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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@loc.gov</u>
General instru	ems (Short Form) ctions are located of this workbook	2/13/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	YY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20192	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:	na cable system. If the owner is a subsid	diary of another corporation, give the full co	norate title
B	of the subsidiary, not that of the parent co			porate the
Owner	List any other name or names under which	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty fe	- · · ·	he last day of the accounting period should s ing period.	ubmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	33592
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	CCI Systems, Inc. (FKA Cable Const BUSINESS NAME(S) OF OWNER OF	-		
	Packerland Broadband			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	P.O. BOX 190 (Number, street, rural route, apartment, or suite n	umber)		
	Iron Mountain, MI 49801 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 3			

(Number, street, rural route, apartment, or suite number)

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.

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

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	33592					
D Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and inc discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification h 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 home parks should be reported in parentheses b						
Served	identified city.						
	CITY OR TOWN	STATE					
First	Hewitt	WI					
Community							
dd Rows as Necessary							

	LEGAL NAME OF OWNER OF C							FORM SA1						
Name	CCI Systems, Inc. (FKA			Inc)				515	3359					
	COI Systems, Inc. (FKA		SILUCIOIS											
Е	SECONDARY TRANSMISSION													
E	In General: The information in space E should cover all categories of secondary transmission service of the cable													
Secondary	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													
Transmission	last day of the accounting period													
Service: Sub-	Number of Subscribers: Both	•												
scribers and	down by categories of secondary	•				•								
Rates	each category by counting the n separately for the particular serv			0, 1, (•		charged						
	Rate: Give the standard rate of							ge 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			-		-								
	that applies to your system. Not							0,						
	categories, that person or entity					0,	•							
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the						
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those						
	printed in block 1 (for example, t	•												
	with the number of subscribers a	and rates, in the	e right-hand	block. A tw	o- or thre	e-word descript	ion of the s	service is						
	sufficient.													
	BLC				BLOCK	NO. OF								
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	CATEGORY OF SERVICE SUBSCI		SUBSCRIBERS	RAT					
	Residential:													
	Service to first set		52			ed Choice		50	67.					
	Service to additional set(s)				Premie	r Plus		12	87.					
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial													
	Converter Residential													
	Non-residential													
	• Non-residential													
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIC	NS: RATES	6									
F	In General: Space F calls for ra													
ſ	not covered in space E, that is, t					,	,							
Services	service for a single fee. There ar furnished at cost or (2) services													
Other Than	amount of the charge and the ur													
	enter only the letters "PP" in the													
Secondary								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						
ransmissions:	Block 1: Give the standard rat	te charged by t						were not						
	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable sys	stem furnis	ned or offere	ed during	the accounting	period that							
ransmissions:	Block 1: Give the standard rat	te charged by t t your cable sys separate charg	stem furnisl je was mad	ed or offere or establis	ed during	the accounting	period that							
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable sys separate charg ption and includ	stem furnisl ge was mad de the rate	ed or offere or establis	ed during	the accounting	period that	e form of a						
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable sys separate charg	stem furnisi ge was mad de the rate t CK 1	ed or offere e or establis or each	ed during shed. List	the accounting	period that vices in the		RAT					
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te charged by t t your cable sys separate charg ption and includ BLO0	stem furnisi ge was mad de the rate CK 1 CATEGOF	ed or offere or establis	ed during shed. List /ICE	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT					
