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	HT 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>
General instructions are located	8/23/2019	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20191 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.	1889
		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	
U	names	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)	
L			

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)	1889
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	Augusta	WI
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name			tructo	ra Ina)				515	188
	CCI Systems, Inc. (FKA	Cable Cons	structo	rs inc)					
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						ble system,	broken	
scribers and	down by categories of secondary	rtransmission	service.	In general, yo	u can com	pute the numbe	er of subscri	bers in	
Rates	each category by counting the nu							charged	
	separately for the particular server Rate: Give the standard rate c							and the	
	unit in which it is generally billed.								
	category, but do not include disc						o mann a p		
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categor					
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	e right-ha	and block. A tv	vo- or thre	e-word descripti	ion of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
			98	29.05	Preferred Choice		80	67.0	
	Service to first set		90	38.95	Premie				
	Service to additional set(s)				Fremie	r rius		23	87.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s				
F	In General: Space F calls for rat					ll your cable sys	tem's servio	es that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		acaany					gram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				snea. List	these other serv	vices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE
	Continuing Services:	NATE		tion: Non-res		NATE	CATEGO	KT OF SERVICE	NATE
	Pay cable	18.95		el, hotel	nuentiai		Showtin	ne & TMC	14.9
	Pay cable—add'l channel	11.95		nmercial				Encore Tier	12.9
	• Fire protection	11.55		cable				Cinemax Tier	27.9
	Burglar protection		-	cable-add'l ch	annal				21.3
			-	protection					
	Installation, Posidential			•					
	Installation: Residential		• D	alar protoction					
	First set			glar protection					
	First setAdditional set(s)		Other s	ervices:					
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec	ervices:					
	First setAdditional set(s)		Other s • Rec • Disc	ervices: connect connect					
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec • Disc • Out	ervices:					

	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTE				
ame	CCI Systems, Inc. (FP	(A Cable Constructors Inc)						
	PRIMARY TRANSMITTERS: TELEVISION							
G mary mitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, a Substitute Basis Stations basis under specific FCC ru • 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 a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul- he Special Statement and Program d both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepi- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WQOW	9	N	Eau Claire, WI				
	WQOW HD	642	Ν	Eau Claire, WI				
as Necessary	WKBT	8	N	Lacrosse, WI				
	WKVT HD	641	Ν	Lacrosse, WI				
			• •					
	WEUX	11	N	Eau Claire, WI				
	WEUX WEUX HD	11 646	N	Eau Claire, WI Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WEUX HD	646	N	Eau Claire, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				

Accounting P	Period: 2019	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
CCI Systems	s, Inc. (FKA	Cable	Constructors Inc)					188
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing	y the sys be recein to the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright 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 th	It the system's he system's FM ante this point, see pa sed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can certain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the			, o or, m		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
	Γ							

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	onstructors	Inc)				1889
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi					ion. that vour	· cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t 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	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork televis	ion program	
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	the program	n
	log in block 2.			·	-			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				vherever pos	sible, if their	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") that	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							า.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lov	ve Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	0."			
				sting the substitute program				
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute p			vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
	Column 6: State the time to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example. a	i program cam	ed by a system noni 0.01.1	5 p.m. to 0.2	o.ou p.m. sn		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa		T CC Tules a	nu regulatioi	115 111	
								1
	s	UBSTITUT	E PROGRAM	1		N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
						-		
							_	
						-	_	
						-	_	
						-	_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	/STEM ID# 1889
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 service s amount, see	e 5,152.92
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		0.00
	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,	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 Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Inc. (FKA Cable Constructo	ors Inc)			SYSTEM ID# 1889
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	ou must give (1) the number of s, and (2) the cable system's to a number of channels on which t television broadcast stations . I number of activated channels table system carried television to cast services	tal number of activated cha	annels during the a	ccounting period.	4
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of account		DED (Identify an ir	ndividual to whom	
for Further Information	Name	Christopher Flanick			Telephone	906-771-2208
	Address	105 Kent St.				
		(Number, street, rural route, apartm Iron Mountain, MI 498				
		(City, town, state, zip)				
	Email	christopher.flani	k@astreaconnect.com		Fax (optional) 906-828-328	39
O Certification		(This statement of account mu ed, hereby certify that (Check on	-		Copyright Office regulations)	
	(Owne	er other than corporation or pa	tnership) I am the owner of	f the cable system a	is identified in line 1 of space B	; or
		t of owner other than corporat line 1 of space B and that the ov			ent of the owner of the cable sy	vstem as identified
		cer or partner) I am an officer (if line 1 of space B.	a corporation) or a partner (if	f a partnership) of th	ne legal entity identified as own	er of the cable system
		d the statement of account and h te, and correct to the best of my b on 1001(1986)]				
			X /s/ Jacob Mul	on the line above to		
			Enter signature using an "/s/	signature" (e.g., /s/	John Smith)	
		Typed or printed	name: Jacob Mulai	kal		
		Title: (Title of of	CFO icial position held in corporation of	or partnership)		
		Date:			7/29/2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Systems, Inc. (FKA Cable Constructors Inc)	188
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 made by satellite carriers to satellite dish owners? NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	-
	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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