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 Systems (Short Form)<br>General instructions are located |         |   | 08/28/2020                             | \$  | <u>coplicsoa@loc.gov</u><br>For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at:<br>Tol: (202) 207 8150 |  |
| in the first tab c   | of this | workbook  |  | ALLOCATION NUMBER   | Tel: (202) 707-8150   |  |
| Α  | ACCO    | DUNTING PERIOD COVERED E  | BY THIS STATEMENT: (YY                 | YY/(Period))  |   |  |
|  |         | 2019/2  | Period 1 = January 1 - June 30         | Period 2 = July 1 - December 31                               |   |  |
| Accounting<br>Period   |         | 20192   | Barcode Data Filing Period (optional   | - see instructions)   |   |  |
| Fenda  |         |   |  |   |   |  |
| В  |         | Instructions:<br>Give the full legal name of the owner of the<br>of the subsidiary, not that of the parent co |  | diary of another corporation, give the full corp              | porate title  |  |
| Owner  |         | List any other name or names under which  | the owner conducts the business of th  | e cable system.   |   |  |
|  |         | If there were different owners during the a single statement of account and royalty fee                       |  | he last day of the accounting period should su<br>ing period. | ıbmit a   |  |
|  |         | Check here if this is the system's first filing.  | If not, enter the system's ID number a | assigned by the Licensing Division.                           | 63731   |  |
|  |         |   |  |   |   |  |
|  |         | LEGAL NAME OF OWNER/MAILING   |  |   |   |  |
|  |         | CCI Systems, Inc. (FKA Cable Const<br>BUSINESS NAME(S) OF OWNER OF  | · · · · · · · · · · · · · · · · · · ·  |   |   |  |
|  |         | Lighthouse.net  |  |   |   |  |
|  |         | MAILING ADDRESS OF OWNER OF   | CABLE SYSTEM                           |   |   |  |
|  |         | P.O. BOX 190<br>(Number, street, rural route, apartment, or suite nu  | mber)                                  |   |   |  |
|  |         | Iron Mountain, MI 49801<br>(City, town, state, zip)   | ,                                      |   |   |  |
|  | INSTR   |   | ess or trade names used to iden        | tify the business and operation of the                        | system unless these   |  |
| С  |         |   |  | e system, if different from the address                       |   |  |
| System   | 1       | IDENTIFICATION OF CABLE SYSTEM:   |  |   |   |  |
|  |         | MAILING ADDRESS OF CABLE SYSTEM:  |  |   |   |  |
|  | 2       | (Number, street, rural route, apartment, or suite nu  | mber)                                  |   |   |  |
|  |         | (City, town, state, zip code)   |  |   |   |  |
|  |         |   |  |   |   |  |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| Name                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID   |
|----------------------|--|---|
| Nume                 | CCI Systems, Inc. (FKA Cable Constructors Inc)   | 6373  |
| D                    | Instructions: List each separate community served by the cable system. A "commu<br>"a separate and distinct community or municipal entity (including unincorporated c<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you<br>as the "first community." Please use it as the first community on all future filings.<br>Note: Entities and properties such as hotels, apartments, condominiums, or mobile | ommunities within unincorporated areas and including single,<br>list will serve as a form of system identification hereafter know |
| Area<br>Served       | identified city.   |   |
|                      | CITY OR TOWN   | STATE   |
| First                | Engadine   | MI  |
| Community            | Curtis   |   |
|                      | Naubinway<br>Germfask  | Mi<br>Mi  |
| dd Rows as Necessary | Germask  |   |
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|                           |   |                    |   |                       |             |                  |               | FORM SA1-      | TEM IC |
|---------------------------|---|--------------------|---|-----------------------|-------------|------------------|---------------|----------------|--------|
| Name                      | LEGAL NAME OF OWNER OF C  |                    |   |                       |             |                  |               | 313            | 6373   |
|                           | CCI Systems, Inc. (FKA  | Cable Con          | structor                                    | s inc)                |             |                  |               |                | 0070   |
| _                         | SECONDARY TRANSMISSION  | I SERVICE: SI      | JBSCRIB                                     | ERS AND R             | ATES        |                  |               |                |        |
| E                         | In General: The information in s  |                    |   | -                     |             | •                |               |                |        |
| 0                         | system, that is, the retransmission   |                    |   |                       |             | •                |               |                |        |
| Secondary<br>Transmission | about other services (including plast day of the accounting period  |                    |   |                       |             |                  | those exist   | ing on the     |        |
| Service: Sub-             | Number of Subscribers: Both   | ·                  |   |                       |             | ,                | ble system    | , broken       |        |
| scribers and              | down by categories of secondary   | y transmission     | service. I                                  | n general, yo         | u can com   | npute the number | er of subsc   | ribers in      |        |
| Rates                     | each category by counting the n   |                    |   | 0 , (                 |             |                  |               | charged        |        |
|                           | separately for the particular serv<br>Rate: Give the standard rate of   |                    |   |                       |             |                  |               | te and the     |        |
|                           | unit in which it is generally billed  | -                  | -   |                       |             |                  | -             |                |        |
|                           | category, but do not include disc   | · ·                | ,   |                       | ny otanaa   |                  |               |                |        |
