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	Return completed workbook by email to:		
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
General instru	ems (Short Form) uctions 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	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					
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full corpo	orate title	
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 sub ing period.	omit 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.	62918	
	LEGAL NAME OF OWNER/MAILING				
	CCI Systems, Inc. (FKA Cable Cons BUSINESS NAME(S) OF OWNER OF	-	1		
	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				

 Iron Mountain, MI 49801 (City, town, state, zip)

 C
 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.

 1
 IDENTIFICATION OF CABLE SYSTEM: 1

 2
 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)

 Cty, town, state, zip code)
 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
Nume	CCI Systems, Inc. (FKA Cable Constructors Inc)	62918						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter k 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 below the							
Area Served	identified city.							
	CITY OR TOWN	STATE						
First	Goodman	WI						
Community								
dd Rows as Necessary								

Name									SYSTEM ID 6291					
	CCI Systems, Inc. (FKA	Cable Con	structors	s inc)					010					
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIBE	RS AND R	ATES									
E	In General: The information in s	-		-		•								
Secondary	system, that is, the retransmission about other services (including particular services)													
Transmission	last day of the accounting period							ing on the						
Service: Sub-	Number of Subscribers: Bot	•												
scribers and	down by categories of secondar	•		•		•								
Rates	each category by counting the n separately for the particular service			U I I		•		charged						
	Rate: Give the standard rate of							ge and the						
	unit in which it is generally billed	• •	,		ny standa	rd rate variatior	is within a	particular rate						
	category, but do not include disc				rian of and	ondon tronomi		a that apple						
	Block 1: In the left-hand block systems most commonly provide			-		•								
	that applies to your system. Not							0,						
	categories, that person or entity					ι,	•							
	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-han	d block. A t	vo- or thre	e-word descript	tion of the s	service is						
	sufficient.	OCK 1					BLOCK	· •						
		NO. OF					BLOCK	NO. OF						
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT					
	Residential:				Ductor			40	67					
	Service to first set		26	38.95		ed Choice		19	67.					
	Service to additional set(s)				Premie	r Pius		5	87.					
	• FM radio (if separate rate)													
	Motel, hotel Commercial													
	Converter													
	Residential													
	Non-residential													
	SERVICES OTHER THAN SEC													
F	In General: Space F calls for ra													
I	not covered in space E, that is, t service for a single fee. There a					,	,							
Services	furnished at cost or (2) services													
Other Than	amount of the charge and the ur		usually bil	ed. If any ra	ates are ch	narged on a vari	iable per-p	rogram basis,						
Secondary	enter only the letters "PP" in the rate column.													
······································	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: Rates		t vour cable sv	stem furnis	hed or offer	ed durina	the accounting	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a							
ransmissions: Rates	Block 2: List any services that				-	-	vices in the	e form of a						
	Block 2: List any services that	separate charg	je was mao	le or establ	-	-	vices in the	e form of a						
	Block 2: List any services that listed in block 1 and for which a	separate chargotion and includ	je was mad de the rate	le or establ	-	-	vices in the							
	Block 2: List any services that listed in block 1 and for which a	separate charg	je was mao de the rate CK 1	le or establ	shed. List	-		BLOCK 2	RAT					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLO0	e was mad de the rate CK 1 CATEGOR	le or establ for each.	shed. List	these other ser		BLOCK 2	RAT					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg ption and includ BLO0	e was mad de the rate CK 1 CATEGOR	le or establ for each. RY OF SER n: Non-res	shed. List	these other ser	CATEGO	BLOCK 2	RAT					
	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:	separate chargotion and include BLOC	e was mad de the rate CK 1 CATEGOR Installatic	le or establ for each. <u>RY OF SER</u> n: Non-res hotel	shed. List	these other ser	CATEGO Showti	BLOCK 2 DRY OF SERVICE						
	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	separate chargotion and inclue BLOC RATE 18.95	e was mad de the rate CK 1 CATEGOR Installatic • Motel,	le or establ for each. RY OF SER n: Non-res hotel ercial	shed. List	these other ser	CATEGO Showti Stars 8	BLOCK 2 DRY OF SERVICE me & TMC	14.9					
	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	separate chargotion and inclue BLOC RATE 18.95	e was mad de the rate CK 1 CATEGOR Installatio • Motel, • Comm • Pay ca	le or establ for each. RY OF SER n: Non-res hotel ercial	shed. List VICE idential	these other ser	CATEGO Showti Stars 8	BLOCK 2 DRY OF SERVICE me & TMC Encore Tier	14.9 12.9					
	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	separate chargotion and inclue BLOC RATE 18.95	e was mad de the rate CK 1 CATEGOR Installatio • Motel, • Comm • Pay ca • Pay ca	le or establ for each. RY OF SER n: Non-res hotel ercial ble	shed. List VICE idential	these other ser	CATEGO Showti Stars 8	BLOCK 2 DRY OF SERVICE me & TMC Encore Tier	14.9 12.9					
	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 • Pay cable—add'l channel • Fire protection • Burglar protection	separate chargotion and inclue BLOC RATE 18.95	e was mad de the rate CK 1 CATEGOR Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr	le or establ for each. RY OF SER n: Non-res hotel ercial ble ble	shed. List VICE idential	these other ser	CATEGO Showti Stars 8	BLOCK 2 DRY OF SERVICE me & TMC Encore Tier	14.9 12.9					
	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	separate chargotion and inclue BLOC RATE 18.95	e was mad de the rate CK 1 CATEGOR Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr	le or establ for each. RY OF SER n: Non-res hotel ercial ble ble-add'l ch otection r protection	shed. List VICE idential	these other ser	CATEGO Showti Stars 8	BLOCK 2 DRY OF SERVICE me & TMC Encore Tier	14.9 12.9					
	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)	separate chargotion and inclue BLOC RATE 18.95	e was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	le or establ for each. RY OF SER n: Non-res hotel ercial ble ble-add'l ch otection r protection vices:	shed. List VICE idential	these other ser	CATEGO Showti Stars 8	BLOCK 2 DRY OF SERVICE me & TMC Encore Tier	14.9 12.9					
	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)	separate chargotion and inclue BLOC RATE 18.95	e was mad de the rate CK 1 CATEGOF Installatic • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser	le or establ for each. RY OF SER n: Non-res hotel ercial ble ble-add'I ch otection r protection vices: nect	shed. List VICE idential	these other ser	CATEGO Showti Stars 8	BLOCK 2 DRY OF SERVICE me & TMC Encore Tier	14.9 12.9					
	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)	separate chargotion and inclue BLOC RATE 18.95	e was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor	le or establ for each. RY OF SER n: Non-res hotel ercial ble ble-add'I ch otection r protection vices: nect	shed. List VICE idential	these other ser	CATEGO Showti Stars 8	BLOCK 2 DRY OF SERVICE me & TMC Encore Tier	14. 12.					

