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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 3/1/2024 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2023/2

Accounting		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>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these aready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	4	IDENTIFICATION OF CABLE SYSTEM:
	1	
		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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	63731
D Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor city.	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Engadine	MI
Community	Curtis	MI
	Naubinway	MI
Add Rows as Necessary	Germfask	MI

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							-2E. PAGE
Name	CCI Systems, Inc. (FKA		tructo	rs Inc)				0.0	6373
				•					
Е	SECONDARY TRANSMISSION In General: The information in s					transmission	onvice of th		
—	system, that is, the retransmission			-	-				
Secondary	about other services (including p						nose existir	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the nu	umber of billing	s in that	category (the	number of	persons or orga	anizations c		
	separately for the particular serv Rate: Give the standard rate c							and the	
	unit in which it is generally billed.	-	-	•			-		
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	•		•		•			
	that applies to your system. Note								
	categories, that person or entity					0,			
	subscriber who pays extra for ca first set" and would be counted o					in the count und	ler "Service	e to the	
	Block 2: If your cable system h					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	and block. A tw	o- or three	-word description	on of the se	rvice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRID	EKS	RATE	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	INA I
	Service to first set		167	60.00	Preferre	ed Choice		89	80.0
	<ul> <li>Service to additional set(s)</li> </ul>				Premei	r Plus		13	100.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECO	ONDARY TRA	NSMISS	IONS: RATES					
F	In General: Space F calls for rat	•	,		-	• •			
I	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 un		usually b	oilled. If any rat	es are cha	arged on a varia	ble per-pro	gram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable	system for each	ch of the a	pplicable servic	es listed.		
Rates	Block 2: List any services that			•		• •		vere not	
	listed in block 1 and for which a s				hed. List t	hese other serv	ices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	e the rat	e for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:     Pay cable	18.95		el, hotel	uentiai		Showti	me & TMC	14.9
	• Pay cable—add'l channel	11.95		nmercial				Encore Tier	12.9
	Fire protection			cable			L	Cinemax Tier	27.9
	•Burglar protection		,	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set		• Burg	glar protection					
	<ul> <li>Additional set(s)</li> </ul>			ervices:					
	• FM radio (if separate rate)			onnect					
	Converter			connect					
			• Out	et relocation					
			- 64 -	e to new addre					

	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM
ame	CCI Systems, Inc. (F	KA Cable Constructors Inc)		63
	PRIMARY TRANSMITTERS			
ary itters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same or <b>Column 2:</b> Give the chann of license. For example, <b>X</b> <b>Column 3:</b> Indicate in eac educational station, by emi (for independent multicast For the meaning of these <b>Column 4:</b> Give the locati	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	1) stations carried only on a part- e carriage of certain network progra (e)(2) and (4))]; and (2) certain statistic ried by your cable system on a sub- e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep- ision station for broadcasting over tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. he community to which the station	time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. iPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WWUP	10_1	N	Cadillac, Michigan
	WWUP WFXQ	10_1 10_2	N N	
essary				Cadillac, Michigan
cessary	WFXQ	10_2	N	Cadillac, Michigan Cadillac, Michigan
cessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
cessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
cessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
cessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
cessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
ecessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
lecessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
lecessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
lecessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
Necessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
Necessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
Necessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
Necessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
Necessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
Necessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
Necessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
Necessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan
lecessary	WFXQ WGTU	10_2 4_2	N N	Cadillac, Michigan Cadillac, Michigan Traverse City, Michigan

Accounting P								FORM	/I SA1-2E. PAGE
EGAL NAME OF									SYSTEM II
Subsystems	5, INC. (FKA	Cable	Constructors Inc)						637
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cat						н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S	it is carried by monitoring, to prmation abou m. entify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under 0 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	at the sys system's this point	tem's hea FM ante t, see paç	adend, and (2 nna, during co ge (v) of the g	) it can b ertain sta eneral in	be expected, ated intervals. structions in the.	Primary Transmitters: Radio
ignal, indicate Column 4: G	this by placing ive the station	g a check n's locatio	c mark in the "S/D" column. on (the community to which the the community with which the	ne statior	n is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALI	L SIGN	AM or FM	S/D	LOCATION OF STATION	
			<b></b>					·	

Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	onstructors	Inc)				63731
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi	fy every non	network televisi	on program, broadcast by a	distant statio	n, that your	cable system	n carried on a
	substitute basis during the ad	•••	•	•				
Substitute Carriage:	explanation of the programm	-			general instru	ictions in the	e paper SA1-2	2 form.
Special	1. SPECIAL STATEMENT					huark talavi		-
Statement and	During the accounting per	-	r cable system	carry, on a substitute basis	s, any nonnet			
Program Log	broadcast by a distant stat	lion ?				L	YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever pos	sible if the	ir meaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.				
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo						
	"NBA Basketball: 76ers vs.		least live onto	- "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the s em carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when your syst		nogram. 030	numerais,	with the mor	
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. s	should be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete undel	r rues a	na regulatio	ons in	
					Π			I
	s	UBSTITUT	E PROGRAM			N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 63731
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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	<b>2,899.75</b> oss 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 \$20 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for thi	s six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Eiline Ferriri			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Nama	Accounting Period:	2023/2					FORM SA1-2E. PAGE 7
Monante       Instructions: Via musique (1) the number of advanced or antiviated advanced during the accounting period.         1       Subsections:       4         1       Subsections:       4         1       Subsections:       144         1       Subsections:       144         1       Subsections:       144         1       Subsections:       144         1       Subsection:       14	Name			ctors Inc	)		SYSTEM ID# 63731
on which the cable system cannot belowisen. broadcast stations       144         N       Minimum cannot belowisen. broadcast stations       144         N       Minimum cannot belowisen. broadcast stations       144         N       Minimum cannot belowisen. broadcast stations       Telephone 906-776-2662         Norman       Kelly Tuttle       Telephone 906-776-2662         Norman       Minimum cannot belowisen. Minimum cannot below stations       Telephone 906-776-2662         Norman       Minimum cannot below station cannot below station cannot below stations       Telephone 906-776-2662         Norman       Minimum cannot below station cannot below statin cannot below station cannot below station cannot below		Instructions: Y to its subscriber 1. Enter the tota system carrie	rs, and (2) the cable system' al number of channels on wh ed television broadcast static	s total nur nich the ca	nber of activated channels during the ac	ccounting period.	4
Individual is a construct about this statement of account.)         Individual is a construct about this statement of account.)         Name       Kelly Tuttle         Information       105 Kont St.         Pumber, steer, fruit index, septement or subs number.)       The phone         Information       105 Kont St.         Pumber, steer, fruit index, septement or subs number.)       The number index, septement or subs number.)         Information       Ternal         Kelly Luttle@ccinytems.com       Fax (optional 906 828 3289         Certification       Certification         Information       Fax (optional 906 828 3289         Information       The undersigned, hereby certify that (Check one, dut only one, of the bases.)         Information       Information or partnership) I am the owner of the cable system as identified in line 1 of space B, or         Information       Information or partnership) I am the owner of the cable system as identified in line 1 of space B, or         Information       Information or partnership) I am the owner of the cable system as identified in line 1 of space B, or         Information       Information approximation or partnership) I am the owner of the cable system as identified in line 1 of space B, or         Information       Information approximation or partnership) I am the owner of the cable system as identified in line 1 of space B andth the owner is not acoporation or partnership, or			-				144
Information Address Information Address Information Address Information Informatio Informatio Informatio Informatio Informatio Informatio	Individual to				ORMATION IS NEEDED (Identify an ind	dividual to whom	
Address       105 Kent St. [Address]         Address       105 Kent St. [Address]         Landress       105 Kent St. [Address]         Control Contro		Name	Kelly Tuttle			Telephone	906-776-2662
Certification       CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)         • 1, the undersigned, hareby certify that (Check one, but only one, of the boxes.)       • • • • • • • • • • • • • • • • • • •		Address	(Number, street, rural route, apa Iron Mountain, MI 4		uite number)		
O         Certification         • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         • (Officer or partnersh) I am an officer (if a corporation) or a partner ship) of the legal entity identified as owner of the cable system in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [If U.S.C., Section 1001(1986)]         Every Example       X       /s/ Jacob Mulaikal         If use or printed name:       Jacob Mulaikal         Typed or printed name:       Jacob Mulaikal         Title:       CFO         (The of official position held in corporation or partnership)		Email	kelly.tuttle@co	cisytems.	com	Fax (optional 906-828-3289	
Certification       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) <ul> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B.</li> <li>(Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> <li>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]                    <ul> <li>V (period or printed name:</li> <li>V (period or printed name:</li> <li>V (period or printed name:</li> <li>V (period or partnership)</li> <li>Mulaikal</li> <li>Title:</li> <li>CFO</li> <li>(Title of official position held in corporation or partnership)</li> </ul></li></ul>		CERTIFICATION	(This statement of account r	nust be ce	ertified and signed in accordance with Co	opyright Office regulations)	
in line 1 of space B and that the owner is not a corporation or partnership; or          Image: Corporation of partnership       Image: Corporation of partnership         Image: Corporation of partnership       Image: Corpora	-					identified in line 1 of space B;	or
are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]          Image: Control of the best of my knowledge, information, and belief, and are made in good faith.         Image: Control of the best of my knowledge, information, and belief, and are made in good faith.         Image: Control of the best of my knowledge, information, and belief, and are made in good faith.         Image: Control of the best of my knowledge, information, and belief, and are made in good faith.         Image: Control of the best of my knowledge, information, and belief, and are made in good faith.         Image: Control of the best of my knowledge, information, and belief, and are made in good faith.         Image: Control of the best of my knowledge, information, and belief, and are made in good faith.         Image: Control of the best of my knowledge, information, and belief, and are made in good faith.         Image: Control of the best of my knowledge, information and the incorporation or partnership)			in line 1 of space B and that er or partner) I am an officer	the owner	is not a corporation or partnership; or		
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)		are true, comple	ete, and correct to the best of	-			
Title: CFO (Title of official position held in corporation or partnership)				Enter a	n electronic signature on the line above to c	•	
(Title of official position held in corporation or partnership)			Typed or printe	ed name:	Jacob Mulaikal		
Date: 2/8/24					al position held in corporation or partnership)		
			Date:			2/8/24	

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.

AL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 8
	SYSTEM ID#
Systems, Inc. (FKA Cable Constructors Inc)	63731
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.         Name	P Special Statement Concerning Gross Receipts Exclusion
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	5
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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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.