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 COPYRIC | by email to: | | | |
|---|------|---|--|---|-------------------|--|--|
| | | ansmissions by | DATE RECEIVED | AMOUNT | | | |
| Cable Systems (Short Form) General instructions are located in the first tab of this workbook | | 2/13/2020 | \$ ALLOCATION NUMBER | <u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 | | | |
| A | ACCO | 2019/2 | BY THIS STATEMENT: (Y | ' YYY/(Period)) Period 2 = July 1 - December 31 | | | |
| Accounting Period | | 20192 | Barcode Data Filing Period (option | al - see instructions) | | | |
| | | Instructions: | | | | | |
| В | | | | sidiary of another corporation, give the full co | rporate title | | |
| Owner | | List any other name or names under which | h the owner conducts the business of | the cable system. | | | |
| | | single statement of account and royalty fe | ee payment covering the entire accou | | submit a 37759 | | |
| | | Check here if this is the system's first filing | g. If not, enter the system's ID numbe | r assigned by the Licensing Division. | | | |
| | | | | | | | |
| | | LEGAL NAME OF OWNER/MAILING | G ADDRESS OF CABLE SYSTEM | 1 | | | |
| | | CCI Systems, Inc. (FKA Cable Cons | tructors Inc) | | | | |
| | | BUSINESS NAME(S) OF OWNER OF | CABLE SYSTEM (IF DIFFEREN | Т) | | | |
| | | 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 | | | | entify the business and operation of the he system, if different from the address | | | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | | | | | |
| | | MAILING ADDRESS OF CABLE SYSTEM | l: | | | | |

Return completed workbook

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.

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

2

(City, town, state, zip code)

