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	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	03/26/2019	S ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2         Period 1 = January 1 - June 30         Period 2 = July 1 - December 31	
		20182 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	62941
		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	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	Inless these
C	names	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. PAGE 1b SYSTEM ID#
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	62941
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	y" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single,
Area	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 he identified city.	ome parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	Pound	WI
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CCI Systems, Inc. (FKA		structo	ors Inc)					6294
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D h blocks in span y transmission umber of billing ice at the rate in harged for eact (Example: "\$2 ounts allowed in space E, the to their subsc	JBSCRI cover a and rad ace F, r ecembe ce E cal service. gs in tha indicated h catego 20/mth") for adva e form li ribers. C	BERS AND RA I categories of io broadcasts not here. All tha r 31, as the ca l for the number In general, yo t category (the d—not the num bry of service. . Summarize a nce payment. sts the categor Give the number	secondary by your sy- e facts you se may be er of subsc u can com number of number of sets Include bo iny standar ries of seco	stem to subscri state must be t ). ribers to the cal pute the number f persons or org s receiving serv th the amount or d rate variation ondary transmis ribers and rate	bers. Give hose existi ole system, er of subscr anizations ice). If the charg s within a p sion servic for each lis	information ng on the broken ibers in charged e and the particular rate e that cable ted category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a once again und has rate catego iers of services	nted as a additiona er "Serv ories for s that inc	a subscriber in al sets would b ice to addition secondary tra slude one or m	each appl be included al set(s)." nsmission ore second	icable category in the count ur service that are lary transmissio	Example: der "Servic different fr ons), list the	a residential e to the om those em, together	
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	OODOOND			UAII			SOBSCILIELIUS	
	Service to first set		18	35.95	Preferr	ed Choice		15	60.0
	<ul> <li>Service to additional set(s)</li> </ul>				Premie	r Plus		3	80.0
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrib hose services b e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem fur le was n	mation with re not offered in of do not need to phonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to al combinatio o give rate i ers. Rate in ates are ch ach of the a ed during t	n with any seconformation con formation shou arged on a vari applicable servio he accounting	ondary trans cerning (1) Id include b able per-proces listed. period that	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	40.05		tion: Non-res	adential		Showe	mo & TMC	14.0
	Pay cable     Pay cable     add'l channel	18.95 11.95		el, hotel nmercial				me & TMC Encore Tier	14.9 12.9
	Pay cable—add'l channel     Fire protection	11.95		nmerciai v cable				Cinemax Tier	27.9
	Burglar protection		-	cable-add'l cl	nannel				21.3
	Installation: Residential			protection					
	• First set			glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	Converter			connect					
	· · · · · · · · · · · · · · · · · · ·	L				I			
			• Out	let relocation					

PRIMARY TRANSMITTERS: In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	<b>XA Cable Constructors Inc)</b> TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	bt       (1) stations carried only on a part-fithe carriage of certain network prografies of (e)(2) and (4))]; and (2) certain states carried by your cable system on a subtract by sour cable system on a subtract by sour cable system on a subtract by contract states and Program and the Special Statement and Program and the set and the set and the station. For example, report a station, an independent station, or a (for network multicast), "I" (for independent station, or a (for network multicast), "I" (for independent station or "E-M" (for noncommercial education and the community to which the station the community with which the station and the community with which the station and the community with which the station of the community with which the s	-time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
PRIMARY TRANSMITTERS: In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on tt Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these tei Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WBAY WBAY HD WFRV	TELEVISION TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations c iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. or case whether the station is a network tring the letter "N" (for network), "N-M" "E" (for noncommercial educational), or terms, see page (iv) of the general instru- n of each station. For U.S. stations, listi dian stations, if any, give the name of t <b>2. B'CAST CHANNEL NUMBER</b> <b>8</b> <b>642</b> <b>5</b>	bt       (1) stations carried only on a part-fithe carriage of certain network prografies of (e)(2) and (4))]; and (2) certain states carried by your cable system on a subtract by sour cable system on a subtract by sour cable system on a subtract by contract states and Program and the Special Statement and Program and the set and the set and the station. For example, report a station, an independent station, or a (for network multicast), "I" (for independent station, or a (for network multicast), "I" (for independent station or "E-M" (for noncommercial education and the community to which the station the community with which the station and the community with which the station and the community with which the station of the community with which the s	television stations) -time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION Green Bay, WI Green Bay, WI
carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> : basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on tf <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1.</b> CALL SIGN WBAY WBAY HD WFRV	m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. o case whether the station is a network wring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o rems, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t <b>2. B'CAST CHANNEL NUMBER</b> <b>8</b> <b>642</b> <b>5</b>	bt       (1) stations carried only on a part-fithe carriage of certain network prografies of (e)(2) and (4))]; and (2) certain states carried by your cable system on a subtract by sour cable system on a subtract by sour cable system on a subtract by contract states and Program and the Special Statement and Program and the set and the set and the station. For example, report a station, an independent station, or a (for network multicast), "I" (for independent station, or a (for network multicast), "I" (for independent station or "E-M" (for noncommercial education and the community to which the station the community with which the station and the community with which the station and the community with which the station of the community with which the s	-time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the on is identified. <b>4. LOCATION OF STATION</b> <b>Green Bay, WI</b> <b>Green Bay, WI</b>
WBAY WBAY HD WFRV	8 642 5	N N N	Green Bay, WI Green Bay, WI Green Bay, WI
WBAY HD WFRV	642 5	N	Green Bay, WI Green Bay, WI
WFRV	5	Ν	Green Bay, WI Green Bay, WI
WFRV HD	640		Green Bay, WI
	U+U	Ν	
WCWF	10	Ν	Green Bay, WI
WCWF HD	644	Ν	Green Bay, WI
WEUX	11	N	Green Bay, WI
WEUX HD	646	Ν	Green Bay, WI
		1	
••••			

