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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT (	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
03/26/2019	\$ ALLOCATION NUMBER

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  20182  Barcode Data Filing Period (optional - 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 accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CCI Systems, Inc. (FKA Cable Constructors Inc)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Packerland Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 190 (Number, street, rural route, apartment, or suite number)
		Iron Mountain, MI 49801 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	629
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future for	orated communities within unincorporated areas and including single hat you list will serve as a form of system identification hereafter knofilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Pembine	WI
Community	Beecher	WI
Rows as Necessary		
	P	

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62921

Е

Secondary Transmission Service: Subscribers and

Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CCI Systems, Inc. (FKA Cable Constructors Inc)

**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.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	67	35.95	Preferred Choice	47	60.00	
<ul> <li>Service to additional set(s)</li> </ul>			Premier Plus	17	80.00	
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	T	T		1		

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	18.95	Motel, hotel		Showtime & TMC	14.95
<ul> <li>Pay cable—add'l channel</li> </ul>	11.95	Commercial		Stars & Encore Tier	12.95
<ul> <li>Fire protection</li> </ul>		• Pay cable		HBO & Cinemax Tier	27.95
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62921

### CCI Systems, Inc. (FKA Cable Constructors Inc)

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, *except* (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 *not* 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 *only* 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. *Do not* 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 instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WBAY** 8 Ν Green Bay, WI **WBAY HD** 642 Ν Green Bay, WI WFRV 5 Ν Green Bay, WI Green Bay, WI WFRV HD 640 Ν **WCWF** 10 Ν Green Bay, WI Green Bay, WI WCWF HD 644 Ν **WEUX** 11 Ν Green Bay, WI 646 Ν Green Bay, WI **WEUX HD** 

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CCI Systems, Inc. (FKA Cable Constructors Inc)

62921

#### PRIMARY TRANSMITTERS: RADIO

**In General:** List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION OF STATION OF STATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION OF	CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	CCI Systems, Inc. (FK			Inc)				SYSTEM ID# 62921
	SUBSTITUTE CARRIAG	E. SDECI/	VI STATEMEI	NT AND DDOGDAM I	)G			
<b> </b> Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				sis anv nonn	etwork telev	rision program	n
Statement and	broadcast by a distant sta	-			o.o, a,			
Program Log	_				(O. / "		YES	NO
	Note: If your answer is "No	, leave the	rest of this pag	je blank. If your answer is	s "Yes," you n	nust complet	te the progra	m
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ce, please a of every no distant stati gulations, o ies like "mo Bulls." In was broad sign of the sadcast static ath and day re "5/7." es when the Example: a er "R" if the and regulation regulation of the sadcast static and the sadcast static ath and day re "5/7." es when the Example: a er "R" if the and regulation of the sadcast static ath and day re "5/7."	am on a separare add additional representation and that your authorizations vies" or "basked deast live, enterestation broadca on's location (thous, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the get tball." List specific program "Yes." Otherwise enter string the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for progring the accounting period	e program") the ed for the proneral instruction titles, for each of the station is lide a station is ide program. Using table program, to 6 to 15 p.m. to 15 p.	nat, during the organized of the properties of t	ne accounting of another state of another state over Lucy" or e FCC or, in with the more accurate should be a was require e listed programme.	tion n. nth
	effect on October 19, 1976.		our system wa	s permitted to delete und	er i co iules	and regulati	ions in	
		LIDOTITLIA				IEN SUBST		7 DEACON FOR
	S		E PROGRAM			RIAGE OCC	TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTI AND DAY	.	— TO	
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ccounting Period:	•		1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM II 629:
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	oss 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 t  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 accounting period is \$52.00	or this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.04
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.04
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13)	7,100)	
	1. Base amount under statutory formula	<u></u>	
	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 \$52	27,600)	
	Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	<u>)                                    </u>	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.04	
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	\$	67.04
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more inform		hts!

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: nc. (FKA Cable Constructo	ors Inc)			SYSTEM ID# 62921
M Channels	to its subscribers     The total system carried to system carried to the total on which the car.	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television b	the cable		counting period.	144
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account		RMATION IS NEEDED (Identify an indi	ividual to whom	
for Further Information	Name	Christopher Flanick			Telephone	906-771-2208
	Address	105 Kent St. (Number, street, rural route, apartm		te number)		
		(City, town, state, zip)	)U I			
	Email	christopher.flanic	ck@pacl	kerlandbroadband.com	Fax (optional) 906-828-3289	)
0	CERTIFICATION (	This statement of account must	ıst be cert	tified and signed in accordance with Co	opyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check one	ie, but only	y one, of the boxes.)		
	(Owner	r other than corporation or par	ırtnership	) I am the owner of the cable system as	identified in line 1 of space B;	or
				rtnership) I am the duly authorized agent a corporation or partnership; or	nt of the owner of the cable sys	stem as identified
	X (Office			ition) or a partner (if a partnership) of the	legal entity identified as owne	er of the cable system
	I have examined	the statement of account and he and correct to the best of my k	-	clare under penalty of law that all stateme e, information, and belief, and are made i		
			X	/s/ Jacob Mulaikal		
				electronic signature on the line above to c nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name:	Jacob Mulaikal		
			CFO	on held in corporation or partnership)		
		Date:			3/25/2019	

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 the 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 telephon 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 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

	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
CI Systems, Inc. (FKA Cable Constructors Inc)	62921
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	Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
	52.00 Interest Assessment
x 1%	22.00
x 1%  Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.52
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<b>0.52</b>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.52
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.52 lys  3.00
Line 2 Multiply line 1 by the interest rate* and enter the sum here  x 25 day  Line 3 Multiply line 2 by the number of days late and enter the sum here  1 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. \$	<b>0.52</b>
Line 2 Multiply line 1 by the interest rate* and enter the sum here   x 25 day  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	0.52 lys  3.00
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.52 lys  3.00
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.52 lys  3.00
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.52 lys  3.00
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.52 lys  3.00

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