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
8-30-21	\$ 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	ACC	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)
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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	_	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/1	50000005 5005 0
	T	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hamo	CCI Systems, Inc. (FKA Cable Constructors Inc)	63331
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	munity" is the same as a "community unit" as defined in ECC rules: "a
D	separate and distinct community or municipal entity (including unincorporated of unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mole	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Area	city.	
Served	CITY OR TOWN	STATE
First	Oconto Falls	WI
Community		
Add Rows as Necessary		
ŕ		

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63331

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:					
 Service to first set 	52		Preferred Choice	159	70.00
Service to additional set(s)			Premier Plus	42	96.00
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

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.

	BLO	CK 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		Showtime & TMC	14.95
Pay cable—add'l channel	11.95	Commercial		Stars & Encore Tier	12.95
Fire protection		• Pay cable		HBO & Cinemax Tier	27.95
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63331

CCI Systems, Inc. (FKA Cable Constructors Inc)

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
WBAY	8	N	Green Bay, WI
WBAY HD	642	N	Green Bay, WI
WFRV	5	N	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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CCI Systems, Inc. (FKA Cable Constructors Inc)

63331

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).

	1		T	1	T	_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio		A D. E 0./0T					FOR	M SA1-2E. PAGE 5.
Name	CCI Systems, Inc. (FKA			Inc)				63331
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	3			
Substitute	In General: In space I, identifi substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former F0	CC rules, regul	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special	During the accounting peri	od, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televis	sion progran	n
Statement and Program Log	broadcast by a distant stat	ion?					YES	NO
	,				"\/"	⊒ استست ما	_	
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. It your answer is	s "Yes," you m	ust complete	e tne progra	m
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call se Column 4: Give the broat the case of Mexican or Cancolumn 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." s when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "basked cast live, enterestation broadca on's location (thins, if any, the owner your system substitute proprogram carried isted program ons in effect du	rows to the tables. Ision program ("substitute our cable system substitutes. See page (v) of the general of the substitutes. See page (v) of the general of the substitute program." ("Yes." Otherwise enter "sting the substitute program of the community to which the community with which the substitute of the substitute	e program") the ed for the prog- neral instruction im titles, for ex "No." e station is lice e station is idea program. Use cable system :15 p.m. to 6:2 ramming that y d; enter the le	at, during the gramming of one for furthe cample, "I Lo ensed by the ntified). e numerals, i. List the time 28:30 p.m. s your system tter "P" if the	e accounting another state information over Lucy" or e FCC or, in with the more accurate hould be was require elisted programme.	g tion n. nth ely
	effect on October 19, 1976.				WHE	EN SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	<u> </u>	CARR	IAGE OCC		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	522271011
							_	
						 		
						_		
							_	
						 		
								
							_	
						_		
								ļ
						 		

Accounting Period:	2021/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)			S	YSTEM ID# 63331
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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 re-	ystem's seen of how t	econdary transm o compute this a	ission service imount, see	7,457.82 pss 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 less Use block 3 if the amount of gross receipts in space K is more than \$263,800 less page (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$13	out less than formation	an \$527,600 n.	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)	· · ·
	Base amount under statutory formula	\$	263,800.00	_	
	Enter amount of gross receipts from space K	\$	147,457.82	_	
	3. Subtract line 2 from line 1	\$	116,342.18	_	
	Enter the amount of gross receipts from space K		<u></u> \$	147,457.82	
	5. Enter the amount from line 3		\$	116,342.18	
	6. Subtract line 5 from line 4		\$	31,115.64	
	7. Multiply line 6 by .005 (enter figure here)			\$	155.58
	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		\$	155.58
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			-	
	Subtract line 2 from line 1	Ψ	200,000.00	-	
	4. Multiply line 3 by .01			-	
	Novalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		-		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	155.58	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	175.58
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				nts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: ac. (FKA Cable Construct	ors Inc)			SYSTEM ID# 63331
M Channels	Enter the total system carried Enter the total on which the control of t	s, and (2) the cable system's number of channels on which	total numb th the cable s		counting period.	144
N Individual to Be Contacted		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an inc	lividual to whom	
for Further Information	Name	Kelly Tuttle			Telephone	906-776-2662
	Address	105 Kent St. (Number, street, rural route, aparts Iron Mountain, MI 49		e number)		
		(City, town, state, zip)				
	Email	kelly.tuttle@ccis	sytems.co	om	Fax (optional <u>906-828-3289</u>)
O Certification		This statement of account mu		iffied and signed in accordance with Co	opyright Office regulations)	
	(Owner	other than corporation or p	artnership	a) I am the owner of the cable system as	identified in line 1 of space B;	or
				artnership) I am the duly authorized agenot a corporation or partnership; or	nt of the owner of the cable sy	stem as identified
		r or partner) I am an officer (i n line 1 of space B.	f a corpora	ation) or a partner (if a partnership) of the	e legal entity identified as owne	er of the cable system
		e, and correct to the best of m		clare under penalty of law that all stateme ge, information, and belief, and are made		
				/s/ Jacob Mulaikal	ertify this statement.	
			Enter sign	nature using an "/s/ signature" (e.g., /s/ Jo	hn Smith)	
		Typed or printed	name:	Jacob Mulaikal		
		Title:	CFO	position held in corporation or partnership)		
		Date:			8/30/21	

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Accounting Period: 2021/1		FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
CCI Systems, Inc. (FKA Cable Constructors Inc)		63331
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION. The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copylowing sentence: "In determining the total number of subscribers and the gross amounts paid to the deservice of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission. For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? NO	rright Act by adding the fol- cable system for the basic system shall not include sub- s pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a later For an explanation of interest assessment, see page (viii) of the general instructions located		Q
	p-p	
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
	X	
Line 2. Multiply line 1 by the interest rate* and enter the sum here		_
Line 2 Multiply line 1 by the interest rate* and enter the sum here		_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x days	
	x days	
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x days x 0.00274	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x days x 0.00274 \$ - (interest charge) For further assistance please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274 \$	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x days x 0.00274 \$ - (interest charge) For further assistance please late. the Copyright Office, please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x days x 0.00274 \$ - (interest charge) For further assistance please late. the Copyright Office, please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x days x 0.00274 \$ - (interest charge) For further assistance please late. the Copyright Office, please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x days x 0.00274 \$ - (interest charge) For further assistance please late. the Copyright Office, please	
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