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		
\$ 03/26/2019	FOR COPYRIGHT	OFFICE USE ONLY
03/26/2019	DATE RECEIVED	AMOUNT
	03/26/2019	T

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	ACCO	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 s 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.

		CVCTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CCI Systems, Inc. (FKA Cable Constructors Inc)	629
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	you list will serve as a form of system identification hereafter knogs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bbile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Gillett	WI
Community	Kelly Lake	WI
	Underhill	WI
Rows as Necessary		

Accounting Period: 2018/2 FORM SA1-2F PAGE 2 SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

62937

CCI Systems, Inc. (FKA Cable Constructors Inc)

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	〈 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	139	35.95	Preferred Choice	118	60.00
 Service to additional set(s) 			Premier Plus	29	80.00
 FM radio (if separate rate) 					
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			
 Pay cable 	18.95	Motel, hotel		Showtime & TMC	14.95
 Pay cable—add'l channel 	11.95	Commercial		Stars & Encore Tier	12.95
 Fire protection 		• Pay cable		HBO & Cinemax Tier	27.95
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		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# 62937

4. LOCATION OF STATION

Green Bay, WI

CCI Systems, Inc. (FKA Cable Constructors Inc)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

WBAY

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.

2. B'CAST CHANNEL NUMBER

8

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**

3. TYPE OF STATION

Ν

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CCI Systems, Inc. (FKA Cable Constructors Inc)

62937

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).

			<u> </u>				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
	<u> </u>					 	
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	 					}	
	 						
							
	 						
	 						
							
	 						
							
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	od: 2018/2						FOR	RM SA1-2E. PAGE 5
Name	CCI Systems, Inc. (FK			Inc)				SYSTEM ID#
Substitute Carriage: Special	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every nor accounting pening that mus	nnetwork televis eriod, under spe et be included in	sion program, broadcast be edific present and former Fi this log, see page (v) of the TITUTE CARRIAGE	v a distant stat CC rules, regul e general instr	ations, or au uctions in th	uthorizations. ne paper SA1	For a further -2 form.
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	sis, any nonne	twork televi		
Program Log	broadcast by a distant sta					_	YES	□ NO
	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 broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to the state of the state o	E PROGRA titute progra ace, please a of every noi distant stati gulations, or ies like "mor Bulls." m was broad sign of the s adcast statio adian statio atth and day ve "5/7." es when the Example: a er "R" if the	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterstation broadcash's location (thins, if any, the owner your system carried broadcast live, enterstation broadcash's location (thins, if any, the owner your system carried broadcast listed program carried listed program	te line. Use abbreviations rows to the tables. Ision program ("substitute ur cable system substitute ur cable system substitute s. See page (v) of the ger tball." List specific program "Yes." Otherwise enter "sting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programs.	wherever pos program") that ed for the prog- ieral instruction in titles, for ex- No." am. e station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y	sible, if the at, during the ramming of the for further ample, "I Lower ample, "I Lower ample, and the side of the	ir meaning is e accounting fanother state information ove Lucy" or e FCC or, in with the more accurate hould be	s stion n.
	to delete under FCC rules a was substituted for progran effect on October 19, 1976.	nming that y						aiii
	chect on October 10, 1070.				WHE	N SUBST	ITUTE	
		SUBSTITUT	E PROGRAM	I	WHE CARR	EN SUBST	ITUTE URRED	7. REASON FOR
		SUBSTITUT	E PROGRAM 3. STATION'S CALL SIGN	I 4. STATION'S LOCATION	WHE	EN SUBST	ITUTE	7. REASON FOR DELETION
		SUBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBSTIAGE OCC	ITUTE SURRED TIMES	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID
K 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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nsmission service nis amount, see	5,296.17
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 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 fo 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 \$137	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	-	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	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	· - <u> </u>	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.04	
Total Remittance Due	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 informa	ister of Copyrig	hts!

Accounting Period:	2018/2			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: nc. (FKA Cable Constructo	rs Inc)	SYSTEM ID# 62937
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	, and (2) the cable system's tolenumber of channels on which television broadcast stations. number of activated channels ble system carried television b		4 144
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Christopher Flanick	Tele	phone 906-771-2208
	Address	105 Kent St. (Number, street, rural route, apartme	nt, or suite number)	
		Iron Mountain, MI 498 (City, town, state, zip))1	
	Email	christopher.flanic	@packerlandbroadband.com Fax (optional) 906-8	28-3289
	CERTIFICATION (This statement of account mus	t be certified and signed in accordance with Copyright Office regula	tions)
O Certification	• I, the undersigne	d, hereby certify that (Check one	but only one, of the boxes.)	
	(Owner	r other than corporation or par	nership) I am the owner of the cable system as identified in line 1 of sp	pace B; or
			on or partnership) I am the duly authorized agent of the owner of the caler is not a corporation or partnership; or	able system as identified
		er or partner) I am an officer (if a ine 1 of space B.	corporation) or a partner (if a partnership) of the legal entity identified a	as owner of the cable system
		, and correct to the best of my ki	reby declare under penalty of law that all statements of fact contained howledge, information, and belief, and are made in good faith.	nerein
			X /s/ Jacob Mulaikal	
			nter an electronic signature on the line above to certify this statement. nter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed r	ame: Jacob Mulaikal	
			CFO ial position held in corporation or partnership)	
		Date:	3/25/2019	

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counting Period: 2018/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
CI Systems, Inc. (FKA Cable Constructors Inc)	62937
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	P 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	
TEG. Littlet the total fiele and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
Walling 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	2.00 Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.52
	0.52
x <u>25</u> day	/s
x <u>25</u> day	
x 25 day Line 3 Multiply line 2 by the number of days late and enter the sum here	/s
Line 3 Multiply line 2 by the number of days late and enter the sum here	/s
Line 3 Multiply line 2 by the number of days late and enter the sum here	3.00
Line 3 Multiply line 2 by the number of days late and enter the sum here	3.00
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