Accounting F	Period: 2018	/2					FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
CCI System	S, INC. (FKA	Cable	Constructors Inc)					62941
all-band basis w Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Co	t every radio s whose signals ctions Conce it is carried b monitoring, to ormation abou rm. dentify the call State whether if the radio stat this by placing Sive the station	station ca were ge rning Al y the sys be recei- tit the Co sign of of the static ion's sig g a check n's locati	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under ( the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ble system during Copyright Office it t the system's he system's FM anto this point, see pa ed by the cable s he station is licen	the accountin regulations, ar eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ng period n FM sig 2) it can ertain s eneral i eparate	d. Inal is generally be expected, tated intervals. nstructions in the. and discrete	H Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL OIGH		3,0	LOOKTION OF STATION	UALL SIGN		3,0		
·								
·								

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	onstructors	Inc)				62941
	SUBSTITUTE CARRIAGI	E: SPECIA			3			
	In General: In space I, identi					ion that you	r cable syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork televis	sion progran	n
Program Log	broadcast by a distant star	tion?					YES	NO
0 0	Note: If your answer is "No'	, leave the	rest of this pac	e blank. If your answer is "	Yes," you mu	ist complete	the program	m
	log in block 2.	,	1 0			·	1 0	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				vherever pos	sible, if theii	r meaning is	;
	clear. If you need more spa			rows to the tables. ision program ("substitute p	orogram") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for furthe	r information	
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lo	ve Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	0."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sr	nould be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	na regulatio	ons in	
			E PROGRAM			N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM ·	— то	
						:		
							_	
						·	—	
							_	
			]				_	]
						:		
1	1	1	1			1		1

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 62941
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 3,153.51
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 • 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.	\$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-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,	100)	
	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 For and			
Filing Fee and Total Remittance	1. 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/2			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: nc. (FKA Cable Constructors Inc)		SYSTEM ID# 62941
M Channels	<ul><li>to its subscriber</li><li>1. Enter the tota system carried</li><li>2. Enter the tota on which the o</li></ul>	bu must give (1) the number of channels on which the cable system carried television a, and (2) the cable system's total number of activated channels during the accountin number of channels on which the cable television broadcast stations		4
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	to whom	
for Further Information	Name	Christopher Flanick	Telephone 906-	-771-2208
	Address	105 Kent St.		
		(Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801		
		(City, town, state, zip)		
	Email	christopher.flanick@packerlandbroadband.com Fax (	optional) 906-828-3289	
0		(This statement of account must be certified and signed in accordance with Copyrigh	t Office regulations)	
Certification		d, hereby certify that (Check one, <i>but only one</i> , of the boxes.) r other than corporation or partnership) I am the owner of the cable system as identified	ed in line 1 of space B; or	
		of owner other than corporation or partnership) I am the duly authorized agent of the ine 1 of space B and that the owner is not a corporation or partnership; or	owner of the cable system a	as identified
		er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal e line 1 of space B.	ntity identified as owner of th	ne cable system
		the statement of account and hereby declare under penalty of law that all statements of f e, and correct to the best of my knowledge, information, and belief, and are made in good on 1001(1986)]		
		Enter an electronic signature on the line above to certify the	nis statement.	
		Enter signature using an "/s/ signature" (e.g., /s/ John Smi	ith)	
		Typed or printed name: Jacob Mulaikal		
		Title: CFO (Title of official position held in corporation or partnership)		
		Date: 3	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 t 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 lay

inting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Systems, Inc. (FKA Cable Constructors Inc)	629
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 Statemen Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
	n
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
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 Assessme
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 Assessme
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 Assessm
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 Assessm
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 Assessm
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 Assessm
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 Assessm
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 Assessm
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 Assessme
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 Assessm
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 Assessme
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 Assessme
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 Assessm

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.