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

| Cable Systems (Short Form) | E RECEIVED | AMOUNT \$ | <u>coplicsoa@loc.gov</u> For additional information. |
|--|------------|-------------------|--|
| | | Ś | For additional information. |
| General instructions are located 01/22/ in the first tab of this workbook | 21 | ALLOCATION NUMBER | contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |

| Α | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|------------|------|--|
| | | 2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| Accounting | | 20202 Barcode Data Filing Period (optional - see instructions) |
| Period | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. |
| | | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |
| | | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM |
| | | CCI Systems, Inc. (FKA Cable Constructors Inc) |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | Astrea |
| | | 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) |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | (City, town, state, zip code) |
| | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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# |
|----------------------|--|--|
| | CCI Systems, Inc. (FKA Cable Constructors Inc) | 6345 |
| D | Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or | rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings. |
| Area Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | Pelican Lake | WI |
| Community | Post Lake | |
| | | |
| dd Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | : | | | | | FORM SA1- | TEM ID |
|-------------------------------|---|--------------------|---|---|-------------|-------------------|---------------|-----------------------------|----------------------|
| Name | CCI Systems, Inc. (FKA | | | ors Inc) | | | | 010 | 6345 |
| | | | | | | | | | |
| Е | SECONDARY TRANSMISSION | | | | | v transmission | service of t | the cable | |
| — | 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 | | | | | | | | |
| Secondary | about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | • | | | | , | h.l., | . In market and | |
| Service: Sub- scribers and | Number of Subscribers: Both down by categories of secondar | • | | | | | | | |
| Rates | each category by counting the n | • | | | | • | | | |
| | separately for the particular serv | | | | | | | 0 | |
| | Rate: Give the standard rate of | - | - | • | | | | - | |
| | unit in which it is generally billed category, but do not include disc | · · | , | | | rd rate variation | is within a | particular rate | |
| | Block 1: In the left-hand block | | | | | ondary transmi | ssion servi | ce that cable | |
| | systems most commonly provide | | | | | | | 0, | |
| | that applies to your system. Not | | | - | | - | | | |
| | categories, that person or entity subscriber who pays extra for ca | | | | | | | | |
| | first set" and would be counted of | | | | | | | | |
| | Block 2: If your cable system | - | | - | | | | | |
| | printed in block 1 (for example, t | | | | | , | | , 0 | |
| | with the number of subscribers a sufficient. | and rates, in th | e ngnt-n | and DIOCK. A t | wo- or thre | e-word descrip | lion of the s | service is | |
| | | OCK 1 | | | | | BLOCK | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIB | | RATE | CATI | EGORY OF SE | RVICE | NO. OF SUBSCRIBERS | RAT |
| | Residential: | | | | | | | | |
| | Service to first set | | 21 | 38.95 | Preferr | ed Choice | | 71 | 67.0 |
| | Service to additional set(s) | | | | Premie | r Plus | | 36 | 87. |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | | SIONS: RATE | S | | | | |
| F | In General: Space F calls for ra | • | , | | • | • • | | | |
| Г | not covered in space E, that is, t service for a single fee. There ar | | | | | | | | |
| Services | furnished at cost or (2) services | | , | | 0 | | 0. | / | |
| 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 | | | | | | | | |
| Ruico | 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 | |
| | | 1 | | ORY OF SER | VICE | RATE | CATEG | DRY OF SERVICE | RAT |
| | CATEGORY OF SERVICE | RATE | | tion. Non voo | idential | | | | |
| | CATEGORY OF SERVICE Continuing Services: | RATE | Installa | tion: Non-res | | | Showti | me & TMC | 14.9 |
| | | 18.95 | | el, hotel | | | | | 14.3 |
| | Continuing Services: | | • Mot | | | | | Encore Tier | 12.9 |
| | Continuing Services: • Pay cable | 18.95 | • Moto • Con | el, hotel | | | | Encore Tier Cinemax Tier | 12.9 |
| | Continuing Services: • Pay cable • Pay cable—add'l channel | 18.95 | • Mot • Con • Pay | el, hotel nmercial | | | | | 14.3 12.9 27.9 |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential | 18.95 | • Moto • Con • Pay • Pay • Fire | el, hotel nmercial cable cable-add'l cl protection | nannel | | | | 12.9 |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set | 18.95 | • Moto • Con • Pay • Pay • Fire • Burg | el, hotel nmercial cable cable-add'l cł protection glar protection | nannel | | | | 12.9 |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | 18.95 | • Mot • Con • Pay • Pay • Fire • Burq Other s | el, hotel nmercial cable cable-add'l cl protection glar protection ervices: | nannel | | | | 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 | • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec | el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect | nannel | | | | 12.9 |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | 18.95 | • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc | el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect connect | nannel | | | | 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 | • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl | el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect | nannel | | | | 12.9 |

