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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:		
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook A ACCOUNTING PERIOD COVERED E		DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
		3/1/2024	S ALLOCATION NUMBER		
		BY THIS STATEMENT: (YY	YY/(Period))		
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		

		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20232 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		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		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2	FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First	Greenwood	WI					
Community							
Add Rows as Necessary							
· · · · · · · · · · · · · · · · · · ·							
1							

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM IC
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)								2807
				5 mcj					
Е	SECONDARY TRANSMISSION								
<b>L</b>	In General: The information in s system, that is, the retransmission			-					
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								
	Rate: Give the standard rate c	-	-	•			-		
	unit in which it is generally billed category, but do not include disc				ny standart		s within a pa		
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categor					
	systems most commonly provide that applies to your system. <b>Not</b>								
	categories, that person or entity			•		•			
	subscriber who pays extra for ca								
	first set" and would be counted of					and a that are	different fr	and the sec	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		1						
	BLO				BLOCK	NO. OF	1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE				SUBSCRIBERS	RAT
	Residential:								
	Service to first set		34	60.00	Preferred Choice			19	80.
	Service to additional set(s)				Premier Plus		4	100.0	
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								+
	Residential								+
	Non-residential								+
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATES	3				
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	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,								
Secondary Transmissions:	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.								
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) descrip			-					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-res	idential				
	• Pay cable	18.95		el, hotel				me & TMC	14.9
	Pay cable—add'l channel	11.95		nmercial				Encore Tier	12.9
	Fire protection     Burglar protection		· ·	cable add'l ch	annol		ILBO &	Cinemax Tier	27.9
	•Burglar protection Installation: Residential			cable-add'l ch protection	alliel				
	First set			protection glar protection					+
	Additional set(s)			ervices:					+
									+
	• FM radio (if separate rate)		• Rec	onnect					
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			onnect :onnect					
	, , , ,		• Disc						

	LEGAL NAME OF OWNER	DE CABLE SYSTEM:		SYSTEM ID					
lame				2807					
	CCI Systems, Inc. (FKA Cable Constructors Inc) PRIMARY TRANSMITTERS: TELEVISION								
G smitters: evision	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. <b>Substitute Basis Stations:</b> 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. <b>Column 1:</b> 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. <b>Column 2:</b> 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. <b>Column 3:</b> 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								
	1. CALL SIGN	4. LOCATION OF STATION							
	WQOW	9	N	Eau Claire, WI					
	WQOW HD	642	N	Eau Claire, WI					
as Necessary	WKBT	8	N	Lacrosse, WI					
	WKVT HD	641	N	Lacrosse, WI					
	WEUX	11	N	Eau Claire, WI					
	WEUX HD	646	N	Eau Claire, WI					
	WEAU	12	N	Eau Claire, WI					
	WEAU HD	645	N	Eau Claire, WI					
	WEAU HD WHWC	645 13	N						
				Eau Claire, WI					
				Eau Claire, WI					
				Eau Claire, WI					
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				Eau Claire, WI					

EGAL NAME O		/2					FORM	/I SA1-2E. PAGE 4
			YSTEM: Constructors Inc)					SYSTEM ID#
CCI Systems	S, IIIC. (FKA	Cable	constructors inc)					28079
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
<ul> <li>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.</li> <li>For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete</li> </ul>								
signal, indicate <b>Column 4:</b> G	this by placing Give the station	g a check n's locatio	an was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	ne station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2023/2						FOR	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)				28079
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
I	In General: In space I, identi							
Substitute	substitute basis during the ac explanation of the programmi	•••		•				
Carriage:	1. SPECIAL STATEMENT	•			gonoral mode			
Special	<ul> <li>During the accounting period</li> </ul>				s, any nonnet	work televi	sion program	า
Statement and Program Log	broadcast by a distant stat	-				Γ	YES	NO
	Note: If your answer is "No'		rost of this pag	o blank. If your answer is '			. –	
	log in block 2.	, leave the	rest of this pay	e blank. Il your answer is	res, you mu	ist completi	e the program	11
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if the	ir meaning is	;
	clear. If you need more spa			ows to the tables. sion program ("substitute	orogram") tha	t during th	o accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	er informatior	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Lo	ove Lucy" or	
			lcast live, ente	"Yes." Otherwise enter "N	lo."			
		0		sting the substitute progra				
	the case of Mexican or Can			e community to which the			e FCC or, in	
				em carried the substitute			with the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example. a	program oann		10 p.m. to 0.2	0.00 p.m. 0		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.							
	S	UBSTITUT	E PROGRAM			N SUBSTI		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		TIMES — TO	DELETION
							_	
								<u> </u>
							-	+
							_	
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							_	
								<u>+</u>
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Accounting Period:	2023/2	FORM SA	A1-2E. 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 pa all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tr (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ransmission service this amount, see	9,731.38 9ss 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 equa • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	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 paraccounting period is \$52.00	y 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	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$	\$137,100)	
	1. Base amount under statutory formula \$ 263,80	0.00	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	······	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than	\$527,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,80	0.00	
	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			
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 See page i of the general instructions in the paper SA1-2 form for more inf		nts!

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Inc. (FKA Cable Construc	tors Inc	:)		SYSTEM ID# 28079
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system's	total nur ch the ca ns els on broad	cast stations	ccounting period.	4
N Individual to Be Contacted		O BE CONTACTED IF FURT t about this statement of acco		ORMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Kelly Tuttle			Telephone	906-776-2662
	Address	105 Kent St. (Number, street, rural route, apar Iron Mountain, MI 45 (City, town, state, zip)		uite number)		
	Email	kelly.tuttle@cc	isystems	s.com	Fax (optional 906-828-3289	)
0	CERTIFICATION	(This statement of account m	iust be ce	ertified and signed in accordance with C	opyright Office regulations)	
Certification		ed, hereby certify that (Check o		<i>nly one</i> , of the boxes.) <b>hip)</b> I am the owner of the cable system a	s identified in line 1 of space B;	or
		in line 1 of space B and that t	he owner	partnership) I am the duly authorized age is not a corporation or partnership; or pration) or a partner (if a partnership) of th		
	are true, compl		-	eclare under penalty of law that all statem dge, information, and belief, and are mad		
				/s/ Jacob Mulaikal n electronic signature on the line above to o gnature using an "/s/ signature" (e.g., /s/ J		
		Typed or printe	d name:	Jacob Mulaikal		
		Title:	CFO itle of offici	al position held in corporation or partnership)		
		Date:			2/8/24	

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ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
I Systems, Inc. (FKA Cable Constructors Inc)	28079
<ul> <li>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."     </li> <li>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.</li> <li>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?     <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></li></ul>	<b>P</b> Special Statement Concerning Gross Receipts Exclusion
Name 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274 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	
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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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