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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:							
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov							
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		02/28/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150							
Α	ACCOUNTING PERIOD COVERE	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31								
	202	20212 Barcode Data Filing Period (optional - see instructions)									
Accounting Period											
В	Instructions: Give the full legal name of the owner o title of the subsidiary, not that of the p		bsidiary of another corporation, give the full	corporate							
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	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In lir										
System	1 IDENTIFICATION OF CABLE SYSTEM:			5 1							
	MAILING ADDRESS OF CABLE SYSTE	EM:									
	2 (Number, street, rural route, apartment, or suit	a number)									
	(City, town, state, zip code)										
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code	authorizes the Copyright Offce to collect t	he personally identifying information (PII) reque	ested on this							

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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	622
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporat	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filing	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile nome parks should be reported in parentheses below the
Served	identified city.	
F 1	CITY OR TOWN Crystal Falls	STATE MI
First Community	Grystal Falls	
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)									
	CCI Systems, IIIC. (FRA									
Е	SECONDARY TRANSMISSION									
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									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E call for the num	ber of subso	ribers to the ca	ble system	n, broken			
scribers and	down by categories of secondar									
Rates	each category by counting the n separately for the particular serv		0) (scharged			
	Rate: Give the standard rate of				•	,	ge 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						0,			
	categories, that person or entity		-		-					
	subscriber who pays extra for ca	able service to	additional sets would	be included	d in the count u	nder "Servi	ice to the			
	first set" and would be counted o						, , , , , , , , , , , , , , , , , , ,			
	Block 2: If your cable system printed in block 1 (for example, t	Ũ	•							
	with the number of subscribers a									
	sufficient.	,								
	BLC	DCK 1				BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		САТЕ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA		
	Residential:	SOBSCIAD				WICE	GOBOCINIBEING			
	Service to first set		52 50.00	Preferr	ed Choice		126	75.		
	Service to additional set(s)			Premei			0	95.		
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
								1		
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISSIONS: RAT	ES						
F	In General: Space F calls for ra	•	•	-						
•	not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services									
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.									
ransmissions: Rates										
Rales	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) descrip									
		BLO	CK 1				BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE	RVICE	RATE	CATEG	ORY OF SERVICE	RA		
	Continuing Services:		Installation: Non-re	sidential						
	• Pay cable	18.95	 Motel, hotel 			Showti	me & TMC	14.		
	 Pay cable—add'l channel 	11.95	Commercial			Stars 8	Encore Tier	12.		
	Fire protection		• Pay cable			HBO &	Cinemax Tier	27.		
	•Burglar protection		• Pay cable-add'l o	channel						
	Installation: Residential		 Fire protection 							
	• First set		Burglar protectio	'n						
	 Additional set(s) 		Other services:					l		
			1			ſ		T		
	• FM radio (if separate rate)		 Reconnect 							
	()		Reconnect Disconnect							
	• FM radio (if separate rate)									

