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 by email to:

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

\$

\$ ALLOCATION NUMBER

AMOUNT

coplicsoa@loc.gov

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

	-		
A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20231 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.	3390
		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 unles as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
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)	
L			

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.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	33390
D Area Served	Instructions: List each separate community served by the cable system. A "cor separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m city.	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Corroa		
	CITY OR TOWN	STATE
First Community	Pickford Hessel	MIMI
connicity	Cedarville	MI
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	
Name	CCI Systems, Inc. (FKA		tructo	re Inc)				010	3339
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission	•		0					
Secondary	about other services (including p					•			
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					-		
Rates	each category by counting the n								
	separately for the particular serv	vice at the rate	indicate	d—not the nun	nber of se	ts receiving ser	vice).	Ū	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· · ·	,		ny standa	i d rate variation	is within a	particular rate	
	Block 1: In the left-hand block	in space E, th	e form li	sts the catego					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additiona	al sets would b	e include	•			
	first set" and would be counted of						a different i	from theory	
	Block 2: If your cable system printed in block 1 (for example, t	-							
	with the number of subscribers a					,	,,	, 0	
	sufficient.								
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		53	55.00	•••••	ed Choice		33	75.0
	Service to additional set(s)				Premie	r Plus		4	95.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rate	•	'		•	, ,			
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are cl	harged on a var	riable per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cable	e system for ea	ch of the	applicable serv	ices listed.		
Rates	Block 2: List any services that	t your cable sy	stem fur	nished or offer	ed during	the accounting	period that		
	listed in block 1 and for which a	•	•		shed. List	these other se	rvices in the	e form of a	
	brief (two- or three-word) descrip	btion and includ	the the ra	te for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	-	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: Pay cable	18.95		tion: Non-res el, hotel	luential				
	Pay cable—add'l channel	10.00		nmercial					
	Fire protection		-	cable					
	•Burglar protection		-	cable-add'l ch	annel				
			-	protection					
	Installation: Residential		• Dur	-					
	• First set		• Dui	glar protection					
				glar protection ervices:					
	• First set		Other s						
	• First set • Additional set(s)		Other s • Rec	ervices:					
	First setAdditional set(s)FM radio (if separate rate)		Other s • Rec • Disc	ervices: onnect					

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
ame	CCI Systems, Inc. (F	KA Cable Constructors Inc)		33
	PRIMARY TRANSMITTERS:	TELEVISION		
Contract of the second	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eaci educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried b on concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination prog d with a station according to its over-the-ai) stations carried only on a part-ti- carriage of certain network progra e)(2) and (4))]; and (2) certain sta- ed by your cable system on a su Special Statement and Program oth on a substitute basis and also e page (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repo- tion station for broadcasting over tion, an independent station, or a network multicast), "I" (for indep E-M" (for noncommercial educatio ons in the paper SA1-2 form. e community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial 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
	WWUP	10	N	Cadillac, Michigan
	WFXQ	7	N	Cadillac, Michigan
cessary	WGTU	8	N	Traverse City, Michigan
	WTOM	14	N	Traverse City, Michigan

Accounting P							FORM	M SA1-2E. PAGE 4
								SYSTEM ID
CCI Systems	5, INC. (FRA	Cable	Constructors Inc)					3339
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sigr g a check i's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. hal was electronically process c mark in the "S/D" column. on (the community to which the	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during ce ge (v) of the g system as a se sed by the FC0) it can t ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
		-				<u>e/D</u>		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2023/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CCI Systems, Inc. (FKA	A Cable C	onstructors	Inc)				33390
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every nor ccounting pe	network televisi priod, under spe	<i>ion program,</i> broadcast by a cific present and former FCC	C rules, regula	ations, or author	rizations. F	or a further
Carriage:	1. SPECIAL STATEMENT	-		,	<u> </u>	F	<u></u>	
Special	During the accounting per				s any nonnet	twork televisior	n program	ı
Statement and Program Log	broadcast by a distant stat	•			, any normo		1 - 1	
Program Log	,						YES	NO
	Note: If your answer is "No'	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complete th	e progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lee abbreviations v	vherever nos	sible if their m	eaning is	
	clear. If you need more spa				vilerever pos		icaning is	
		of every no	nnetwork televi	sion program ("substitute p				
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	ral instruction	ns for further in	nformatior	
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	titles, for ex	ample, "I Love	Lucy" or	
	Column 2: If the program	n was broad		"Yes." Otherwise enter "N				
				sting the substitute programe community to which the		nsed by the FC	Corin	
	the case of Mexican or Can						50 01, 11	
			when your syst	em carried the substitute p	orogram. Use	numerals, with	h the mon	ith
	first. Example: for May 7 giv		substitute pro	gram was carried by your c	able system	List the times	accurate	N
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m."	"D" : (4)						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM			N SUBSTITU AGE OCCUR		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	ES TO	DELETION
		+						
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2023/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)		S	¥STEM ID# 33390
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to com 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.	ary transmis npute this an	sion service nount, see	2,635.05 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 but less than or Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$5 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		3,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LES	S		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you mus accounting period is \$52.00	st pay for this	six-month	
	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 the second se	nan \$137,10	00)	
	1. Base amount under statutory formula	3,800.00		
	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 \$527,6	600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	3,800.00		
	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	· · · · · · · · · · · · - <u>-</u>		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$		52.00	
Total Remittance 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	Γ	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to	L	•	
	See page i of the general instructions in the paper SA1-2 form for mor			

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: , Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 33390
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which th	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. Datal number of channels on which the cable ried television broadcast stations	4
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Kelly Tuttle Telephone 9	006-776-2662
	Address	105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip)	
	Email	kelly.tuttle@ccisystems.com Fax (optional 906-828-3289	
0	CERTIFICATION	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification		ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of	or
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	
		iicer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	of the cable system
	are true, comp	ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. cction 1001(1986)]	
	1	X /s/ Jacob Mulaikal	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Jacob Mulaikal	
		Title: CFO (Title of official position held in corporation or partnership)	
		Date: 8/23/23	

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unting Period: 2023/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Systems, Inc. (FKA Cable Constructors Inc)	3339
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessmen
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