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.

8-30-21

SA1-2E Short Form

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

7	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20211 Barcode Data Filing Period (optional - see instructions)
inting iod		
3		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.
ner		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)
)		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes 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.
tem	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

Priva 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 suffciency of the fling, a determination that would be made by a court of law.

Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

STATEMENT OF ACCOUNT for Secondary Transmissions by

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	2807
D	Instructions: List each separate community served by the cable system. A " separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ated communities within unincorporated areas and including single, discret list will serve as a form of system identification hereafter known as the "fir:
Area Served	city.	
	CITY OR TOWN	STATE
First	Greenwood	WI
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	2807
	CCI Systems, Inc. (FKA	Cable Cons	structo	ors inc)					
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or E	ecembe	er 31, as the ca	se may be	e).		C C	
Service: Sub-	Number of Subscribers: Both down by categories of secondary	•							
scribers and Rates	each category by counting the n			0 / 1					
	separately for the particular serv	ice at the rate	indicate	d-not the num	nber of set	ts receiving ser	vice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	ns within a	particular rate	
	Block 1: In the left-hand block	in space E, th	e form l	ists the catego					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			0		0			
	subscriber who pays extra for ca					0	, i		
	first set" and would be counted of							с и	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		-		1				
	BLC	DCK 1 NO. OF	-				BLOCH	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:							20	
	Service to first set		9	45.00		eferred Choice			70.0
	Service to additional set(s)				Premie	r Plus		2	96.0
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•	, ,			
•	service for a single fee. There ar					-			
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ates are ch	narged on a vai	riable per-p	rogram basis,	
Transmissions:	Block 1: Give the standard rat		the cable	e system for ea	ch of the	applicable serv	ices listed.		
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a brief (two- or three-word) descrip	•			shed. List	these other se	rvices in th	e form of a	
		BLO RATE	1			RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RAIE	CATEG	ORT OF SERVICE	RATE
	Pay cable	18.95		tel, hotel			Showti	me & TMC	14.9
	Pay cable—add'l channel	11.95		nmercial			Stars &	Encore Tier	12.9
	Fire protection		•Pay	/ cable			HBO &	Cinemax Tier	27.9
	•Burglar protection		•Pay	/ cable-add'l ch	annel				
	Burgiar protection		• Fire	protection					
	Installation: Residential			protection					
	- ·			glar protection					
	Installation: Residential		• Bur Other s	glar protection					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec	glar protection services: connect					
	Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec • Dise	glar protection services: connect connect					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Dis • Out	glar protection services: connect					

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTI
ame	CCI Systems, Inc. (F	KA Cable Constructors Inc)		:
	PRIMARY TRANSMITTERS:	TELEVISION		
G mary mitters: vision	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 <i>not</i> list the station he station was carried <i>only</i> 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, we educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the location	also in space I, if the station was carried I ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a n the form. Inel number the FCC assigned to the televion WRC is channel 4 in Washington, D.C. sch case whether the station is a network st tering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list the	(1) stations carried only on a part-tir e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructiogram services such as HBO, ESP air designation. For example, reportision station for broadcasting over the tation, an independent station, or a or network multicast), "I" (for indepen- tions in the paper SA1-2 form, the community to which the station in	me basis under ams [sections tions carried on a ostitute program og)—if the o on some other ons. 'N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	e community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION
	WQOW	9	N	Eau Claire, WI
		642	N	Eau Claire, WI
as Necessary	WKBT	8	N	Lacrosse, WI
35 Necessary	WKVT HD	641	N	Lacrosse, WI
	WEUX	11	N	Eau Claire, WI
	WEUX HD	646	N	Eau Claire, WI
		12	N	
				Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI

EGAL NAME OF								SYSTEM II
Joi Systems	, IIIC. (ГКА	Cable	Constructors Inc)					280
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. entify the call tate whether t the radio stati this by placing	y the sys be receint t the Co sign of e he statio ion's sign g a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the	the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce je (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2021/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	onstructors	Inc)				28079
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
I	In General: In space I, ident							
	substitute basis during the a explanation of the programm							
Substitute Carriage:	· · ·	-			general instru		e paper SAT-	2 101111.
Special	 SPECIAL STATEMENT During the accounting per 					work tolovi	sion program	'n
Statement and		-	r cable system	carry, on a substitute basis	s, any nonne			
Program Log	broadcast by a distant sta					L	YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			a lina. I laa abbraviatiana y	who row or noo	aible if thai	r mooning i	
	In General: List each subs clear. If you need more spa				vnerever pos	sidle, li the	ir meaning is	5
				sion program ("substitute p	orogram") tha	t, during the	e accounting	9
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o ies like "mo	r autnorizations vies" or "baske	See page (V) of the gene tball " List specific program	titles for ex	ns for furthe ample "I I c	er informatio ove Lucv" or	n.
	"NBA Basketball: 76ers vs.			List specific program		umpio, 120		
				"Yes." Otherwise enter "N				
				sting the substitute program e community to which the		need by the	ECC or in	
	the case of Mexican or Car						, 1 00 01, 11	
		,	when your syst	em carried the substitute p	orogram. Use	numerals,	with the mo	nth
	first. Example: for May 7 giv		aubatituta pro	rom was carried by your a	able avetem	List the tim		sh <i>i</i>
	to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:1				ery
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for progran							ram
	effect on October 19, 1976							
					WHE	N SUBSTI		
	S		E PROGRAM		CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		IMES — TO	DEELIION
		Tes of No	CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
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			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 28079
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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	9,522.80 Iss 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 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		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th	is six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K	<u>.</u>	
	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati	ter of Copyrigh	

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CA CCI Systems, Inc. (FKA Ca				SYSTEM ID# 28079
M Channels	to its subscribers, and (2) the 1. Enter the total number of c	e cable system's total num channels on which the cat broadcast stations activated channels n carried television broadc	ast stations	counting period.	4
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this sta		DRMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name Kelly Tut	ittle		Telephone	906-776-2662
		eet, rural route, apartment, or su untain, MI 49801	te number)		
	Email	kelly.tuttle@ccisystems.	com	Fax (optional 906-828-328	9
O Certification	 I, the undersigned, hereby cert (Owner other than a (Agent of owner other in line 1 of sp) X (Officer or partner) in line 1 of sp I have examined the statemen are true, complete, and correct [18 U.S.C., Section 1001(1986)] 	rtify that (Check one, <i>but on</i> corporation or partnershi ther than corporation or p pace B and that the owner is r) I am an officer (if a corpor pace B. nt of account and hereby de ct to the best of my knowled (6)] Corporation	p) I am the owner of the cable system as a rtnership) I am the duly authorized agen s not a corporation or partnership; or ration) or a partner (if a partnership) of the clare under penalty of law that all statemen lge, information, and belief, and are made /s/ Jacob Mulaikal electronic signature on the line above to cen nature using an "/s/ signature" (e.g., /s/ Joh	identified in line 1 of space B t of the owner of the cable sy legal entity identified as own nts of fact contained herein in good faith.	rstem as identified
		Typed or printed name: Title: CFO (Title of officia	Jacob Mulaikal		
	1	Date:		8/30/21	

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: 2021/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Systems, Inc. (FKA Cable Constructors Inc)	2807
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 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
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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
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
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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

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