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	IT OFFICE USE ONLY	Return completed workbook by email to:	
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
2	ems (Short Form)	2/13/2020	\$	For additional information, contact the U.S. Copyright	
	uctions are located of this workbook	_/	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150	
			ALLOCATION NOMBER		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))		
		•			
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	2019/2	Fenduri – January i - June Ju	Pendu z – July 1 - December J1		
		1			
	20192	Barcode Data Filing Period (optional	- see instructions)		
Accounting					
Period					
_	Instructions: Give the full legal name of the owner of th	ne cable system. If the owner is a subsid	liary of another corporation, give the full corp	orate title	
B	of the subsidiary, not that of the parent co	orporation.			
Owner	List any other name or names under which	h the owner conducts the business of th	e cable system.		
	-	- · · ·	ne last day of the accounting period should sul	bmit a	
	single statement of account and royalty fe	ee payment covering the entire accounti	ng period.	63731	
	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.	03731	
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM			
	CCI Systems, Inc. (FKA Cable Cons	tructors Inc)			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
1					

 Lighthouse.net

 MAILING ADDRESS OF OWNER OF CABLE SYSTEM

 P.O. BOX 190

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

 Iron Mountain, MI 49801

 (City, town, state, zip)

 Image: All ING ADDRESS OF CABLE SYSTEM:

 All ING ADDRESS OF OWNER OF CABLE SYSTEM:

 Image: All Ing ADDRESS OF CABLE SYSTEM:

 Image: All Ing ADDRESS OF CABLE SYSTEM:

 Image: All Ing ADDRESS OF CABLE SYSTEM:

 Image: Ing ADDRESS OF CABLE SYSTEM:

 Ima

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Hamo	CCI Systems, Inc. (FKA Cable Constructors Inc)	6373
D	Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter knov ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.	nobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Engadine	MI
Community	Curtis	MI
	Naubinway	
dd Rows as Necessary		

								FORM SA1							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM II 6373						
	CCI Systems, Inc. (FKA Cable Constructors Inc)														
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIE	ERS AND R	ATES										
E		In General: The information in space E should cover all categories of secondary transmission service of the cable system that is the retransmission of television and radio broadcasts by your system to subscribers. Give information													
Secondam/	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the														
Secondary Transmission	last day of the accounting period (June 30 or December 31, as the case may be).														
Service: Sub-	,	bscribers: Both blocks in space E call for the number of subscribers to the cable system, broken													
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in														
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).														
	Rate: Give the standard rate of							te and the							
	unit in which it is generally billed	-	-	•			-	•							
	category, but do not include disc	• •	,		,										
	Block 1: In the left-hand block			-		•									
	systems most commonly provide														
	that applies to your system. Not categories, that person or entity			-		-									
	subscriber who pays extra for ca					0,	•								
	first set" and would be counted of														
	Block 2: If your cable system	-		•											
	printed in block 1 (for example, f														
	with the number of subscribers a sufficient.	ion of the s	service is												
	BL				BLOCK										
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	-			NO. OF SUBSCRIBERS	RAT						
	Residential:														
	Service to first set		243	38.35	Expand	led		106	36.						
	• Service to additional set(s)														
	• FM radio (if separate rate)														
	Motel, hotel														
	Commercial														
	Converter														
	Residential														
	Non-residential														
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cable svs	tem's serv	ices that were							
F	not covered in space E, that is, t														
	service for a single fee. There a	re two exceptio	ons: you c	o not need to	give rate	information con	cerning (1)	services							
Services	furnished at cost or (2) services														
Other Than	amount of the charge and the up		usually t	oilled. If any ra	ates are ch	harged on a vari	able per-pi	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.														
Secondary ransmissions:			the cable	system for ea	ch of the	applicable servi	ces listed.	Block 2: List any services that your cable system furnished or offered during the accounting period that were not							
Secondary ransmissions: Rates	Block 1: Give the standard ra	te charged by t						were not							
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	te charged by t t your cable sy separate charg	stem furn ge was m	ished or offer ade or establi	ed during	the accounting	period that								
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha	te charged by t t your cable sy separate charg	stem furn ge was m	ished or offer ade or establi	ed during	the accounting	period that								
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri	te charged by f t your cable sy separate charg ption and inclue BLO	stem furn ge was m de the rat CK 1	ished or offer ade or establi e for each.	ed during shed. List	the accounting these other ser	period that	e form of a BLOCK 2							
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by f t your cable sy separate charg ption and inclue	stem furn ge was m de the rat CK 1 CATEG0	ished or offer ade or establi e for each. DRY OF SER	ed during shed. List VICE	the accounting	period that	e form of a	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sy separate charg ption and inclue BLO RATE	stem furn ge was m de the rat CK 1 CATEGO Installat	ished or offer ade or establi e for each. DRY OF SER ion: Non-res	ed during shed. List VICE	the accounting these other ser	period that	e form of a BLOCK 2	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by f t your cable sy separate charg ption and inclue BLO	stem furn ge was m de the rat CK 1 CATEGO Installat • Mote	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel	ed during shed. List VICE	the accounting these other ser	period that	e form of a BLOCK 2	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by t t your cable sy separate charg ption and inclue BLO RATE	stem furn ge was m de the rat CK 1 CATEGO Installat • Mote • Com	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial	ed during shed. List VICE	the accounting these other ser	period that	e form of a BLOCK 2	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sy separate charg ption and inclue BLO RATE	stem furn ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable	ed during shed. List VICE idential	the accounting these other ser	period that	e form of a BLOCK 2	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sy separate charg ption and inclue BLO RATE	stem furm ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch	ed during shed. List VICE idential	the accounting these other ser	period that	e form of a BLOCK 2	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sy separate charg ption and inclue BLO RATE	stem furm ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch protection	ed during shed. List VICE idential	the accounting these other ser	period that	e form of a BLOCK 2	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	te charged by t t your cable sy separate charg ption and inclue BLO RATE	stem furm ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch protection lar protection	ed during shed. List VICE idential	the accounting these other ser	period that	e form of a BLOCK 2	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sy separate charg ption and inclue BLO RATE	stem furm ge was m de the rat CK 1 CATEG(Installat • Mote • Com • Pay • Fire • Burg Other se	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'I ch protection lar protection ervices:	ed during shed. List VICE idential	the accounting these other ser	period that	e form of a BLOCK 2	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sy separate charg ption and inclue BLO RATE	stem furm ge was m de the rat CK 1 CATEGC Installat • Mote • Com • Pay • Fire • Burg Other se • Recc	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	ed during shed. List VICE idential	the accounting these other ser	period that	e form of a BLOCK 2	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sy separate charg ption and inclue BLO RATE	stem furm ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other se • Reco • Disc	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	ed during shed. List VICE idential	the accounting these other ser	period that	e form of a BLOCK 2	RAT						
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sy separate charg ption and inclue BLO RATE	stem furm ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other se • Disco • Outle	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	ed during shed. List <u>VICE</u> idential	the accounting these other ser	period that	e form of a BLOCK 2	RAT						

