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

STATEM	FNT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:	
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	ems (S	Short Form)		\$	For additional information, contact the U.S. Copyright
General instru			08/29/2018		Office Licensing Division at:
in the first tab	of this	workbook	00/23/2010	ALLOCATION NUMBER	Tel: (202) 707-8150
	_				
A	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y)	(YY/(Period))	
			1		
		2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20181	Barcode Data Filing Period (optional	- see instructions)	
Accounting		<u> </u>	I		
Period					
		Instructions:	o coblo system. If the owner is a subsi	diary of another corporation, give the full co	rporata titla
B		of the subsidiary, not that of the parent co	-	diary of another corporation, give the full co	porate the
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.	
		If there were different owners during the	accounting period, only the owner on t	he last day of the accounting period should s	submit a
		single statement of account and royalty fe	e payment covering the entire account	ting period.	
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	33591
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		CCI Systems, Inc. (FKA Cable Const	ructors Inc)		
		BUSINESS NAME(S) OF OWNER OF	· · · · · · · · · · · · · · · · · · ·)	
		Packerland Broadband			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		P.O. BOX 190 (Number, street, rural route, apartment, or suite no	umber)		
		Iron Mountain, MI 49801	ander)		
		(City, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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 II					
	CCI Systems, Inc. (FKA Cable Constructors Inc)	3359					
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	porated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter kno e filings.					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Arpin						
Community							
dd Rows as Necessary							
au nows as necessary							

NameCCI SystESECONDAR In General: system, that about other s last day of th Number of down by cate each catego separately for Rate: Give unit in which categories, t systems most that applies categories, t subscriber with first set" and Block 1: In systems most that applies categories, t subscriber with first set" and Block 2: If printed in bloc with the num sufficient.CATEGOD Residential: • Service to • FM radio Motel, hotel Commercia Converter • Residential: • Non-residFServices other Than Secondary Transmissions: RatesServices Other Than Secondary Transmissions: RatesSERVICES In General: not covered amount of th enter only th Block 1: C Block 2: Li isted in block	RY OF SERVICE i: to first set to additional set(s) 0 (if separate rate)	Cable Cons I SERVICE: SL space E should on of television bay cable) in sp d (June 30 or D h blocks in space y transmission number of billing vice at the rate i charged for eac L. (Example: "\$2 counts allowed in space E, the e to their subsc te: Where an in should be cour able service to a once again und has rate catego tiers of services	JBSCRIE cover al and radi pace F, n becember ce E call service. gs in that indicated th catego 20/mth"). for advar e form lis rribers. G idividual nted as a additional er "Servi ories for s that ince e right-ha	BERS AND R categories o o broadcasts ot here. All th 31, as the ca for the numb In general, yo category (the —not the num ry of service. Summarize a nce payment. sts the catego ive the numb or organization subscriber ir a subscriber ir l sets would h ce to addition secondary tra lude one or m	of secondary s by your sy he facts you ase may be ber of subsc ou can com e number of mber of set: Include bo any standar or of subsc on is receivin n each appl be included hal set(s)." ansmission more second two- or three CATE Expand Digital	stem to subsc state must be sp. ribers to the c pute the numb f persons or o s receiving se th the amount rd rate variation ondary transm ribers and rate ng service that icable categor i in the count to service that and dary transmisse e-word descrip	ribers. Give e those exis able syster ber of subse rganization rvice). of the char ons within a hission serv e for each II at falls unde ry. Example under "Serv re different sions), list th btion of the BLOCI	e information sting on the m, broken cribers in is charged rge and the a particular rate vice that cable listed category er different e: a residential vice to the from those hem, together service is K 2 NO. OF SUBSCRIBERS	
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CATEGORY Services Other Than Secondary Transmissions: Rates Subscriber w first set" and Block 2: If printed in blo with the num sufficient. CATEGOI Residential: • Service to • Residential: • Non-reside SERVICES of In General: not covered service for a furnished at Block 1: C Block 2: L listed in bloc brief (two- on CATEGORY Continuing	who pays extra for ca d would be counted of f your cable system ock 1 (for example, t nber of subscribers a BLC RY OF SERVICE I: to first set to additional set(s) o (if separate rate)	able service to a conce again und has rate catego tiers of services and rates, in the OCK 1 NO. OF	additiona ler "Servi ories for s that inc e right-ha ERS	I sets would be ce to addition secondary tra- lude one or m and block. A to RATE	be included hal set(s)." ansmission hore second wo- or three CATE Expand Digital	I in the count of service that and dary transmisse-word descrip	under "Serv re different sions), list th otion of the BLOCI	vice to the from those hem, together service is K 2 NO. OF SUBSCRIBERS 14	60.