|                           | Block 1: In the left-hand block   | •                  |   | -                     |             | •                |               |                |        |
|                           | systems most commonly provide   |                    |   |                       |             |                  |               | 0,             |        |
|                           | that applies to your system. <b>Not</b> 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, t  |                    |   |                       |             |                  |               |                |        |
|                           | with the number of subscribers a sufficient.  | and rates, in th   | e right-hai                                 | nd block. A tv        | vo- or thre | e-word descript  | tion of the s | service is     |        |
|                           |   | DCK 1              |   |                       |             |                  | BLOCK         | 2              |        |
|                           | CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIB |   | RATE                  | NC          |                  |               |                | RAT    |
|                           | Residential:  | SUBSCRIB           | EKS   | NATE                  | CATE        | EGORT OF SET     | NICE          | SUBSCRIBERS    | IVA I  |
|                           | Service to first set  |                    | 235   | 38.95                 | Proforr     | ed Choice        |               | 158            | 67.0   |
|                           | Service to additional set(s)  |                    | 200   | 50.55                 | Premei      |                  |               | 100            | 87.0   |
|                           | • FM radio (if separate rate)   |                    |   |                       |             |                  |               |                |        |
|                           | Motel, hotel  |                    |   |                       |             |                  |               |                |        |
|                           | Commercial  |                    |   |                       |             |                  |               |                |        |
|                           | Converter   |                    |   |                       |             |                  |               |                |        |
|                           | Residential   |                    |   |                       |             |                  |               |                |        |
|                           | Non-residential   |                    |   |                       |             |                  |               |                |        |
|                           |   |                    |   |                       |             |                  |               |                |        |
|                           | SERVICES OTHER THAN SEC   | ONDARY TRA         | NSMISS                                      | ONS: RATE             | S           |                  |               |                |        |
| F                         | In General: Space F calls for ra  |                    |   |                       |             |                  |               |                |        |
| •                         | not covered in space E, that is, t<br>service for a single fee. There ar  |                    |   |                       |             | ,                | ,             |                |        |
| Services                  | furnished at cost or (2) services   |                    |   |                       |             |                  |               |                |        |
| Other Than                | amount of the charge and the ur   |                    |   |                       |             |                  |               |                |        |
| Secondary                 | enter only the letters "PP" in the  |                    |   |                       |             |                  |               |                |        |
| Fransmissions:            |   |                    |   |                       |             |                  |               |                |        |
| Rates                     | 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 |                    |   |                       |             |                  |               |                |        |
|                           | brief (two- or three-word) description and include the rate for each.   |                    |   |                       |             |                  |               |                |        |
|                           |   | BLO                | CK 1  |                       |             |                  |               | BLOCK 2        |        |
|                           | CATEGORY OF SERVICE   | RATE               | -   | RY OF SER             | VICE        | RATE             | CATEGO        | DRY OF SERVICE | RAT    |
|                           | Continuing Services:  |                    |   | on: Non-resi          |             |                  |               |                |        |
|                           | • Pay cable   | 18.95              | Motel                                       | , hotel               |             |                  | Showti        | me & TMC       | 14.9   |
|                           | • Pay cable—add'l channel   | 11.95              | • Comr                                      | nercial               |             |                  | Stars &       | Encore Tier    | 12.9   |
|                           | Fire protection   |                    | • Pay c                                     | able                  |             |                  | HBO &         | Cinemax Tier   | 27.9   |
|                           | •Burglar protection   |                    |   |                       | annel       |                  |               |                |        |
|                           | Installation: Residential   |                    | Pay cable-add'l channel     Fire protection |                       |             |                  |               |                |        |
|                           | First set   |                    | •   | ar protection         |             |                  |               |                |        |
