMC & Encore Tier	14.9 12.9		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable sys separate charg ption and includ BLO(RATE 18.95	stem furnished or og ge was made or es de the rate for each CK 1 CATEGORY OF S Installation: Non- • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection	offered during tablished. List n. SERVICE residential 'I channel	the accounting these other ser	period tha vices in th CATEG Showti Stars &	BLOCK 2 ORY OF SERVICE ime & TMC & Encore Tier	14.9 12.9		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	t your cable sys separate charg ption and includ BLO(RATE 18.95	stem furnished or og ge was made or es de the rate for each CK 1 CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable	offered during tablished. List n. SERVICE residential 'I channel	the accounting these other ser	period tha vices in th CATEG Showti Stars &	BLOCK 2 ORY OF SERVICE ime & TMC & Encore Tier	14.9 12.9		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sys separate charg ption and includ BLO(RATE 18.95	stem furnished or og ge was made or es de the rate for each CK 1 CATEGORY OF S Installation: Non- • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protec	offered during tablished. List n. SERVICE residential 'I channel	the accounting these other ser	period tha vices in th CATEG Showti Stars &	BLOCK 2 ORY OF SERVICE ime & TMC & Encore Tier	14.9 12.9		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sys separate charg ption and includ BLO(RATE 18.95	stem furnished or of ge was made or es de the rate for each CK 1 CATEGORY OF S Installation: Non- • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protec Other services:	offered during tablished. List n. SERVICE residential 'I channel	the accounting these other ser	period tha vices in th CATEG Showti Stars &	BLOCK 2 ORY OF SERVICE ime & TMC & Encore Tier	14.9 12.9		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip 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)	t your cable sys separate charg ption and includ BLO(RATE 18.95	stem furnished or of ge was made or es de the rate for each CK 1 CATEGORY OF S Installation: Non- • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protec Other services: • Reconnect	offered during tablished. List BERVICE residential 'I channel	the accounting these other ser	period tha vices in th CATEG Showti Stars &	BLOCK 2 ORY OF SERVICE ime & TMC & Encore Tier	14.9 12.9		

				FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	SYSTEM ID#						
	· · ·	(A Cable Constructors Inc)		1323				
G rimary smitters: levision	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (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 for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent 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 noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general in							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WAOW	9	N	Wausau, WI				
	WAOW HD	642	Ν					
Necessary	WAOW HD WSAW	642 8	N	Wausau, WI				
√ecessary		642 8 641						
ecessary	WSAW	8	N	Wausau, WI Wausau, WI				
ecessary	WSAW WSAW HD	8 641	N N	Wausau, WI Wausau, WI Wausau, WI				
cessary	WSAW WSAW HD WEAU	8 641 12	N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI				
lecessary	WSAW WSAW HD WEAU WEAU HD	8 641 12 645	N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI				
s Necessary	WSAW WSAW HD WEAU WEAU HD WFXS	8 641 12 645 11	N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
Necessary	WSAW WSAW HD WEAU WEAU HD WFXS	8 641 12 645 11	N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				
as Necessary	WSAW WSAW HD WEAU WEAU HD WFXS	8 641 12 645 11	N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI				

CCI System			YSTEM: Constructors Inc)					SYSTEM I 13
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed infi aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio stat this by placing Sive the station	y the sys be recein the contract of the sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM anten his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC0) it can ertain st eneral in eparate a	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	
GALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#	
Hume	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				1323	
	SUBSTITUTE CARRIAG								
1			-		-	tion that w		tom carried on a	
•	In General: In space I, ident substitute basis during the a								
Substitute	explanation of the programm								
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								
Program Log									
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer is	s "Vas " vou	must com		-	
	log in block 2.				3 103, you			jian	
	2. LOG OF SUBSTITUTI		AMS						
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if	their meaning	g is	
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-	
	Column 1: Give the title period, was broadcast by a			vision program ("substitute					
	under certain FCC rules, re								
	Do not use general categor	ries like "mo							
	"NBA Basketball: 76ers vs.		deast live ont	er "Yes." Otherwise enter '	"No "				
				asting the substitute progr					
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in	
	the case of Mexican or Car			e community with which the stem carried the substitute			ala with tha r	nonth	
	first. Example: for May 7 gi		when your sy		e program. U	se numera	ais, with the r	nonun	
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately	
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.r	n. should be		
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	e listed program	n was substituted for prog	ramming tha	t vour svst	em was requ	iired	
	to delete under FCC rules								
	was substituted for program	-	your system w	as permitted to delete unc	der FCC rules	s and regu	lations in		
	effect on October 19, 1976								
					WHE	N SUBST	ITUTE		
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OC	CURRED		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION	
		Yes or 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:	S	YSTEM ID#
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)		1323
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 transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	7,382.04 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2	63,800	
	 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		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	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 Regisi See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc) 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 and nonbroadcast services . N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Telephone 906-77 Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Telephone 906-77 Information Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Fax (optional) <u>906-828-3289</u> Email christopher.flanick@packerlandbroadband.com Fax (optional) <u>906-828-3289</u> O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
M 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	SYSTEM ID# 1323
Individual to Be Contacted for Further Information we can contact about this statement of account.) Name Christopher Flanick Telephone Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Telephone Iron Mountain, MI 49801 (City, town, state, zip) Email christopher.flanick@packerlandbroadband.com Fax (optional) 906-828-3289	4
Information Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip) Iron Mountain, MI 49801 Email christopher.flanick@packerlandbroadband.com Fax (optional) 906-828-3289 O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Iron Mountain, MI 49801 (City, town, state, zip) Email christopher.flanick@packerlandbroadband.com Fax (optional) 906-828-3289 O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	71-2208
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
0	
 (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as 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 of the 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)] 	
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	

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.

counting Period: 2018/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
CI Systems, Inc. (FKA Cable Constructors Inc)	1323
 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 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? 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. 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	
ID number First community served Accounting period	

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