F Services Other Than Secondary Rates F Service to Service to SERVICES In General: not covered service for a furnished at amount of th enter only th Block 1: 0 Non-resid SERVICES In General: not covered service for a furnished at amount of th enter only th Block 2: L listed in bloc brief (two- on CATEGORY Continuing	d would be counted of f your cable system ock 1 (for example, t nber of subscribers a BLC RY OF SERVICE I: to first set to additional set(s) o (if separate rate)	once again und has rate catego tiers of services and rates, in the OCK 1 NO. OF	ler "Servi ories for : s that inc e right-ha ERS	ce to addition secondary tra lude one or m and block. A t RATE	nal set(s)." ansmission nore second wo- or three CATE Expand Digital	service that a dary transmiss e-word descrip	re different sions), list tl otion of the BLOCI	from those hem, together service is K 2 NO. OF SUBSCRIBERS 14	60.
F Services Other Than Secondary Rates Block 2: If printed in bloc with the num sufficient. CATEGOR Residential: • Service to • Service to • Service to • Service to • Service to • FM radio Motel, hotel Commercia Converter • Residentii • Non-resid In General: not covered service for a furnished at amount of th enter only th Block 1: C Block 2: L listed in bloc brief (two- on CATEGORY Continuing	If your cable system ock 1 (for example, t nber of subscribers a BLC RY OF SERVICE I: to first set to additional set(s) o (if separate rate)	has rate catego tiers of services and rates, in the OCK 1 NO. OF	ories for : s that inc e right-ha ERS	secondary tra lude one or m and block. A t RATE	CATE Expand Digital	dary transmiss e-word descrip GORY OF SE	sions), list th otion of the BLOCI	hem, together service is K 2 NO. OF SUBSCRIBERS 14	60.
F Services Other Than Services Other Than Service for a furnished at amount of the enter only the ente	ock 1 (for example, t nber of subscribers a BLC RY OF SERVICE I: to first set to additional set(s) o (if separate rate)	tiers of services and rates, in the OCK 1 NO. OF	s that inc e right-ha ERS	lude one or m and block. A t RATE	CATE	dary transmiss e-word descrip GORY OF SE	sions), list th otion of the BLOCI	hem, together service is K 2 NO. OF SUBSCRIBERS 14	60.
F Services Other Than Secondary Rates Service for Service to Service to Service to Service to Service to Service to Service to Service to Service to Service to Service Non-resid Services In General: not covered service for a furnished at amount of th enter only th Block 1: C Block 2: L listed in bloc brief (two- on CATEGORY Continuing	BLC RY OF SERVICE I: to first set to additional set(s) o (if separate rate)	OCK 1 NO. OF	ERS	RATE	CATE Expand Digital	GORY OF SE	BLOCI	K 2 NO. OF SUBSCRIBERS 14	60.
CATEGOI Residential: • Service to • Service to • Service to • FM radio Motel, hotel Commercia Converter • Residential: • Service to • FM radio Motel, hotel Commercia Converter • Residential: • Non-resid • Non-resid not covered services Other Than Secondary ransmissions: Rates Block 1: C Block 2: L listed in bloc brief (two- on CATEGORY Continuing	RY OF SERVICE i: to first set to additional set(s) 0 (if separate rate)	NO. OF	ERS		Expand Digital			NO. OF SUBSCRIBERS	60.
F Service to Service to Service to Service to Service to F Service to Service to Formercia Converter Residenti Non-residenti Non-residenti Non-residenti Non-residenti Services In General: Other Than Secondary ransmissions: Block 1: G Block 2: L listed in bloc brief (two- or CATEGORY CATEGORY Continuing	l: to first set to additional set(s) to (if separate rate)		ERS		Expand Digital		ERVICE	SUBSCRIBERS	60.
