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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGHT OFFICE USE ONLY by email to:					
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT				
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			8/29/2022	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
A	ACCO	2022/1 2022	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
Accounting Period								
B Owner		of the subsidiary, not that of the parent of List any other name or names under white	corporation. ch the owner conducts the business of e accounting period, only the owner on	the last day of the accounting period should				
		Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	62972			
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	l				
		CCI Systems, Inc. (FKA Cable Cons	structors Inc)					
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Γ)				
		Astrea						
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM					
		P.O. BOX 190 (Number, street, rural route, apartment, or suite	number)					
		Iron Mountain, MI 49801						
	INSTR	(City, town, state, zip)	ness or trade names used to ide	ntify the business and operation of the	e system unless these			
С				ne system, if different from the addres				
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTE	М:					
	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.

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 "co "a separate and distinct community or municipal entity (including unincorpor	rated communities within unincorporated areas and including single,						
D	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 know as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r							
Served	identified city.							
	CITY OR TOWN	STATE						
First	Cecil	WI						
Community								
d Rows as Necessary								

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name									TEM IC 6297
	CCI Systems, Inc. (FKA	Cable Con	structo	rs Inc)					0231
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	BERS AND R	ATES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission								
Transmission	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).								
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call	for the numb	er of subso	cribers to the ca			
scribers and	down by categories of secondar	•							
Rates	each category by counting the n separately for the particular service			•••				charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed	· ·	,		ny standa	rd rate variation	is within a p	oarticular rate	
	category, but do not include disc				ine of oos	and an <i>i</i> transmit		a that askis	
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not							0,	
	categories, that person or entity	should be cou	nted as a	subscriber in	each app	licable category	. Example:	a residential	
	subscriber who pays extra for ca					d in the count ur	nder "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	rom those	
	printed in block 1 (for example, t	0		-					
	with the number of subscribers a					•	,.		
	sufficient.	2014			1			0	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	DRY OF SERVICE SUBSCR		RAT
	Residential:								
	Service to first set		21	50.00		ed Choice		68	75.
	Service to additional set(s)				Premie	r Plus		31	95.
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
	• NON-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	s				
F	In General: Space F calls for ra								
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There and furnished at cost or (2) services								
Other Than									
Secondary	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.								
ransmissions: Rates	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								
Rates	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.								
		∩K 1				BLOCK 2			
		BLO							
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:		CATEG	DRY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
			CATEGO Installat			RATE		me & TMC	
	Continuing Services:	RATE	CATEGO Installat • Mote	ion: Non-res		RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable	RATE 18.95	CATEGO Installat • Mote	ion: Non-res I, hotel mercial		RATE	Showtin Stars &	me & TMC	14.9
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE 18.95	CATEGO Installat • Mote • Com • Pay	ion: Non-res I, hotel mercial	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 18.95	CATEGO Installat • Mote • Com • Pay • Pay	ion: Non-res I, hotel mercial cable	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 18.95	CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg	ion: Non-res II, hotel mercial cable cable-add'l cl protection lar protection	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 18.95	CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	ion: Non-res II, hotel mercial cable cable-add'l cl protection lar protection ervices:	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	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 18.95	CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	ion: Non-res il, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 18.95	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	ion: Non-res il, hotel mercial cable cable-add'l cl protection lar protection ervices: onnect	idential	RATE	Showtin Stars &	me & TMC Encore Tier	14.9 12.9
	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 18.95	CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc • Outle	ion: Non-res il, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	idential Iannel	RATE	Showtin Stars &	me & TMC Encore Tier	14. 12.

				FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 62972				
				UL J I L				
G Primary Insmitters: elevision	 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. <i>Do not</i> 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, or a noncommercial educational station, by entering the letter "N" (for network multicast), "T (for independent), "I-M" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). 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							
	1. CALL SIGN	4. LOCATION OF STATION						
	WBAY	2. B'CAST CHANNEL NUMBER 8	3. TYPE OF STATION	Green Bay, WI				
	WBAY HD	642						
			N	Groon Ray WI				
- Noossani			N	Green Bay, WI				
s as Necessary	WFRV	5	N	Green Bay, WI				
as Necessary	WFRV WFRV HD	5 640	N	Green Bay, WI Green Bay, WI				
as Necessary	WFRV	5	N	Green Bay, WI				
	WFRV HD	640	N	Green Bay, WI				
	WCWF	10	N	Green Bay, WI				
as Necessary	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				
s Necessary	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				
as Necessary	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				
as Necessary	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				
as Necessary	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				
as Necessary	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				
as Necessary	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				
a as Necessary	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				
us as Necessary	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				
ws as Necessary	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				
ws as Necessary	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				
is as Necessary	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				
vs as Necessary	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				
ws as Necessary	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				
ws as Necessary	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				
ows as Necessary	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				
ows as Necessary	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				

CCI Systems	F OWNER OF (s, Inc. (FKA		e Constructors Inc)					SYSTEM I 629
	t every radio s	station ca	arried on a separate and discrence of the second					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 recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	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	
	7 01 1 111	0,0			7 0. 1 111	0,12		
						·		

Accounting Perio	od: 2022/1						FORM	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				62972
					•			
	SUBSTITUTE CARRIAG							
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Out attracts	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Substitute Carriage:					ne general in:		ille paper 3	A1-2 10111.
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 							
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	". leave the	e rest of this pa	ige blank. If vour answer i	s "Yes." vou i	must comple	te the proc	ram
	log in block 2.	,		.9	, ,			,
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meaning	a is
	clear. If you need more spa				, morener b			9.0
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	am uties, for e	example, 11	Love Lucy	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
				the community to which th			ne FCC or,	in
	the case of Mexican or Car							41-
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerais	, with the h	nonth
			e substitute pr	ogram was carried by you	r cable syste	m I ist the ti	mes accura	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s anu regula		
					1			1
					WHE	N SUBSTIT	UTE	
	S	T	E PROGRAM		CARRI	AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
							-	
						-	-	
							-	
						-	-	
							-	
							-	
						-	-	
						-	-	
							_	
						-	-	
							_	
						-	-	
							-	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 62972
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	1,158.00 ss receipts)
L Copyright 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
		¢	52.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		52.00
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	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		
	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CCI Systems, Inc. (FKA		ors Inc)			SYSTEM ID# 62972
M Channels	to its subscribers, and (2) to its subscribers, and the subscribers, and	he cable system's to f channels on which broadcast stations . f activated channels m carried television b	tal number the cable	t stations		4 144
N Individual to Be Contacted	we can contact about this	statement of account.		RMATION IS NEEDED (Identify an ind		
for Further Information	Name Kelly				Telephor	e 906-776-2662
	Iron M	ent St. street, rural route, apartme ountain, MI 498 , state, zip) kelly.tuttle@ccisy	801		Eax (optional) 906 929 3	200
		Keny.tuttie@ccis	ytems.cc		Fax (optional) 906-828-3	203
O Certification	 I, the undersigned, hereby (Owner other th (Agent of owner in line 1 of sp X (Officer or part in line 1 of sp I have examined the stated 	certify that (Check on an corporation or pa rother than corporat ace B and that the owner) I am an officer (if ace B. ment of account and h ect to the best of my B 286)]	artnership artnership tion or pa vner is no a corpora hereby dea knowledg	p) I am the owner of the cable system a artnership) I am the duly authorized ago t a corporation or partnership; or ation) or a partner (if a partnership) of the eclare under penalty of law that all stater ge, information, and belief, and are made /s/ Jacob Mulaikal electronic signature on the line above to content of the system of the line above to content of the system of the system of the provide the system of the system of the system of the provide the system of the system of the system of the provide the system of the system of the system of the provide the system of the system of the system of the provide the system of the system of the system of the provide the system of the system of the system of the system of the provide the system of the system of the system of the system of the provide the system of th	as identified in line 1 of spar ent of the owner of the cab ne legal entity identified as ments of fact contained her e in good faith.	ce B; or le system as identified owner of the cable system
		Typed or printed	name:	hature using an "/s/ signature" (e.g., /s/ Ju Jacob Mulaikal	ohn Smith) 8/24/22	

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.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
CI Systems, Inc. (FKA Cable Constructors Inc)	62972
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
(interest charge) * 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.	
 (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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 	

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 th 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.