counting Period: 2	2021/2			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 62239					
	CCI Systems, Inc. (FKA Cable Constructors Inc)								
	PRIMARY TRANSMITTERS:								
G		ntify every television station (including m during the accounting period, <i>excep</i>	, I	,					
-imon/	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								
imary smitters:	substitute program basis, as explained in the next paragraph.								
vision		: With respect to any distant stations c iles, regulations, or authorizations:	arried by your cable system on a sub	stitute program					
	• Do not list the station here	e in space G—but do list it in space I (i	the Special Statement and Program L	og)—if the					
	station was carried only onList the station here, and a	a substitute basis. also in space I, if the station was carrie	ed both on a substitute basis and also	on some other					
	basis. For further informatio	n concerning substitute basis stations a's call sign. <i>Do not</i> report origination	, see page (v) of the general instruction	ons.					
	multicast stream associated	with a station according to its over-th	· •	-					
	"WETA-2" as the same on t Column 2: Give the channed	he form. el number the FCC assigned to the tele	evision station for broadcasting over t	he air in its community					
		RC is channel 4 in Washington, D.C. case whether the station is a network	station an independent station or a	noncommercial					
	educational station, by ente	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	ndent), "I-M"					
		"E" (for noncommercial educational), rms, see page (iv) of the general instru-		nal multicast).					
	Column 4: Give the location	n of each station. For U.S. stations, lis	t the community to which the station is	5					
	FCC. For Mexican or Canac	dian stations, if any, give the name of t	the community with which the station i	is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WBUP	8	N	Marquette, MI					
	WBUP HD	642	N	Marquette, MI					
ecessary	WJMN	5	N	Marquette, MI					
	WJMN HD	640	N	Marquette, MI					
	WLUC	12	N	Marquette, MI					
	WLUC HD	645	N	Marquette, MI					
	WLUC FOX UP	13	Ν	Marquette, MI					
	WLUC FOX UP HD	647	Ν	Marquette, MI					
	WNMU	13	E	Marquette, MI					

	OWNER OF C S, Inc. (FKA		Constructors Inc)					SYSTEM I 622
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ir eparate a	be expected, ated intervals. hstructions 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	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN	AIMOTTIM	3/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				62239	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME)G				
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every not	nnetwork televi period, under sp	<i>ision program,</i> broadcast by becific present and former F	y a <i>distant</i> stat FCC rules, reg	ulations, or	authorizatio	ons. For a further	
Carriage:	1. SPECIAL STATEMEN						• •		
Special	• During the accounting period did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and	broadcast by a distant sta			frouny, on a substitute be					
Program Log						Ļ	YES	NO	
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	lete the pro	gram	
	log in block 2.								
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute progra ace, please of every no a distant star egulations, o rites like "mo . Bulls." m was broa l sign of the adcast statii nadian statii nadian statii nth and day ive "5/7." nes when the . Example: a ter "R" if the	am on a separ add additional onnetwork tele tion and that y or authorization ovies" or "bask idcast live, entr station broadc ion's location (i ons, if any, the v when your sy e substitute pr a program carr e listed program	I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge letball." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which the a community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0" n was substituted for prog	e program") the ted for the pro- eneral instruction am titles, for e "No." rram. he station is lid e station is lid e program. Us in cable system 1:15 p.m. to 6 gramming that	nat, during ogramming ions for fur example, "I censed by entified). se numera n. List the :28:30 p.m your syste	the accoun of another ther informa Love Lucy" the FCC or, is, with the i times accur . should be em was <i>requ</i>	ting station ation. ' or , in month rately <i>uired</i>	
	to delete under FCC rules was substituted for programe ffect on October 19, 1976	mming that							
	was substituted for program effect on October 19, 1976	mming that y b.	your system w	as permitted to delete und	der FCC rules	and regul	ations in TUTE		
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR DELETION	
	was substituted for program effect on October 19, 1976 S	mming that y	your system w	as permitted to delete und	der FCC rules WHE	and regul	TUTE URRED	7. REASON FOR	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	
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	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	
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	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	der FCC rules WHE CARRI 5. MONTH	N SUBST	TUTE URRED TIMES	7. REASON FOR	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SI	YSTEM ID# 62239
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	,201.20 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or 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 \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 62239
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast 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	stations4144
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kelly Tuttle T	elephone 906-776-2662
	Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip)	
	Email kelly.tuttle@ccisystems.com Fax (optional) 90	6-828-3289
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office reg 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of 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 ident 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 contai 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)] (If U.S.C., Section 1001(1986)] Typed or printed name: Jacob Mulaikal Title: CFO (Title of official position heid in corporation or partnership) 	of space B; or the cable system as identified fied as owner of the cable system ned herein
	Date: 2/28/22	

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

ccounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CI Systems, Inc. (FKA Cable Constructors Inc)	62239
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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 Accounting period	

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