| N | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
|---------------------|---|--|
| Name | CCI Systems, Inc. (FKA Cable Constructors Inc) | 377 |
| D | Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir | mmunity" is the same as a "community unit" as defined in FCC rule ited communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or m identified city. | |
| Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | Fifield | WI |
| Community | | |
| | | |
| d Rows as Necessary | | |
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|----------------------------|--|---|--|--|--|---|------------------------|---------|--|--|--|--|--|--|
| Name | | | | | | | | | | | | | | |
| | CCI Systems, Inc. (FKA Cable Constructors Inc) | | | | | | | | | | | | | |
| _ | SECONDARY TRANSMISSION | I SERVICE: SL | JBSCRIBER | S AND RATES | | | | | | | | | | |
| E | In General: The information in s | - | | - | • | | | | | | | | | |
| Secondary | system, that is, the retransmission | | | | | | | | | | | | | |
| Secondary Transmission | about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). | | | | | | | | | | | | | |
| Service: Sub- | | ber of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken | | | | | | | | | | | | |
| scribers and | down by categories of secondar | y transmission | service. In g | eneral, you can c | compute the numbe | er of subsc | ribers in | | | | | | | |
| Rates | each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). | | | | | | | | | | | | | |
| | separately for the particular server Rate: Give the standard rate of | | | | | | ne and the | | | | | | | |
| | unit in which it is generally billed | | | | | | | | | | | | | |
| | category, but do not include disc | | | | | | | | | | | | | |
| | Block 1: In the left-hand block | | | - | • | | | | | | | | | |
| | systems most commonly provide | | | | | | | | | | | | | |
| | that applies to your system. Not categories, that person or entity | | | - | - | | | | | | | | | |
| | subscriber who pays extra for ca | | | | | | | | | | | | | |
| | first set" and would be counted of | | | | | | | | | | | | | |
| | Block 2: If your cable system | 0 | | ``` | , | different f | rom those | | | | | | | |
| | printed in block 1 (for example, t | | | | | ,. | | | | | | | | |
| | with the number of subscribers a | hree-word descript | ion of the s | service is | | | | | | | | | | |
| | sufficient. BL0 | OCK 1 | | | | BLOCK | (2 | | | | | | | |
| | | | | | NO. OF | | | | | | | | | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | EKS F | CATE CA | ATEGORY OF SEF | VICE | SUBSCRIBERS | RA | | | | | | |
| | Service to first set | | 15 | 86.95 | | | | | | | | | | |
| | | | 10 | 66.95 | | | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | | | | |
| | Commercial Converter | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Residential | | | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | NSMISSIO | | | | | | | | | | | |
| - | In General: Space F calls for ra | | | | o all your cable sys | tem's serv | vices that were | | | | | | | |
| F | not covered in space E, that is, t | | | | | | | | | | | | | |
| 0 | service for a single fee. There a | | | | | | | | | | | | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the ur | | | | | | | | | | | | | |
| | a nound of the charge and the up | | usually bille | u. Il ally lates ale | e charged on a van | able pei-p | logram basis, | | | | | | | |
| Secondary | - | rate column. | | | | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. | | | | | | | | |
| Secondary ransmissions: | enter only the letters "PP" in the Block 1: Give the standard rate | te charged by t | | | | | | | | | | | | |
| | enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that | te charged by t t your cable sys | stem furnish | ed or offered duri | ng the accounting | period that | | | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a | te charged by t t your cable sys separate charg | stem furnish ge was made | ed or offered duri or established. L | ng the accounting | period that | | | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that | te charged by t t your cable sys separate charg | stem furnish ge was made | ed or offered duri or established. L | ng the accounting | period that | | | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip | te charged by t t your cable sys separate charg | stem furnish ge was made de the rate fo CK 1 | ed or offered duri or established. L r each. | ng the accounting p ist these other sen | period that | e form of a BLOCK 2 | | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha 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 | stem furnish ge was made de the rate fo CK 1 CATEGOR` | ed or offered duri or established. L r each. / OF SERVICE | ng the accounting p ist these other sen RATE | period that | e form of a | RAT | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra 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 ption and includ BLO(RATE | stem furnish ge was made de the rate fo CK 1 CATEGOR ¹ Installation | ed or offered duri or established. L r each. Ó OF SERVICE : Non-residentia | ng the accounting p ist these other sen RATE | period that | e form of a BLOCK 2 | RAI | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha 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 ption and includ BLO(RATE 18.95 | stem furnish ge was made de the rate fo CK 1 CATEGOR` Installation • Motel, h | ed or offered duri or established. L r each. <u>Y OF SERVICE</u> : Non-residentia otel | ng the accounting p ist these other sen RATE | period that | e form of a BLOCK 2 | RAT | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha 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 ption and includ BLO(RATE | stem furnish ge was made de the rate fo CK 1 CATEGOR` Installation • Motel, h • Comme | ed or offered duri or established. L r each. <u>Y OF SERVICE</u> : Non-residentia otel :cial | ng the accounting p ist these other sen RATE | period that | e form of a BLOCK 2 | RAT | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha 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 ption and includ BLO(RATE 18.95 | stem furnish ge was made de the rate fo CK 1 CATEGOR` Installation • Motel, h • Comme • Pay cab | ed or offered duri or established. L r each. COF SERVICE : Non-residentia otel : cial le | ng the accounting p ist these other sen RATE | period that | e form of a BLOCK 2 | RAT | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha 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 ption and includ BLO(RATE 18.95 | stem furnish ge was made de the rate for CK 1 CATEGOR` Installation • Motel, h • Comme • Pay cab • Pay cab | ed or offered duri or established. L r each. <u>Y OF SERVICE</u> : Non-residentia otel rcial le le-add'l channel | ng the accounting p ist these other sen RATE | period that | e form of a BLOCK 2 | RAI | | | | | | |
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| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra 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 ption and includ BLO(RATE 18.95 | stem furnish ge was made de the rate for CK 1 CATEGOR` Installation • Motel, h • Comme • Pay cab • Pay cab • Fire pro • Burglar | ed or offered duri or established. L r each. <u>OF SERVICE</u> Non-residentia otel rcial le le-add'l channel ection protection | ng the accounting p ist these other sen RATE | period that | e form of a BLOCK 2 | RAT | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra 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'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | te charged by t t your cable sys separate charg ption and includ BLO(RATE 18.95 | stem furnish ge was made de the rate for CK 1 CATEGOR` Installation • Motel, h • Comme • Pay cab • Pay cab • Fire pro • Burglar Other servi | ed or offered duri or established. L r each. 'OF SERVICE : Non-residentia otel :cial le ectad'I channel ection protection ces: | ng the accounting p ist these other sen RATE | period that | e form of a BLOCK 2 | RAT | | | | | | |
| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra 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'I 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 ption and includ BLO(RATE 18.95 | stem furnish ge was made de the rate for CK 1 CATEGOR` Installation • Motel, h • Comme • Pay cab • Pay cab • Fire pro • Burglar Other servi • Reconn | ed or offered duri or established. L r each. <u>COF SERVICE</u> : Non-residentia otel : cial le le-add'l channel ection protection ces: ect | ng the accounting p ist these other sen RATE | period that | e form of a BLOCK 2 | RAT | | | | | | |
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| ransmissions: | enter only the letters "PP" in the Block 1: Give the standard ra 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'I 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 ption and includ BLO(RATE 18.95 | stem furnish ge was made de the rate for CK 1 CATEGOR Installation • Motel, h • Comme • Pay cab • Pay cab • Fire pro • Burglar Other servi • Reconn • Disconn • Outlet re | ed or offered duri or established. L r each. <u>COF SERVICE</u> : Non-residentia otel rcial le e-add'l channel ection protection ces: ect ect | ng the accounting p ist these other sen RATE | period that | e form of a BLOCK 2 | RA1 | | | | | | |

