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 COPYRIGHT	Return completed workbook by email to:					
		ansmissions by	DATE RECEIVED	AMOUNT	- confissos@los gov				
Cable Systems (Short Form) General instructions are located			08/29/2018	\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
in the first tab	of this	workbook		ALLOCATION NUMBER	-				
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY	(Y/(Period))					
		2018/1	Period 2 = July 1 - December 31						
		20181	see instructions)						
Accounting Period									
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner		List any other name or names under which	the owner conducts the business of the	cable system.					
		If there were different owners during the a single statement of account and royalty fer		e last day of the accounting period should suggered.	ubmit a				
		Check here if this is the system's first filing	. If not, enter the system's ID number as	signed by the Licensing Division.	62933				
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM						
		CCI Systems, Inc. (FKA Cable Const	ructors Inc)						
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)						
		Packerland Broadband							
		MAILING ADDRESS OF OWNER OF P.O. BOX 190	CABLE SYSTEM						
		(Number, street, rural route, apartment, or suite nu Iron Mountain, MI 49801	umber)						
		(City, town, state, zip)							
С		RUCTIONS: In line 1, give any busin s already appear in space B. In line 2							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM							
	2	(Number, street, rural route, apartment, or suite nu	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 ID							
	CCI Systems, Inc. (FKA Cable Constructors Inc)	6293							
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 known 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								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	obile home parks should be reported in parentheses below the							
	CITY OR TOWN STATE								
First	Union Center	WI							
Community									
dd Rows as Necessary									

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)									
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIBERS	AND RATES						
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
	system, that is, the retransmissi									
Secondary Transmission	about other services (including plast day of the accounting period					those exist	ting on the			
Service: Sub-	Number of Subscribers: Bot			•	•	ble system	ı, broken			
scribers and Rates	down by categories of secondar	•								
	each category by counting the n		, 0		•	•	charged			
	separately for the particular servert Rate: Give the standard rate of				-		ne and the			
	unit in which it is generally billed									
	category, but do not include disc	counts allowed	for advance pa	yment.						
	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				U .					
	first set" and would be counted of	-								
	Block 2: If your cable system									
	printed in block 1 (for example, the with the number of subscribers and the subscribers are subscribers and the subscribers are subscribers and the subscribers are subscribers are subscribers and the subscribers are su									
	sufficient.	,,								
	BL	DCK 1				BLOCK		1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	ERS RAT	TE CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA		
	Residential:									
	Service to first set		3 3	5.95 Expan	ded		6	37		
	 Service to additional set(s) 							1		
	• FM radio (if separate rate)							Ι		
	Motel, hotel									
	Commercial									
	Converter							I		
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		RATES						
F	In General: Space F calls for ra	-	-							
Г	not covered in space E, that is, t				-	-				
Services	service for a single fee. There as furnished at cost or (2) services									
Other Than										
Secondary	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.									
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rales	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.									
		BLO	CK 1				BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEGORY C	F SERVICE	RATE	CATEGO	ORY OF SERVICE	RA		
	Continuing Services:		Installation: N	lon-residential						
	• Pay cable	18.95	 Motel, hote 	el l						
	 Pay cable—add'l channel 		 Commercia 	al						
	Fire protection		 Pay cable 							
	 Burglar protection 		 Pay cable- 	add'l channel						
	Installation: Residential		 Fire protect 	tion						
	First set		 Burglar pro 							
	 Additional set(s) 		Other service:	s:						
	. ,							T		
	• FM radio (if separate rate)		 Reconnect 							
	. ,		Disconnect	t						
	• FM radio (if separate rate)			t						

Accounting Period:	2018/1			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF			SYSTEM II					
		A Cable Constructors Inc)		6293					
G Primary Transmitters: Television	 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), 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, Ye (for network), "N-M" (for network multicast), "I" (for independent, "I-M" (for independent multicast), "E" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructi								
			2						
	WKOW	6	N	Madison, WI					
	WISC	3	N	Madison, WI					
dd Rows as Necessary	WMSN	22	N	Madison, WI					
	WMTV	4	N	Madison, WI					
	WMTV-2	96	N	Madison, WI					

EGAL NAME O			Constructors Inc)					SYSTEM I 629
	t every radio s	station ca	rried on a separate and discre					н
eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S	it is carried b monitoring, to ormation abou rm. dentify the call itate whether	y the sys be recei it the Cc I sign of e the static	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried.	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during ce ge (v) of the g) it can ertain st eneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
gnal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	nal was electronically process c mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		30	LOGATION OF STATION	UALL SIGN		3/0	LOGATION 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)				62933		
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
		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									
Program Log										
	Note: If your answer is "No	" loovo the	rest of this na	aa blank If your answer i	e "Vee " vouu	muet comr		-		
	-	, leave life		ige blatik. It your answer is	s res, your	musi comp	nere 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	ace, please	add additional	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.						-			
				er "Yes." Otherwise enter " casting the substitute progr						
				the community to which th		censed bv	the FCC or.	in		
	the case of Mexican or Car	nadian statio	ons, if any, the	e community with which the	e station is id	entified).				
		,	when your sy	stem carried the substitute	e program. U	se numera	als, with the n	nonth		
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	r cable syste	m List the	times accur	ately		
	to the nearest five minutes.							atery		
	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		, ,							
					WHE	N SUBST	ITUTE			
	S	UBSTITUT	E PROGRAM			AGE OCO	CURRED	7. REASON FOR DELETION		
	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		
							_			
							_			
					·					
							_			
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					·					
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							_			
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							_			
							_			

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 62933
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	2,987.99 sss 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 \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-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 \$137,1	-	
	1. Base amount under statutory formula		
	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		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 62933
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat 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 . 	tions4
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Christopher Flanick Telephone	phone 906-771-2208
Information	Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip) Fax (optional) 906-8 Email christopher.flanick@packerlandbroadband.com Fax (optional) 906-8	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regula I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of	space B; or cable system as identified d as owner 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: 8/9/2018	

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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)	62933
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.	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?	
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Q 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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