|                           | <ul> <li>Additional set(s)</li> </ul>   |                    | Other se                                    | •                     |             |                  |               |                |        |
|                           | • FM radio (if separate rate)   |                    | • Reco                                      | nnect                 |             |                  |               |                |        |
|                           | /   |                    |   |                       |             |                  |               |                | t      |
|                           | Converter   |                    | <ul> <li>Disco</li> </ul>                   | nnect                 |             |                  |               |                |        |
|                           | • Converter   |                    |   | nnect<br>t relocation |             |                  |               |                |        |
|                           | • Converter   |                    | • Outle                                     |                       | ess         |                  |               |                |        |

| g Period: 2               |  |                          |                    | OVOTEM II                                    |  |  |  |  |  |
|---------------------------|--|--------------------------|--------------------|--|--|--|--|--|--|
| me                        | LEGAL NAME OF OWNER OF   |                          |                    | SYSTEM II<br>6373                            |  |  |  |  |  |
|                           | CCI Systems, Inc. (FKA Cable Constructors Inc)       63731         PRIMARY TRANSMITTERS:       TELEVISION  |                          |                    |  |  |  |  |  |  |
| hary<br>hitters:<br>ision | <ul> <li>PRIMARY TRANSMITTERS: TELEVISION</li> <li>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 6.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</li> <li>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: <ul> <li>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.</li> <li>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.</li> </ul> </li> <li>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 <ul> <li>"WETA-2" as the same on the form.</li> </ul> </li> <li>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, by entering the letter "N" (for retwork), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast).</li> <li>For the meaning of these terms, see page (w) of the general instructions in the paper SA1-2 form.</li> <li>Column 4: Give the loca</li></ul> |                          |                    |  |  |  |  |  |  |
|                           | 1. CALL SIGN   | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION |  |  |  |  |  |  |
|                           | I. CALL SIGN   |                          | 3. THE OF STATION  | 4. LOCATION OF STATION                       |  |  |  |  |  |
|                           | WWUP   | 10_1                     | N                  | 4. LOCATION OF STATION<br>Cadillac, Michigan |  |  |  |  |  |
|                           |  |                          |                    |  |  |  |  |  |  |
| sary                      | WWUP   | 10_1                     | N                  | Cadillac, Michigan                           |  |  |  |  |  |
| essary                    | WWUP<br>WFXQ   | 10_1<br>10_2             | N                  | Cadillac, Michigan<br>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                           |  |  |  |  |  |
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|                           | 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                           |  |  |  |  |  |
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| 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  <br>637                  |
|---|---|---|--|---|---|--|--|----------------------------------|
|   | every radio s   | station ca  | arried on a separate and discre<br>nerally receivable by your cab  |   |   |  |  | н                                |
| eceivable if (1)<br>n the basis of r<br>or detailed info<br>aper SA1-2 for<br>Column 1: Id<br>Column 2: S<br>Column 3: If<br>ignal, indicate t<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation about<br>m.<br>lentify the call<br>tate whether to<br>the radio stat<br>this by placing<br>ive the station | y the sys<br>be recein<br>the Co<br>sign of of<br>the static<br>ion's sign<br>g a chech<br>n's locati | I-Band FM Carriage: Under C<br>stem whenever it is received at<br>ved at the headend, with the s<br>opyright Office regulations on t<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>k mark in the "S/D" column.<br>on (the community to which th | t the system's he<br>system's FM ante<br>his point, see par<br>ed by the cable s<br>e station is licens | adend, and (2<br>nna, during c<br>ge (v) of the g<br>ystem as a se<br>sed by the FC | ?) it can<br>ertain st<br>eneral ii<br>eparate : | be expected,<br>ated intervals.<br>nstructions in the.<br>and discrete | Primary<br>Transmitters<br>Radio |
| CALL SIGN   | AM or FM  | s, if any,  | the community with which the   | CALL SIGN   | ea).<br>AM or FM  | S/D  | LOCATION OF STATION  |                                  |
| CALL SIGN   |   | 5/0   | LOCATION OF STATION  | CALL SIGN   |   | 5/D  | LOCATION OF STATION  |                                  |
|   |   |   |  |   |   |  |  |                                  |
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|   |   |   |  |   |   |  |  |                                  |
|   |   |   |  |   |   |  |  |                                  |
|   |   |   |  |   |   |  |  |                                  |
|   |   |   |  |   |   | ·  |  |                                  |

| 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<br>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 sta  | tion?                 |                           |   |                     |                    | YES               | NO                        |  |
| 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.   |                       | MC                        |   |                     |                    |                   |                           |  |
|                          | 2. LOG OF SUBSTITUTI<br>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         | <b>J</b> 10               |  |
|                          | Column 1: Give the title  | of every no           | onnetwork tele            | vision program ("substitute                         |                     |                    |                   |                           |  |