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by t t your cable sys separate charg ption and includ BLO0	stem furnisi ge was mad de the rate CK 1 CATEGOF	ed or offere e or establis or each. Y OF SER\ n: Non-resi	ed during shed. List /ICE	the accounting these other ser	period that vices in the CATEGO	e form of a BLOCK 2						
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sys separate charg otion and includ BLO(RATE	stem furnisi ge was mad de the rate f CK 1 CATEGOF Installatio	ed or offere e or establis or each. Y OF SER\ n: Non-resi notel	ed during shed. List /ICE	the accounting these other ser	period that vices in the CATEGO Showti	BLOCK 2 BLOCK 2 DRY OF SERVICE	RAT 14.5					
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable sys separate charg otion and includ BLO(RATE 18.95	stem furnisi ge was mad de the rate f CK 1 CATEGOR Installatio • Motel,	ed or offere e or establis or each. Y OF SER\ n: Non-resi notel ercial	ed during shed. List /ICE	the accounting these other ser	cATEGC	BLOCK 2 DRY OF SERVICE	14.9					
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by t t your cable sys separate charg otion and includ BLO(RATE 18.95	stem furnisi ge was mad de the rate t CK 1 CATEGOR Installatio • Motel, • Commu • Pay ca	ed or offere e or establis or each. Y OF SER\ n: Non-resi notel ercial	ed during shed. List /ICE dential	the accounting these other ser	cATEGC	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9					
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	te charged by t t your cable sys separate charg otion and includ BLO(RATE 18.95	stem furnisi ge was mad de the rate t CK 1 CATEGOR Installatio • Motel, • Commu • Pay ca	ed or offere e or establis or each. Y OF SER\ n: Non-resi notel ercial ole ole	ed during shed. List /ICE dential	the accounting these other ser	cATEGC	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9					
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sys separate charg otion and includ BLO(RATE 18.95	stem furnisi ge was mad de the rate to CK 1 CATEGOR Installatio • Motel, • Commu • Pay ca • Pay ca • Fire pro	ed or offere e or establis or each. Y OF SER\ n: Non-resi notel ercial ole ole	ed during shed. List /ICE dential	the accounting these other ser	cATEGC	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9					
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sys separate charg otion and includ BLO(RATE 18.95	stem furnisi ge was mad de the rate to CK 1 CATEGOR Installatio • Motel, • Commu • Pay ca • Pay ca • Fire pro	ed or offere e or establis or each. Y OF SER\ notel ercial ole ole-add'l cha otection protection	ed during shed. List /ICE dential	the accounting these other ser	cATEGC	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14. 12.					
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	te charged by t t your cable sys separate charg otion and includ BLO(RATE 18.95	stem furnisi ge was mad de the rate to CK 1 CATEGOR Installatio • Motel, • Comme • Pay ca • Pay ca • Fire pro • Burglan	ed or offere e or establis or each. Y OF SER\ notel ercial ole ole-add'l cha otection protection ices:	ed during shed. List /ICE dential	the accounting these other ser	cATEGC	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14. 12.					
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sys separate charg otion and includ BLO(RATE 18.95	stem furnisi ge was mad de the rate f CK 1 CATEGOR Installatio • Motel, • Commo • Pay ca • Pay ca • Fire pro • Burglan Other serv	ed or offere e or establis or each. Y OF SER\ n: Non-resi notel ercial ole ole-add'I cha otection protection ices: nect	ed during shed. List /ICE dential	the accounting these other ser	cATEGC	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14. 12.					
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sys separate charg otion and includ BLO(RATE 18.95	stem furnisi ge was mad de the rate to CK 1 CATEGOR Installatio • Motel, • Commo • Pay ca • Pay ca • Fire pro • Burglan Other serv • Reconn • Discon	ed or offere e or establis or each. Y OF SER\ n: Non-resi notel ercial ole ole-add'I cha otection protection ices: nect	ed during shed. List /ICE dential	the accounting these other ser	cATEGC	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14. 12.					

ounting Period: 2	2019/2			FORM SA1-2E. PAGE 3.				
Name				SYSTEM ID# 33592				
	CCI Systems, Inc. (FM PRIMARY TRANSMITTERS:	(A Cable Constructors Inc)		JJJJZ				
G Primary ansmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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), 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 <i>not</i> 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 <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station 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 b, "N-M" (for network multicast), "I" (for independent), "I-M" (for independent), "I-M" (for network), "N-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 with which the station is identified.							
	1. CALL SIGN	4. LOCATION OF STATION						
	WAOW	9	N	Wausau, WI				
	WAOW HD	642	Ν	Wausau, WI				
Necessary	WSAW	8	Ν	Wausau, WI				
	WSAW HD	641	N	Wausau, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WFXS	11	E	Wausau, WI				
	WHRM	20	l	Wausau, WI				

