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

Return completed workbook

STATEMENT OF ACCOUNT			FOR COPYRIGH	by email to:			
		ansmissions by	DATE RECEIVED	AMOUNT			
Cable Syste	ms (S	Short Form)			<u>coplicsoa@loc.gov</u>		
a 11 <i>i</i>			2/13/2020	\$	For additional information, contact the U.S. Copyright		
General instru			2/10/2020		Office Licensing Division at: Tel: (202) 707-8150		
in the first tab	of this	WORKDOOK		ALLOCATION NUMBER			
Α	ACCO	OUNTING 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:					
В		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 co	rporate title		
Owner		List any other name or names under which	n the owner conducts the business of th	ne cable system.			
		If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should ing period.	submit 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.	62936		
		LEGAL NAME OF OWNER/MAILING	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)	,				
	INSTR		ess or trade names used to iden	tify the business and operation of the	e system unless these		
С				e system, if different from the addres			
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM	:				
	2	(Number, street, rural route, apartment, or suite n	umber)				

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

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	62936						
D Area	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter know ngs.						
Served	identified city.							
	CITY OR TOWN	STATE						
First	Wabeno	WI						
Community								
ld Rows as Necessary								

								FORM SA1	TEM ID						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)														
	CCI Systems, Inc. (FKA	Cable Con	structo	rs inc)					6293						
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIE	ERS 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	, , ,						g on the							
Service: Sub-	Number of Subscribers: Both	•													
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged														
Rates	0,,,0	•	<i>,</i>	0 , (,	charged							
	separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the														
	unit in which it is generally billed	· ·	,			rd rate variation	s within a l	particular rate							
	category, but do not include disc Block 1: In the left-hand block					ondary transmis	ssion servi	ce that cable							
	systems most commonly provide			-		-									
	that applies to your system. Not	t e: Where an in	dividual o	or organizatio	n is receiv	ing service that	falls under	different							
	categories, that person or entity					0,	•								
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	nder "Servi	ce to the							
	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 and rates, in the right-hand block. A two- or three-word description of the service is sufficient.														
		OCK 1			[BLOCK	(2							
	CATEGORY OF SERVICE	RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT								
	Residential:	SUBSCRIB	ERS	NATE	CAT	EGORT OF SE	VICE	SUBSCRIBERS	T/A I						
	Service to first set		86	38.95	Preferr	ed Choice		70	67.						
	Service to additional set(s)				Premie			12	87.						
	• FM radio (if separate rate)														
	Motel, hotel														
	Commercial														
	Converter														
	Residential														
	Non-residential														
			NoMico												
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					Il vour cable sv	stem'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														
Secondary	enter only the letters "PP" in the		acaany a				anie hei h	ogram baolo,							
	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.														
ransmissions:		Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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		ie was m		-	-	vices in the	brief (two- or three-word) description and include the rate for each.							
	Block 2: List any services that listed in block 1 and for which a	separate charg	•	ade or establ	-	-	vices in the								
	Block 2: List any services that listed in block 1 and for which a	separate chargetion and inclue	de the rat	ade or establ	-	-	vices in the								
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charge ption and inclue BLO	de the rat CK 1	ade or establ e for each.	ished. List	these other ser		BLOCK 2	RAT						
	Block 2: List any services that listed in block 1 and for which a	separate chargetion and inclue	de the rat CK 1 CATEGO	ade or establ	VICE	-			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 charge ption and inclue BLO	de the rat CK 1 CATEGO Installat	ade or establ e for each. DRY OF SER	VICE	these other ser	CATEGO	BLOCK 2							
	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 charg ption and includ BLO(RATE	de the rat CK 1 CATEGO Installat • Mote	ade or establ e for each. DRY OF SER ion: Non-res	VICE	these other ser	CATEGO Showti	BLOCK 2 DRY OF SERVICE	RAT 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	separate charg ption and inclue BLO RATE 18.95	de the rat CK 1 CATEGO Installat • Mote	ade or establ e for each. DRY OF SER ion: Non-res I, hotel mercial	VICE	these other ser	CATEGO Showti Stars &	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 charg ption and inclue BLO RATE 18.95	CK 1 CATEGO Installat • Mote • Com • Pay o	ade or establ e for each. DRY OF SER ion: Non-res I, hotel mercial	VICE	these other ser	CATEGO Showti Stars &	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 charg ption and inclue BLO RATE 18.95	de the rat CK 1 CATEGO Installat • Mote • Com • Pay o	ade or establ e for each. DRY OF SER ion: Non-res I, hotel mercial cable	VICE	these other ser	CATEGO Showti Stars &	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 charg ption and inclue BLO RATE 18.95	de the rat CK 1 CATEGC Installat • Mote • Com • Pay o • Fire	ade or establ e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl	VICE idential	these other ser	CATEGO Showti Stars &	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 charg ption and inclue BLO RATE 18.95	de the rat CK 1 CATEGC Installat • Mote • Com • Pay o • Fire	ade or estable e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection	VICE idential	these other ser	CATEGO Showti Stars &	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	separate charg ption and inclue BLO RATE 18.95	de the rat CK 1 CATEGC Installat • Mote • Com • Pay 0 • Fire 1 • Burg	ade or establ e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'I cl protection lar protection ervices:	VICE idential	these other ser	CATEGO Showti Stars &	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 charg ption and inclue BLO RATE 18.95	de the rat CK 1 CATEGC Installat • Mote • Com • Pay 0 • Pay 0 • Fire 1 • Burg Other se • Recc	ade or establ e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'I cl protection lar protection ervices:	VICE idential	these other ser	CATEGO Showti Stars &	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 charg ption and inclue BLO RATE 18.95	de the rat CK 1 CATEGO Installat • Mote • Com • Pay 0 • Pay 0 • Fire 1 • Burg Other se • Recc • Disco	ade or estable e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection prvices: nnnect	VICE idential	these other ser	CATEGO Showti Stars &	BLOCK 2 DRY OF SERVICE me & TMC Encore Tier	14.9 12.9						

Name			FORM SA1-2E. PAGE 3						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	A Cable Constructors Inc)		62936						
G carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC rules basis under specific FCC rules basis under specific FCC rules basis under specific FCC rules basis under specific FCC rules basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	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 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 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								
1. CALL SIGN									
WAOW	9	N	Wausau, WI						
WAOW HD	642	N	Wausau, Wi						
vs as Necessary WSAW	8	N	Wausau, WI						
WSAW HD	641	N	Wausau, WI						
WEAU	12	N	Eau Claire, WI						
WEAU HD	645								
	040	N	Eau Claire. WI						
	11	E	Eau Claire, WI Wausau, WI						
WEAU HD WFXS WHRM			Eau Claire, WI Wausau, WI Wausau, WI						

CCI Systems			YSTEM: Constructors Inc)					SYSTEM I 629
	t every radio s	station ca	arried on a separate and discrence of the second					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 sign of a 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 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	
ONLE OIOIT		0,0		O/LEE 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)				62936
					<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	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	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 abbreviations	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			ne FCC or,	in
	the case of Mexican or Car			e community with which the 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	*STEM ID# 62936
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	5,789.41 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# 62936
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 ov 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.

ounting Period: 2019/2	FORM SA1-2E. PAGE 8
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
I Systems, Inc. (FKA Cable Constructors Inc)	6293
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.	
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