|                          | period, was broadcast by a  |                       |                           |   |                     |                    |                   |                           |  |
|                          | under certain FCC rules, re<br>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.<br>stated as "6:00–6:30 p.m."  | . Example.            | a program can             | led by a system from 0.0                            | 1. 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<br>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<br>6. TIN |                   | 7. REASON FOR<br>DELETION |  |
|                          | 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                               | 5. MONTH<br>AND DAY | FROM –             |                   | _                         |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   | ·                   |                    | -                 |                           |  |
|                          |   |                       |                           |   |                     |                    | -                 |                           |  |
|                          |   |                       |                           |   |                     |                    | -                 |                           |  |
|                          |   |                       |                           |   |                     | _                  |                   |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   | ·                   |                    |                   |                           |  |
|                          |   |                       |                           |   |                     |                    | -                 |                           |  |
|                          |   |                       |                           |   |                     |                    | -                 |                           |  |
|                          |   |                       |                           |   |                     | _                  |                   |                           |  |
|                          |   |                       |                           |   |                     | _                  | -                 |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   |                     |                    | -                 |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   |                     | _                  |                   |                           |  |
|                          |   |                       |                           |   |                     | _                  | -                 |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   |                     |                    |                   |                           |  |
|                          |   |                       |                           |   |                     | _                  |                   |                           |  |
| 1                        |   |                       | <b> </b>                  |   |                     | F                  |                   | 1                         |  |

| Accounting Period:                        | 2019/2  | FORM SA                       | 1-2E. PAGE 6.                   |
|---|---|-------------------------------|---------------------------------|
| Name                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CCI Systems, Inc. (FKA Cable Constructors Inc)  | S                             | YSTEM ID#<br>63731              |
| K<br>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. | ission service<br>amount, see | <b>1,310.22</b><br>ss receipts) |
| L<br>Copyright<br>Royalty Fee             | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>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<br>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<br>Total Remittance<br>Due | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)   | 52.00                         |                                 |
| 240                                       | 2. Filing Fee (See the instructions for more information on filing fee calculations)  | 15.00                         | 1                               |
|   | 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<br>See page i of the general instructions in the paper SA1-2 form for more informati   |                               | nts!                            |

| Accounting Period:                                | 2019/2  | FORM SA1-2E. PAGE 7.                             |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CCI Systems, Inc. (FKA Cable Constructors Inc)  | SYSTEM ID#<br>63731                              |
| M<br>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   | <u>4</u><br>54                                   |
| N<br>Individual to<br>Be Contacted<br>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.<br>(Number, street, rural route, apartment, or suite number)<br>Iron Mountain, MI 49801  | 500-111-2200                                     |
|   | (City, town, state, zip) Email christopher.flanick@astreaconnect.com Fax (optional) 906-828-328   | 39   |
| O<br>Certification                                | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(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</li> <li>X (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.</li> <li>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)]</li> </ul> <b>X</b> /s/ Jacob Mulaikal Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | system as identified<br>wner of the cable system |
|   | Typed or printed name: Jacob Mulaikal Title: CFO (Title of official position held in corporation or partnership)  |  |
|   | Date: 08/13/2020  |  |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| 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   |
| <ul> <li>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."     </li> <li>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.</li> <li>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?     <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li> </li></ul> | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| Name     Mailing Address  |  |
|   |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>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<br>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<br>First community served   |  |

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.