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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:		
	ry Transmissions by	DATE RECEIVED	AMOUNT			
Cable Syste	ms (Short Form) ctions 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		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))			
	2019/2	Period 1 = January 1 - June 30	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 th of the subsidiary, not that of the parent co	-	iary of another corporation, give the full corpo	orate title		
Owner	List any other name or names under which	n the owner conducts the business of the	e cable system.			
	If there were different owners during the single statement of account and royalty fe		e last day of the accounting period should sub ng period.	omit a		
	Check here if this is the system's first filing	g. If not, enter the system's ID number as	ssigned by the Licensing Division.	62932		
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM				
	CCI Systems, Inc. (FKA Cable Const	tructors Inc)				
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)				
	Packerland Broadband					
	MAILING ADDRESS OF OWNER OF P.O. BOX 190	CABLE SYSTEM				
1	F.U. BUA 130					

 MAILING ADDRESS OF CABLE SYSTEM:

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

 (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 fing, a determination that would be made by a court of law.

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

IDENTIFICATION OF CABLE SYSTEM:

Iron Mountain, MI 49801

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.

С

System

1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Nume	CCI Systems, Inc. (FKA Cable Constructors Inc)	6293
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter knov filings.
Area Served	identified city.	
		07475
First	CITY OR TOWN Wonewoc	STATE WI
Community	Union Center	WI
dd Rows as Necessary		

								FORM SA	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							513	I STEM 629
	CCI Systems, Inc. (FKA	Cable Con	structo	rs Inc)					023
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	ERS AND R	ATES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Secondary Transmission	last day of the accounting period						nose exist	ing on the	
Service: Sub-	,	r of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken						, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv	•	<i>,</i>	0,0		1 0		charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed	l. (Example: "\$2	20/mth").	Summarize a	any standa		-		
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	om those	
	printed in block 1 (for example, t	0							
	with the number of subscribers a						,.		
	sufficient.	0.014.4			1		<u> </u>		
	BLC	OCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:				_				
	Service to first set		47	38.95	Expand	led		29	40.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC			IONS: RATE	S				
F	In General: Space F calls for rate	te (not subscril	oer) infor	mation with re	espect to a	ll your cable sys	tem's serv	ices that were	
Г	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								
Secondary	enter only the letters "PP" in the								
•		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		stem furn				heriod that		
-	Block 1: Give the standard rat	t your cable sy		ished or offe	ed during	the accounting p		e form of a	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	t your cable sy separate charg	ge was m	ished or offe ade or estab	ed during	the accounting p		form of a	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	t your cable sy separate charg ption and includ	ge was m de the rat	ished or offe ade or estab	ed during	the accounting p			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	t your cable sy separate charg	ge was m de the rat CK 1	ished or offe ade or estab	ed during ished. List	the accounting p	vices in the	BLOCK 2	E 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	t your cable sy separate charg ption and includ BLO0	ge was m de the rat CK 1 CATEGO	ished or offe ade or estab e for each.	ed during ished. List	the accounting p these other serv	vices in the	BLOCK 2	E 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	t your cable sy separate charg ption and includ BLO0	ge was m de the rat CK 1 CATEGO Installat	ished or offe ade or estab e for each. DRY OF SEF	ed during ished. List	the accounting p these other serv	vices in the	BLOCK 2	E 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 Continuing Services:	t your cable sy separate charg otion and includ BLO0 RATE	ge was m de the rat CK 1 CATEGO Installat • Mote	ished or offe ade or establ e for each. DRY OF SER ion: Non-res	ed during ished. List	the accounting p these other serv	vices in the	BLOCK 2	E 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 Continuing Services: • Pay cable	t your cable sy separate charg otion and includ BLO0 RATE	ge was m de the rat CK 1 CATEGO Installat • Mote	ished or offe ade or estab e for each. DRY OF SER ion: Non-res I, hotel mercial	ed during ished. List	the accounting p these other serv	vices in the	BLOCK 2	E 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 Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sy separate charg otion and includ BLO0 RATE	ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay	ished or offe ade or estab e for each. DRY OF SER ion: Non-res I, hotel mercial	ed during ished. List VICE idential	the accounting p these other serv	vices in the	BLOCK 2	E 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 Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable sy separate charg otion and includ BLO0 RATE	de was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay	ished or offe ade or establ e for each. DRY OF SER ion: Non-res I, hotel mercial cable	ed during ished. List VICE idential	the accounting p these other serv	vices in the	BLOCK 2	E 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 Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	t your cable sy separate charg otion and includ BLO0 RATE	e was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg	ished or offe ade or estable e for each. DRY OF SEF ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protectior	red during ished. List VICE idential	the accounting p these other serv	vices in the	BLOCK 2	ERAT
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)	t your cable sy separate charg otion and includ BLO0 RATE	e was m de the rat CK 1 CATEG(Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	ished or offe ade or estable e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection ervices:	red during ished. List VICE idential	the accounting p these other serv	vices in the	BLOCK 2	E 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 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)	t your cable sy separate charg otion and includ BLO0 RATE	e was m de the rat CK 1 CATEGC Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Recc	ished or offe ade or estable for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection prvices: innect	red during ished. List VICE idential	the accounting p these other serv	vices in the	BLOCK 2	E 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 Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sy separate charg otion and includ BLO0 RATE	e was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	ished or offe ade or estable for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection ervices: innect	red during ished. List VICE idential	the accounting p these other serv	vices in the	BLOCK 2	ERAT
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)	t your cable sy separate charg otion and includ BLO0 RATE	e was m de the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disot	ished or offe ade or estable for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection prvices: innect	ed during ished. List VICE idential	the accounting p these other serv	vices in the	BLOCK 2	

ting Period:	т									
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 62932						
	CCI Systems, Inc. (FKA Cable Constructors Inc)									
G rimary smitters: levision	In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	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, except (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								
	station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station	e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP	o on some other ons. N, etc. Identify each						
	"WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each	5	evision station for broadcasting over t station, an independent station, or a	the air in its community noncommercial						
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial education actions in the paper SA1-2 form. It the community to which the station i	onal multicast). is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	wkow	6	N	Madison, WI						
	wkow wisc	6 3	<u>N</u>	Madison, WI Madison, WI						
3 Necessary				······································						
Necessary	WISC	3	N	Madison, WI						
Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
S Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
: Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
; Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
ıs Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
5 as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
is as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
/s as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
s as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
/s as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
ws as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
ws as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						
ws as Necessary	WISC	3	N	Madison, WI						
	WMSN	22	N	Madison, WI						
	WMTV	4	N	Madison, WI						

EGAL NAME OF			e Constructors Inc)					SYSTEM I 629
	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 abour m. lentify the call tate whether to the radio stat this by placing vive 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 tem 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 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 :	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 OIOIN		0,0		O/ LE OIGIN		0/0		
						·		
		1						

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)				62932
					<u>.</u>			
	SUBSTITUTE CARRIAG							
I	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
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	vision 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 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.			elball. 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			ne 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		, with the f	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			o ana rogala		
								1
				_		N SUBSTIT		
	S		E PROGRAN			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 –		2222.000
		103 01 10	O/LE OION		AND DAT	TROM	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# 62932					
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	0,766.61 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	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		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# 62932
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	
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
	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: 01/14/2020	

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 filing, a determination that would be made by a court of law.

counting Period: 2019/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
CI Systems, Inc. (FKA Cable Constructors Inc)	62932
 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	
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 Assessment
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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