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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	01/22/21	\$ ALLOCATION NUMBER	For additional information, 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.	62971
		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	
-	names	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	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, zlp 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
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	6297
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Washington	WI
Community	Shawano	WI
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 6297
	CCI Systems, Inc. (FKA	Cable Cons	structo	rs Inc)					0231
_	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIE	ERS AND R	ATES				
E	In General: The information in s			-		•			
Secondam/	system, that is, the retransmission about other services (including particular services)								
Secondary Transmission	last day of the accounting period	· / ·					liiose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	·				,	ble system	, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of							e 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					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that are	different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a					•	,.		
	sufficient.		-		1	-			
	BLC	DCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		16	38.95		ed Choice		41	67.
	 Service to additional set(s) 				Premie	r Plus		12	87.
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	s				
F	In General: Space F calls for rate								
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
	amount of the charge and the ur					normation onea			
Other Than	amount of the charge and the up	III III WIIIGII II IS		illeu. Il ally l	ales are cr	narged on a vari	pe. p.		
Secondary	enter only the letters "PP" in the	rate column.		-		-			
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate	rate column. te charged by t		system for ea	ach of the	applicable servi	ces listed.	were not	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by t t your cable sys	stem furn	system for easished or offe	ach of the ed during	applicable servi	ces listed. period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate	rate column. te charged by t t your cable sys separate charg	stem furn je was m	system for ea ished or offer ade or establ	ach of the ed during	applicable servi	ces listed. period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg ption and incluc	stem furn le was m le the rat	system for ea ished or offer ade or establ	ach of the ed during	applicable servi	ces listed. period that	e form of a	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg otion and includ BLOC	stem furn je was ma de the rat CK 1	system for ea ished or offer ade or establ e for each.	ach of the ed during ished. List	applicable servi	ces listed. period that vices in the		RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	stem furn je was ma le the rat CK 1 CATEGO	system for ea ished or offer ade or establ	ach of the ed during ished. List VICE	applicable servition the accounting these other servitions	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by t t your cable sys separate charg btion and incluc BLOC RATE	stem furn je was ma de the rat CK 1 CATEGO Installat	system for ea ished or offer ade or establ e for each. DRY OF SER	ach of the ed during ished. List VICE	applicable servition the accounting these other servitions	ces listed. period that vices in the CATEGO	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE	stem furn le was ma de the rat <u>CK 1</u> <u>CATEGO</u> Installat • Mote	system for ea ished or offer ade or establ e for each. DRY OF SER ion: Non-res	ach of the ed during ished. List VICE	applicable servition the accounting these other servitions	ces listed. period that vices in the CATEGO	BLOCK 2 BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sys separate charg otion and inclue BLOC RATE 18.95	stem furn le was ma de the rat <u>CK 1</u> <u>CATEGO</u> Installat • Mote	system for ea ished or offer ade or establ e for each. DRY OF SER Ion: Non-res I, hotel mercial	ach of the ed during ished. List VICE	applicable servition the accounting these other servitions	ces listed. period that vices in the CATEGO Showtii Stars &	BLOCK 2 DRY OF SERVICE	14.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sys separate charg otion and inclue BLOC RATE 18.95	tem furn ge was ma de the rat <u>CK 1</u> <u>CATEGO</u> Installat • Mote • Com • Pay o	system for ea ished or offer ade or establ e for each. DRY OF SER Ion: Non-res I, hotel mercial	ach of the ed during ished. List VICE idential	applicable servition the accounting these other servitions	ces listed. period that vices in the CATEGO Showtii Stars &	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95	stem furn e was ma de the rat CK 1 CATEGO Installat • Mote • Com • Pay o • Pay o	system for ex ished or offer ade or establ e for each. DRY OF SER ion: Non-res I, hotel mercial cable	ach of the ed during ished. List VICE idential	applicable servition the accounting these other servitions	ces listed. period that vices in the CATEGO Showtii Stars &	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95	stem furn e was ma de the rat CK 1 CATEGO Installat • Mote • Com • Pay o • Fire j	system for ex ished or offer ade or establ e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch	ach of the ed during ished. List VICE idential	applicable servition the accounting these other servitions	ces listed. period that vices in the CATEGO Showtii Stars &	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95 11.95	stem furn e was ma de the rat CK 1 CATEGO Installat • Mote • Com • Pay o • Fire j	system for each ade or estable e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl porotection ar protection	ach of the ed during ished. List VICE idential	applicable servition the accounting these other servitions	ces listed. period that vices in the CATEGO Showtii Stars &	BLOCK 2 BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95 11.95	stem furn e was m de the rat <u>CK 1</u> <u>CATEGC</u> Installat • Mote • Com • Pay 0 • Fire 1 • Burg	system for each ade or estable e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch portection ar protection prvices:	ach of the ed during ished. List VICE idential	applicable servition the accounting these other servitions	ces listed. period that vices in the CATEGO Showtii Stars &	BLOCK 2 BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95 11.95	stem furn le was mi de the rat CK 1 CATEGO Installat • Mote • Com • Pay 0 • Pay 0 • Fire 1 • Burg Other se • Recc	system for each ade or estable e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch portection ar protection prvices:	ach of the ed during ished. List VICE idential	applicable servition the accounting these other servitions	ces listed. period that vices in the CATEGO Showtii Stars &	BLOCK 2 BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95 11.95	stem furn le was mi de the rat CK 1 CATEGO Installat • Mote • Com • Pay 0 • Pay 0 • Fire 1 • Burg Other se • Recc • Disco	system for each ade or estable e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'I ch protection ar protection rvices: nnect	ach of the ed during ished. List VICE idential	applicable servition the accounting these other servitions	ces listed. period that vices in the CATEGO Showtii Stars &	BLOCK 2 BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9