EGAL NAME OI			Constructors Inc)					SYSTEM I 335
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abourn. dentify the call tate whether the the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 this point, see par ed by the cable s re station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	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	
ONLE OIGH		0,0		O/ LE OIGIN		0/0		

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)				33592
					<u>.</u>			
	SUBSTITUTE CARRIAG							
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	explanation of the programm							
Substitute Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		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	ige blank. If your answer is	s "Yes," you i	must comple	te the proc	gram
	log in block 2.	,	•	0 ,		•		•
	2. LOG OF SUBSTITUTE		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				·	,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			etball. List specific progra		example, 11	LOVE LUCY	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broado	asting the substitute prog	ram.			
				the community to which th			e FCC or,	in
	the case of Mexican or Car			stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		when your sy		e program. O		, wiui uie ii	nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the ti	mes accura	ately
	to the nearest five minutes.							5
	stated as "6:00-6:30 p.m."	"D":(1)						
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your oyotoin n			o ana rogala		
								1
						N SUBSTIT		
	S		E PROGRAN	1		AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –		DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM -	- 10	
							-	
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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# 33592
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 transmit (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	2,518.17 Iss 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.	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	. <u> </u>	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		02.00
	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		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:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 33592
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 value of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	4
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		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@astreaconnect.com Fax (optional) 906-828-328	9
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (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 (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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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)] 	system as identified /ner 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	

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 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 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.

C Systems, Inc. (FKA Cable Constructors Inc) PCIAL STATEMENT CONCERNING GROSS RECIPTS EXCLUSIONS The Stabilite Home Viewer Act of 1988 amended Tile 17, section 111(g)(1)(A), of the Copyright Act by adding the fol- service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- service of anyolding secondary transmissions of primary broadcast transmitters, the system shall not include sub- service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- sections and any stabilite carriers to satellite dish owners? Norms the coccurring period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. Name Mating Address Name Mating Address Name Mating Address Name Mating Address Name Name Mating Address Name Name Name Name Name Name Name Name		PAGE
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: P 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 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 carrier(s) below. \$ Nome Mame Maing Address Mame Maing Address Maing Address Line 1 Enter the total here and list the satellite carrier(s) below. x Line 2 Multiply line 1 by the interest rate* and enter the sum here x x Line 3 Multiply line 2 by the number of days late and enter the sum here x x x Line 4 Multiply line 3 by 0.00274** and enter here s 	SYSTEM: SYS	TEM ID
P Batellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: The 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- services 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 YES. Enter the total here and list the satellite carrier(s) below. S ThEREST ASSESSMENT Vou 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. Line 2 Multiply line 1 by the interest rate [*] and enter the sum here	ble Constructors Inc)	3359
Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Asse Line 1 Enter the amount of late payment or underpayment	CONCERNING GROSS RECEIPTS EXCLUSIONS ct of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- tal number of subscribers and the gross amounts paid to the cable system for the basic econdary transmissions of primary broadcast transmitters, the system shall not include sub- collected from subscribers receiving secondary transmissions pursuant to section 119." In to exclude these amounts, see the note on page (vii) of the general instructions orm. , did the cable system exclude any amounts of gross receipts for secondary transmissions satellite dish owners?	Gross
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Line 1 Enter the amount of late payment or underpayment	sheet for those royalty payments submitted as a result of a late payment or underpayment.	
x	late payment or underpayment	sment
Line 3 Multiply line 2 by the number of days late and enter the sum here		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	number of days late and enter the sum here	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	block 1, line 2, or block 2 line 8, or block 3 line 6	
1 Inis is the decimal equivalent of 1/365, which is the interest assessment for one day late.	ivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.		
Owner		
Address		
ID number		
First community served		

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