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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
02/28/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		20212 Barcode Data Filing Period (optional - see instructions)					
Accounting 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 is 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.

CCI Systems, Inc. (FKA Cable Constructors Inc)  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Wonewoc  WI			FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE Wonewoc WI Union Center WI	Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE Wonewoc WI Union Center WI	Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	629
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE Wonewoc WI Union Center WI		Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule
Area Served identified city.  CITY OR TOWN STATE  First Wonewoc WI  Community Union Center WI	D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno
CITY OR TOWN STATE  First Wonewoc WI  Community Union Center WI	Area		ome parks should be reported in parentheses below the
First Wonewoc WI Community Union Center WI		identified city.	
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Accounting Period: 2021/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62932

CCI Systems, Inc. (FKA Cable Constructors Inc)

Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	20	50.00	Expanded	20	75.00		
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
					f		

F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**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.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	18.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### CCI Systems, Inc. (FKA Cable Constructors Inc)

62932

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other
  basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
   Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each

multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKOW	6	N	Madison, WI
WISC	3	N	Madison, WI
WMSN	22	N	Madison, WI
WMTV	4	N	Madison, WI
WMTV-2	96	N	Madison, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CCI Systems, Inc. (FKA Cable Constructors Inc)

62932

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

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							H-(	)RM SA1-2F PAGF 5
	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:				۲۱	ORM SA1-2E. PAGE 5 SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				62932
Substitute Carriage: Special Statement and Program Log	CCI Systems, Inc. (FK SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, ro 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 Ca Column 5: Give the mo first. Example: for May 7 g	EXA Cable Control of the control of	Constructor  AL STATEME  nnetwork televieriod, under system included  RNING SUBS  ur cable system  e rest of this paradd additional additional that your authorization ovies" or "bask deast live, entition station broadd on's location (ons, if any, the when your system)	ENT AND PROGRAM LO ision program, broadcast by cecific present and former F in this log, see page (v) of the intribute CARRIAGE in carry, on a substitute base age blank. If your answer in rate line. Use abbreviation if rows to the tables. evision program ("substitute iour cable system substitute iour cabl	y a distant state of CC rules, reg the general instants, any nonres "Yes," you res wherever possible for the program") the deforthe program titles, for earn.  The station is like the program. Use program. Use	network te network te nust compossible, if nat, during ogrammin ions for fue example, '	r authorizatin the paper elevision properties of the paper elevision elevi	system carried on a tions. For a further r SA1-2 form.  ogram  NO rogram  sing is sunting er station mation. sy" or
	to the nearest five minutes stated as "6:00–6:30 p.m."	s. Example: s tter "R" if the and regulat mming that	a program car e listed prograi ions in effect o	ried by a system from 6:0 m was substituted for prog during the accounting perio	1:15 p.m. to 6 ramming that od; enter the l	:28:30 p.r your systetter "P" i	m. should l tem was <i>re</i> f the listed	oe equired
		N IDOTITI IT	T DDOODAA			N SUBST		7 DEASON FOR
			E PROGRAM  3. STATION'S		5. MONTH		CURRED TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— тс	
	<b> </b>							

2021/2	FORM SA	1-2E. PAGE					
LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM II 6293					
all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis	ssion service mount, see	5,400.63 ss receipts)					
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 \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800						
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	nis six-mon						
	\$	52.00					
		0.00					
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00					
	-						
1. Base amount under statutory formula							
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 \$527,60)	600)						
Enter the amount of gross receipts from space K							
2. Base amount under statutory formula							
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							
1 Royalty Fee Payable for Accounting Period (from Block 1.2 or 3 chare)	52 NN						
2.1 ming rice (See the instructions for more information on filling ree 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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		nts!					
	GCI Systems, Inc. (FKA Cable Constructors Inc)  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.  Gross receipts from subscribers for secondary transmitsion service(s) during the accounting period.  MIPORTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Supe block 3 if the amount of gross receipts in space K is more than \$137,100 or less  Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 or Use block 3 if the amount of gross receipts in space K is more than \$137,100 or less.  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less.  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for the structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the structions of a secondary from line 4, space Q, page 8.  Line 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,1 and \$100 or less t	CCI Systems, Inc. (FKA Cable Constructors Inc)  GROSS RECEIPTS Instructions. The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in paper (34 **) form.  Gross receipts from subscriber for secondary familiations for secondary familiations are compared to the paper SA*12 form.  Gross receipts from subscriber for secondary familiations receipts (as identified in paper SA*12 form.  Gross receipts from subscriber for secondary familiations are compared to the paper SA*12 form.  Gross receipts from subscriber for secondary familiations are compared to the paper SA*12 form.  CDOPYRIGHT ROYALTY FEE Instructions 7: on compare the royalty fee you owe:  - Complete block 1, block 2, or block 3.  - Use block 2 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 \$253,800 to 1 be block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$253,800 to 1 be block 3 if the amount of gross receipts in space K is more than \$137,100 but less than 527,800 see page (vi) of the general instructions located in the paper SA*12 form for more information.  BLOCK I: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$32.00.  Line 1. Royalty fee for accounting period (from line 4, space Q, page 8.  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.  BLOCK 3: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  1. Base amount under statutory formula \$ 253,800 or (but less than \$527,600)  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)  1. Enter the amount of gross receipts from space K \$ 263,800.00  2. Enter amount of gross receipts from space K \$ 263,800.00  3. Subtract line 2 from line 1 \$ 260,0					

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 62932
M Channels	to its subscriber     The total system carried     Enter the total on which the control of the total control of the contr	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period.  all number of channels on which the cable ditelevision broadcast stations.  all number of activated channels cable system carried television broadcast stations dicast services.	34
N Individual to Be Contacted for Further Information		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)  Kelly Tuttle  Telephone	76-2662
momation	Address	105 Kent St. (Number, street, rural route, apartment, or suite number)  Iron Mountain, MI 49801	
	Email	(City, town, state, zip)  christopher.flanick@astreaconnect.com  Fax (optional) 906-828-3289	
O Certification	I, the undersign     (Own     (Ager in	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)  ned, hereby certify that (Check one, but only one, of the boxes.)  ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or  sizer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B.  ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein stee, and correct to the best of my knowledge, information, and belief, and are made in good faith.  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: 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 fling, a determination that would be made by a court of law.

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62932 CCI Systems, Inc. (FKA Cable Constructors Inc) 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. . . . . . . . . . . . . . \$ 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 0.00274 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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