ounting Period: 2	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Hame	CCI Systems, Inc. (FK	(A Cable Constructors Inc)		62971
G Primary	carried by your cable syster FCC rules and regulations i	TELEVISION entify every television station (including m 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	t (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections
Transmitters: Television	substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	s explained in the next paragraph. With respect to any distant stations caules, regulations, or authorizations: e in space G—but do list it in space I (the authority of the state) a substitute basis.	arried by your cable system on a sub	ostitute program Log)—if the
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe	el number the FCC assigned to the tele	see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo	ons. PN, etc. Identify each ort multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	(RC is channel 4 in Washington, D.C. a case whether the station is a network string the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education actions in the paper SA1-2 form. It the community to which the station	endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBAY	8	N	Green Bay, WI
	WBAY HD	642	Ν	Green Bay, WI
ws as Necessary	WFRV	5	Ν	Green Bay, WI
	WFRV HD	640	N	Green Bay, WI
	WCWF	10	N	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
	WEUX HD	646	N	Green Bay, WI

EGAL NAME OF			Constructors Inc)					SYSTEM I 629
	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 a for 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 recei at the Co I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process 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 this point, see pay ed by the cable s re station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE OIOIN		0,0		O/ LE OIGIN		0/0		
							·	
		-						
		1						

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)				62971
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEMF	NT AND PROGRAM I C	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 programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE 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
	-		reat of this no	an blank. If your anower i	- "Vee " veu			-
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer i	s res, you	must comple	te the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if the	eir meaning	nis
	clear. If you need more spa				o 1111010101 p			5.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.						,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		consod by th	e ECC or	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi					1.		
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a program car		1. 10 p.m. to t	.20.00 p.m. s		
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regulat	ions in	
		•						1
						N SUBSTIT		
	S	1				AGE OCCU 6. TIN		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -		
				··				
						_		
						_		
						_		
						_		
						_		
						_		
								4

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# 62971
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	9,688.95 ss receipts)
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)		52.00
	1. Base amount under statutory formula \$ 263,800.00	,	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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 informati		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# 62971
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 broadcast stations 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 Telephone	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	19
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov 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 hereia 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)] Marcin M. (S.C., Section 1001(1986)] 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 vner of the cable system
	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.

unting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Systems, Inc. (FKA Cable Constructors Inc)	6297
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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