| | | | FORM SA1-2E. PAGE 3. |
|--|--|---|--|
| Name | | | SYSTEM ID# |
| CCI Systems, Inc. (F | KA Cable Constructors Inc) | | 63459 |
| G carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do not list the station here station was carried only o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, M Column 3: Indicate in each educational station, by emi (for independent multicast For the meaning of these Column 4: Give the location | lentify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the | t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station | time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial eendent), "I-M" ional multicast). is licensed by the |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| WAOW | 9 | N | Wausau, WI |
| WAOW HD | 642 | N | Wausau, WI |
| ws as Necessary WSAW | 8 | N | Wausau, WI |
| WSAW HD | 641 | N | Wausau, WI |
| WEAU | 12 | N | Eau Claire, WI |
| WEAU HD | 645 | N | Eau Claire, WI |
| WFXS | 11 | E | Wausau, WI |
| WHRM | 20 | I | Wausau, WI |
| | | | |

| CCI System | F OWNER OF (s, Inc. (FKA | | e Constructors Inc) | | | | | SYSTEM 634 |
|---|---|---|--|---|---|--|--|----------------------------------|
| | 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 or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G | it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station | y the sys be recein at the Co l sign of o the static ion's sign g a checl n's locati | I-Band FM Carriage: Under C tem whenever it is received at wed 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 ca ge (v) of the g system as a se sed by the FC0 | !) 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 | |
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| Accounting Perio | | | | | | | FORM | I SA1-2E. PAGE 5. |
|--------------------------|---|---------------|-----------------|---|-----------------|------------------|--------------|-----------------------|
| Nama | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | | SYSTEM ID# |
| Name | CCI Systems, Inc. (FK | A Cable C | Constructor | s Inc) | | | | 63459 |
| | SUBSTITUTE CARRIAG | E: SPECI | AL STATEME | NT AND PROGRAM LC | G | | | |
| | In General: In space I, ident | ifv everv no | nnetwork televi | sion program, broadcast by | / a distant sta | tion. that you | r cable svs | tem carried on a |
| | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | ning that mu | st be included | in this log, see page (v) of t | he general in: | structions in tl | ne paper S | A1-2 form. |
| Carriage: | 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | |
| Special Statement and | During the accounting per | riod, did you | ur cable syster | n carry, on a substitute ba | isis, any noni | network telev | ision prog | ram |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | NO |
| | Note: If your answer is "No | " leave the | rest of this na | ae blank. If your answer i | | must complet | | - |
| | - | , leave life | rest of this pa | ige blank. If your answer i | s res, your | | le lite prog | ran |
| | log in block 2. 2. LOG OF SUBSTITUTI | | MS | | | | | |
| | In General: List each subs | | | ate line. Use abbreviation | s wherever p | ossible. if the | ir meaning | a is |
| | clear. If you need more spa | | | | | | | , |
| | | | | vision program ("substitute | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categor | | | | | | | |
| | "NBA Basketball: 76ers vs. | Bulls." | | | | 1, | , | |
| | | | | er "Yes." Otherwise enter | | | | |
| | | | | asting the substitute prog the community to which th | | censed by th | e ECC or | in |
| | the case of Mexican or Car | | | | | | e i oo oi, | |
| | | | when your sy | stem carried the substitute | e program. U | se numerals, | with the n | nonth |
| | first. Example: for May 7 gi | | | | | | | - 4 - 1 |
| | to the nearest five minutes. | | | ogram was carried by you ried by a system from 6:0? | | | | ately |
| | stated as "6:00–6:30 p.m." | Example. | a program oan | | | | | |
| | | | | n was substituted for prog | | | | |
| | to delete under FCC rules a | | | | | | | ogram |
| | was substituted for programe ffect on October 19, 1976 | | your system w | as permitted to delete unit | | s and regulat | | |
| | | | | | | | | |
| | c | | E PROGRAM | | | N SUBSTIT | | 7. REASON FOR |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | | | DELETION |
| | 1. TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — | | |
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| Accounting Period: | 2020/2 | FORM SA | 1-2E. PAGE 6. |
|---|--|-----------------------------|---------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc) | S | YSTEM ID# 63459 |
| 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 | 9,480.45 Iss 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 | | |
| | 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: | 2020/2 | FORM SA1-2E. PAGE 7. |
|---|---|---|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc) | SYSTEM ID# 63459 |
| 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 Kelly Tuttle | 906-776-2662 |
| Information | Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip) | |
| | Email kelly.tuttle@ccisytems.com Fax (optional) 906-828-328 | 9 |
| 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 sin line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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 mer of the cable system |
| | X /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) Typed or printed name: Jacob Mulaikal | |
| | Title: CFO (Title of official position held in corporation or partnership) Date: 01/15/2021 | |

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: 2020/2 | FORM SA1-2E. PAGE 8 |
|--|--|
| GAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| CI Systems, Inc. (FKA Cable Constructors Inc) | 6345 |
| 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 | |
| | |
| INTEREST ASSESSMENT 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 | |

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.