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		FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:	
	ry Transmissions by	DATE RECEIVED AMOUNT		-	
Cable Syster	tions are located	2/13/2020	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
in the first tab o	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))		
		1			
	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		liary of another corporation, give the full cor	porate title	
Owner	List any other name or names under whicl	n the owner conducts the business of th	e cable system.		
	If there were different owners during the single statement of account and royalty fe	.	ne last day of the accounting period should sing period.	ubmit a	
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	63125	
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM			
	CCI Systems, Inc. (FKA Cable Const				
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
	Packerland Broadband				
	MAILING ADDRESS OF OWNER 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

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

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.

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

P.O. BOX 190

(City, town, state, zip code)

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

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	63125					
D Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known 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 identified city.						
Served							
	CITY OR TOWN	STATE					
First	Suring	W					
Community							
d Rows as Necessary							

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								ГЕМ IC 6312	
	CCI Systems, Inc. (FKA	Cable Con	structo	ors Inc)					0312	
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRII	BERS 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	· · ·					liiose exist	ing on the		
Service: Sub-	Number of Subscribers: Both	•				,	ble system	, broken		
scribers and	down by categories of secondar	•				•				
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). 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. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.									
	Block 1: In the left-hand block 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 ur	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	a different f	rom those		
	printed in block 1 (for example, t	•								
	with the number of subscribers a					•				
	sufficient.				1					
	BLC	OCK 1 NO. OF					BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		83	38.95		ed Choice		66	67.	
	Service to additional set(s)				Premie	r Plus		22	87.0	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter Residential									
	Non-residential									
	• Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s					
F	In General: Space F calls for ra									
Г	not covered in space E, that is, t					,	,			
Services	service for a single fee. There and furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the rate column.									
Fransmissions: Rates	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									
Nates	BIOCK 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									
	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1					BLOCK 2		
		-	ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATI		
	CATEGORY OF SERVICE	RATE		0						
	CATEGORY OF SERVICE Continuing Services:	RATE		tion: Non-res	idential					
		RATE 18.95	Installa		idential		Showti	me & TMC	14.9	
	Continuing Services:		Installa • Mote	tion: Non-res	idential			me & TMC Encore Tier	14.9 12.9	
	Continuing Services: • Pay cable	18.95	Installa • Mote • Com	tion: Non-res el, hotel	idential		Stars &		12.9	
	Continuing Services: • Pay cable • Pay cable—add'l channel	18.95	Installa • Mote • Com • Pay	tion: Non-res el, hotel ımercial			Stars &	Encore Tier		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	18.95	Installa • Mote • Con • Pay • Pay	tion: Non-res el, hotel mercial cable			Stars &	Encore Tier	12.9	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	18.95	Installa • Mote • Com • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l cl protection glar protection	annel		Stars &	Encore Tier	12.9	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	18.95	Installa • Moto • Com • Pay • Pay • Fire • Burg Other s	tion: Non-res el, hotel mercial cable cable-add'l cl protection glar protection ervices:	annel		Stars &	Encore Tier	12.9	
	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)	18.95	Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res and hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	annel		Stars &	Encore Tier	12.9	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	18.95	Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	tion: Non-res and hotel mercial cable cable-add'l ch protection glar protection ervices: onnect onnect	annel		Stars &	Encore Tier	12.9	
	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)	18.95	Installa • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	tion: Non-res and hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	annel		Stars &	Encore Tier	12.9	

unting Period: 2				FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER O			SYSTEM ID# 63125				
	CCI Systems, Inc. (FI PRIMARY TRANSMITTERS:	KA Cable Constructors Inc)		00120				
G Primary ransmitters: 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), 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 not 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 he 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" (for noncommercial educational mul							
	1. CALL SIGN	4. LOCATION OF STATION						
	WBAY	8	N	Green Bay, WI				
	WBAY HD	642	N	Green Bay, WI				
ws as Necessary	WFRV	5	N	Green Bay, WI				
as Necessary	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
	WCWF HD	644	N	Green Bay, WI				
	WEUX	11	N	Green Bay, WI				
	WEUX HD	646	N	Green Bay, WI				
				Green Day, M				

	F OWNER OF (s, Inc. (FK/		e Constructors Inc)					SYSTEM 631
	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 b monitoring, to prmation abourn. dentify the call tate whether the radio stat 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 checl n's locati	I-Band FM Carriage: Under C stem whenever it is received at ived 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 le station is licens	adend, and (2 enna, during co ge (v) of the g system 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	
						·	·	
						·		

Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.	
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				63125	
	SUBSTITUTE CARRIAG								
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMEN				<u></u>		<u></u>		
Special	During the accounting per	-			isis anv noni	network tele	ision prod	ram	
Statement and	broadcast by a distant sta			n cany, on a capolitato pe	lolo, arry riorn				
Program Log	2						YES	NO	
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you ı	must comple	te the prog	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is	
	clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting							ina	
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ted for the pro	ogramming	of another s	station	
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or	
			dcast live ent	er "Yes." Otherwise enter	"No "				
				asting the substitute prog					
				the community to which th			e FCC or,	in	
	the case of Mexican or Car						with the m	a a m th	
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerais	, with the h	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."	or "D" if the	listed are great	n was substituted for prog	remains a the st	t vour oveter		ure d	
	to delete under FCC rules a			n was substituted for prog					
	was substituted for program							ogram	
	effect on October 19, 1976		, ,	•		0			
	9		E PROGRAM	1		N SUBSTIT		7. REASON FOR	
		T	3. STATION'S		5. MONTH	6. TI		DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -			
						_	_		
					·		-		
							-		
						-	-		
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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# 63125
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	2,133.80 ss receipts)
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		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		52.00
	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	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 63125
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 .	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) 906-828-329	39
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 or 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 wner 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	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
I Systems, Inc. (FKA Cable Constructors Inc)	6312
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 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	
(interest charge) * 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.	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	

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 th 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.