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

STATEMI	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) actions are located of this workbook	2/13/2020	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	Y <b>Y/(Period))</b> Period 2 = July 1 - December 31	
Accounting Period	20192	Barcode Data Filing Period (optional	- see instructions)	
	Instructions:			
В	Give the full legal name of the owner of t of the subsidiary, not that of the parent c	-	diary of another corporation, give the full corp	porate title
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty for		he last day of the accounting period should suing period.	ıbmit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	23705
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	CCI Systems, Inc. (FKA Cable Cons	tructors Inc)		
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	Packerland Broadband			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	P.O. BOX 190			

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 suffciency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

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.

mber, street, rural route, apartment, or suite number)

Iron Mountain, MI 49801

**IDENTIFICATION OF CABLE SYSTEM:** 

(City, town, state, zip

С

System

1

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	2370
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area	as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or	
Served	identified city.	
	CITY OR TOWN	STATE
First	Crivitz	WI
Community	Wausaukee	WI
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1-	TEM ID
Name	CCI Systems, Inc. (FKA			າc)				2370
	,,			/				
Е	SECONDARY TRANSMISSION In General: The information in s				ary transmission	service of th	ne cable	
—	system, that is, the retransmission	-		-	•			
Secondary	about other services (including p				•			
Transmission	last day of the accounting period					hin avatama	halten	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar					•		
Rates	each category by counting the n	,	0					
	separately for the particular serv							
	Rate: Give the standard rate of	-				-		
	unit in which it is generally billed category, but do not include disc		,	•	lard rate variation	is within a p	articular rate	
	Block 1: In the left-hand block		•		condary transmi	ssion servic	e that cable	
	systems most commonly provide							
	that applies to your system. <b>Not</b> categories, that person or entity				-			
	subscriber who pays extra for ca			•		•		
	first set" and would be counted of	once again unc	ler "Service to	additional set(s).	33			
	Block 2: If your cable system	0						
	printed in block 1 (for example, t with the number of subscribers a				,		, 0	
	sufficient.		e fight-fiand b		ree-word descript			
	BLC	DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		ATE CAT	TEGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:							
	Service to first set		71	38.95 Prefer	red Choice		51	67.0
	<ul> <li>Service to additional set(s)</li> </ul>			Preme	eir Plus		17	87.0
	<ul> <li>FM radio (if separate rate)</li> </ul>							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	S: RATES				
F	In General: Space F calls for ra							
	not covered in space E, that is, t service for a single fee. There ar							
Services	furnished at cost or (2) services	•		•		• • • •		
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		iha aabla ayat	ana fan aaab af tha	, annliachta ann i	aaa liatad		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						were not	
	listed in block 1 and for which a	• •						
	brief (two- or three-word) descrip	otion and inclue	de the rate for	each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY	OF SERVICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:		Installation:	Non-residential				
	• Pay cable	18.95	<ul> <li>Motel, ho</li> </ul>	tel			ne & TMC	14.9
	<ul> <li>Pay cable—add'l channel</li> </ul>	11.95	Commerce	ial			Encore Tier	12.9
			<ul> <li>Pay cable</li> </ul>	)		HBO &	Cinemax Tier	27.9
	Fire protection			-add'l channel				
	Fire protection     Burglar protection		-					
	Fire protection     Burglar protection Installation: Residential		• Fire prote	ction				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Fire prote • Burglar p	ction rotection				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		<ul> <li>Fire prote</li> <li>Burglar prote</li> <li>Other servic</li> </ul>	ction rotection <b>es:</b>				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Fire prote • Burglar pr Other servic • Reconne	ction rotection <b>es:</b> ct				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		<ul> <li>Fire prote</li> <li>Burglar pi</li> <li>Other servic</li> <li>Reconnee</li> <li>Disconnee</li> </ul>	ction rotection es: ct				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Fire prote</li> <li>Burglar p</li> <li>Other servic</li> <li>Reconnee</li> <li>Disconne</li> <li>Outlet rel</li> </ul>	ction rotection es: ct				

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
		A Cable Constructors Inc)		23705
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> 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 informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, s's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station	me basis under ims [sections ions carried on a ions carried on a ions carried on a ions carried on a ions iong)—if the ion some other ions. iv, etc. Identify each rt multistream the air in its community inoncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBAY	8	N	Green Bay, WI
	WBAY HD	642	N	Green Bay, WI
Add Rows as Necessary	WFRV	5	N	Green Bay, WI
uu nows as necessary	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
	WEUX HD	646	N	Green Bay, WI

EGAL NAME O			YSTEM: Constructors Inc)					SYSTEM I 237
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein to the Co sign of o the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processe k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FORM	VI SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				23705
					-			
	SUBSTITUTE CARRIAG							
	In General: In space I, ident							
0	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in		ille paper 3	A 1-2 10111.
Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	lsion prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	". leave the	rest of this pa	age blank. If vour answer i	s "Yes." vou i	must comple	te the proc	aram
	log in block 2.	,		·9	- · · · , <b>,</b> - · · ·			<b>,</b>
	2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meaning	a is
	clear. If you need more spa				e milerer p			9.0
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	am uties, for e	example, 11	love Lucy	01
	_		dcast live. ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerais	, with the h	nonth
			e substitute pr	ogram was carried by you	r cable syste	m I ist the ti	mes accura	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s anu regula		
	,							1
					WHE	N SUBSTIT	UTE	
	S	T	E PROGRAM	1	CARRI	AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH AND DAY	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM -	- то	
							-	
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	1			I				

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 23705
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	5,078.94 ss receipts)
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	¢	50.00
	Line 1. Royalty ree for accounting period		52.00 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	¢	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		52.00
	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		
	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 \$ 263,800.00		
	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		nts!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 23705
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	4
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)           Name         Christopher Flanick         Telephone	906-771-2208
Information	Address       105 Kent St. (Number, street, rural route, apartment, or suite number)       Iron Mountain, MI 49801 (City, town, state, zip)         Email       christopher.flanick@astreaconnect.com       Fax (optional) 906-828-328	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified vner of the cable system
	X       /s/ Jacob Mulaikal         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Jacob Mulaikal         Title:       CFO         (Title of official position held in corporation or partnership)         Date:       01/13/2020	

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unting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Systems, Inc. (FKA Cable Constructors Inc)	2370
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 fol- lowing 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 sub- scribers 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       Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Interest Assessmen
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessmen
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