| counting Period: 2 | - | | | FORM SA1-2E. PAGE 3 | | | | |
|---|--|----------------------------|--------------------|------------------------|--|--|--|--|
| Name | | SYSTEM ID# 37750 | | | | | | |
| | · · | (A Cable Constructors Inc) | | 37759 | | | | |
| G Primary Transmitters: Television | PRIMARY TRANSMITTERS: 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), 76.61(e)(2) and (4), 76.61(e)(2) and (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 was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (| | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | |
| | WAOW | 9 | N | Wausua, WI | | | | |
| | WSAW | 7 | N | Wausua, WI | | | | |
| d Rows as Necessary | WFXS | 19 | Ν | Wausua, WI | | | | |
| | WJFW | 12 | N | Rhinelander, WI | | | | |
| | WLEF-TV | 8 | E | Park Falls, WI | | | | |
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| EGAL NAME OF | | | YSTEM: Constructors Inc) | | | | | SYSTEM I 377 |
|--|---|---|--|--|---|--|--|----------------------------------|
| | 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 l For detailed info paper SA1-2 for 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 chech 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 process 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 | |
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| | od: 2019/2 | | | | | | FOR | M SA1-2E. PAGE 5. |
|---------------|--|-----------------------------------|--|------------------------------|----------------|-----------------|---------------|---------------------------|
| Nama | LEGAL NAME OF OWNER OF | | | | | | | SYSTEM ID# |
| Name | CCI Systems, Inc. (FK | A Cable C | Constructor | s Inc) | | | | 37759 |
| | SUBSTITUTE CARRIAG | | | | G | | | |
| | | - | - | | | tion that va | ur aabla aya | tom corriad on a |
| | In General: In space I, ident substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | | | <u></u> | | | |
| Special | During the accounting per | - | | | | ootwork tok | vicion prog | rom |
| Statement and | | | ui cable syster | il carry, on a substitute ba | 515, any noni | | | |
| Program Log | broadcast by a distant sta | ition? | | | | L | YES | NO |
| | Note: If your answer is "No | o", leave the | e rest of this pa | ige blank. If your answer is | s "Yes," you r | nust compl | ete the prog | gram |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTI | E PROGRA | AMS | | | | | |
| | In General: List each subs | titute progra | am on a separ | ate line. Use abbreviations | s wherever p | ossible, if th | eir meaning | g is |
| | clear. If you need more spa | | | | | | | |
| | | | | vision program ("substitute | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categor | | | | | | | |
| | "NBA Basketball: 76ers vs. | | | 1 1 5 | , | 1, | , | |
| | | | | er "Yes." Otherwise enter | | | | |
| | | | | asting the substitute prog | | | 500 | • |
| | the case of Mexican or Car | | | the community to which th | | | ne FCC or, | IN |
| | | | | stem carried the substitute | | | s. with the r | nonth |
| | first. Example: for May 7 gi | | ······ | | | | -, | |
| | | | | ogram was carried by you | | | | ately |
| | to the nearest five minutes. | . Example: | a program car | ried by a system from 6:01 | 1:15 p.m. to 6 | 6:28:30 p.m | should be | |
| | stated as "6:00–6:30 p.m." | or "P" if the | listed program | n was substituted for prog | romming that | t vour evete | m was roou | ired |
| | to delete under FCC rules | | | | | | | |
| | was substituted for program | | | | | | | ogram |
| | effect on October 19, 1976 | | , , | · | | 0 | | |
| | | | | | | | | |
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| | | | | | | N SUBSTI | | |
| | S | | | 1 | CARRI | AGE OCC | JRRED | 7. REASON FOR DELETION |
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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# 37759 |
| 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 | 8,241.26 pss receipts) |
| 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 \$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 | | 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 | 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 Due | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| 240 | 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# 37759 |
| 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 and nonbroadcast services . | 65 |
| 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 | 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@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) • 1, 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) of the legal entity identified as ov in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ov in line 1 of space B. • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia 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 |
| | 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.

| counting Period: 2019/2 | FORM SA1-2E. PAGE & |
|---|--|
| GAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| CI Systems, Inc. (FKA Cable Constructors Inc) | 3775 |
| 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 YES. Enter the total here and list the satellite carrier(s) below | P Special Statement Concerning Gross Receipts Exclusion |
| Name 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 | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | |
| ** This is the decimal equivalent 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 | |

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