counting Period: 2	-			FORM SA1-2E. PAGE 3.					
Name				SYSTEM ID# 62918					
	CCI Systems, Inc. (FK PRIMARY TRANSMITTERS:	A Cable Constructors Inc)		02010					
G Primary ransmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as	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), 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							
	• 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 Column 1: List each station	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI	on some other ons. N, etc. Identify each					
	"WETA-2" as the same on t Column 2: Give the channe	el number the FCC assigned to the tele	°						
	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" (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 to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	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					
as Necessary	WFRV	5	Ν	Green Bay, WI					
	WFRV HD	640	N	Green Bay, WI					
	WCWF	10	Ν	Green Bay, WI					
	WCWF HD	644	Ν	Green Bay, WI					
	WEUX	11	Ν	Green Bay, WI					
	WEUX HD	646	N	Green Bay, WI					

EGAL NAME OF			Constructors Inc)					SYSTEM I 629
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper 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 at the Co l sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a 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 par ed by the cable s e 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 :	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	
ON LEE GIGIT		0,D		ON LEE OI OI V		0/12		

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)				62918
					<u>.</u>			
I	SUBSTITUTE CARRIAG							
I	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable syster	m carry, on a substitute ba	isis, any noni	network telev	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 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 the	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.			elball. List specific progra		example, i L	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.							
	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			s and rogaid		
								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# 62918					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	5,136.95 ss receipts)					
L Copyright 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 accounting period is \$52.00	this 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		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							
	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 Free and								
Filing Fee and Total Remittance Due	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# 62918
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	 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 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)] 	system as identified vner of the cable system
	X /s/ Jacob Mulaikal Inter 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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
I Systems, Inc. (FKA Cable Constructors Inc)	6291
 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 Name 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.	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	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
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