g Period: 2				OVOTEM II				
me	LEGAL NAME OF OWNER OF			SYSTEM II 6373				
hary hitters: ision	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 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. Do not 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, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent station, see page (iv) of the general instructions, i							
	1. CALL SIGN							
	I. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WWUP	10_1	N	4. LOCATION OF STATION Cadillac, Michigan				
sary	WWUP	10_1	N	Cadillac, Michigan				
essary	WWUP WFXQ	10_1 10_2	N	Cadillac, Michigan Cadillac, Michigan				
cessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
essary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
:essary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
cessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
cessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
ecessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
ecessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
ecessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
ecessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
ecessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
lecessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
Necessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
Vecessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
lecessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
lecessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
Vecessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
Necessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				
Necessary	WWUP	10_1	N	Cadillac, Michigan				
	WFXQ	10_2	N	Cadillac, Michigan				
	WGTU	4_2	N	Traverse City, Michigan				

EGAL NAME OF			e Constructors Inc)					SYSTEM 637
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of of the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	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 c 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, if any,	the community with which the	CALL SIGN	ea). AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/D	LOCATION OF STATION	
							·	
						·		

Accounting Perio							FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				63731
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	-	-			tion that you	r cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	broadcast by a distant station?							
r rogram zog	-			na blank lf	- "\/"			
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if the	ir meaning	n is
	clear. If you need more spa	ace, please	add additional	rows to the tables.	s wherever p		a meaning	J 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			ciball. List specific progra		stampic, i L	ove Lucy	01
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which the community with which the			e FCC or,	IN
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example.	a program can	led by a system from 0.0	r. 15 p.m. to c	.20.30 p.m.		
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your system	n was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
		•						T
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU 6. TIN		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	FROM –		
					·		-	
							-	
							-	
						_		
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							-	
							-	
						_		
						_	-	
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1			 			F		1

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# 63731					
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 transmi (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	7,959.74 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							
	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 \$ 263,800.00							
	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# 63731
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 54
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) Fax (optional) Email christopher.flanick@astreaconnect.com Fax (optional)	
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 ou 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
	(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 filing, a determination that would be made by a court of law.

counting Period: 2019/2	FORM SA1-2E. PAGE &
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
CI Systems, Inc. (FKA Cable Constructors Inc)	6373
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served	

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