F Service to Service to Service to Service to Service to F Service to Service to Formercia Converter Residenti Non-residenti Non-residenti Non-residenti Non-residenti Services In General: Other Than Secondary ransmissions: Block 1: G Block 2: L listed in bloc brief (two- or CATEGORY CATEGORY Continuing	l: to first set to additional set(s) to (if separate rate)				Expand Digital			14	60.
F Services Other Than Secondary Rates Services Other Than Secondary CATEGORY Continuing	o additional set(s) (if separate rate)		3	35.95	Digital	ed			
 FM radio Motel, hotel Commercia Converter Residenti Non-resid Non-resid In General: not covered services Other Than Secondary ransmissions: Rates Setter Category Category Category Category Continuing 	(if separate rate)								
Motel, hotel Commercial Converter • Residenti • Non-resid • Non-resid In General: not covered services Other Than Secondary ransmissions: Rates Block 1: C Block 2: L listed in bloc brief (two- or CATEGORY Continuing	,							1	80.
F Services Other Than Secondary ransmissions: Rates Services Other Than Secondary ransmissions: Rates CATEGORY Continuing	J				HD			3	80.
F Services Other Than Secondary ransmissions: Rates Services Other Than Secondary ransmissions: Rates CATEGORY Continuing	1								
• Residenti • Non-residenti • Non-residenti • Non-residenti • Non-residenti • Non-residenti • Non-residenti • Non-residenti • Non-residenti • SERVICES • In General: not covered service for a furnished at amount of th • Block 1: C Block 2: L listed in block • brief (two- on CATEGORY Continuing	al								
• Non-resident in the secondary ransmissions: Rates • Non-resident in the secondary ransmission is ransmission is rates									
F Services Other Than Secondary Transmissions: Rates Service for a furnished at amount of th enter only th Block 1: C Block 2: L listed in bloc brief (two- on CATEGORY Continuing									
F Services Other Than Secondary ransmissions: Rates In General: not covered service for a furnished at amount of th Block 1: C Block 2: L listed in bloc brief (two- or CATEGORY Continuing	dential								
Services Other Than Secondary ransmissions: Rates Rates CATEGORY Continuing	OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATE	ES				
Services Other Than Secondary Transmissions: Rates Block 2: L listed in bloc brief (two- or CATEGORY Continuing	Space F calls for ra	-			-	•			
Services Other Than Secondary Transmissions: Rates Isted in bloc brief (two- or CATEGORY Continuing	in space E, that is, t								
Secondary ransmissions: Rates Rates CATEGORY Continuing	cost or (2) services								
ransmissions: Block 1: C Rates Block 2: L listed in bloc brief (two- or CATEGORY Continuing	he charge and the ur		usually I	oilled. If any r	ates are ch	arged on a va	riable per-p	program basis,	
Rates Block 2: L listed in bloc brief (two- or CATEGORY Continuing	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.								
brief (two- or CATEGORY Continuing	Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
CATEGORY Continuing	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
Continuing	brief (two- or three-word) description and include the rate for each.								
Continuing		BLOO	-			DATE		BLOCK 2	
		-		DRY OF SER		RATE	CATEG	ORY OF SERVICE	E RAT
-,		18.95		el, hotel	Shaciillai		Showt	ime & TMC	14.
Pay cable	e—add'l channel	11.95		mercial				& Encore Tier	12.
Fire prote			• Pay				HBO &	Cinemax Tier	
•Burglar pr	rotection		• Pay	cable-add'l cł	hannel				
Installation			• Fire	protection					
First set	: Residential		0	lar protection	ו				
Additiona	: Residential			ervices:					
	: Residential al set(s)		 Reco 	onnect					
Converte	: Residential al set(s) o (if separate rate)								
	: Residential al set(s) o (if separate rate)		• Disc	onnect et relocation					

ounting Period:	2018/1			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#				
	CCI Systems, Inc. (FKA Cable Constructors Inc)							
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting ti e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	at (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the				
	1. CALL SIGN	4. LOCATION OF STATION						
	WAOW	9	N	Wausau, WI				
	WAOW HD	642	N	Wausau, WI				
s Necessary	WSAW	8	N	Wausau, WI				
ecessary	WSAW HD	641	N	Wausau, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WFXS	11	E	Wausau, WI				
	WHRM	20		Wausau, WI				
		20		Wausau, Wi				

EGAL NAME OF			Constructors Inc)					SYSTEM I 335
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat	y the sys be recei it the Co sign of e he statio ion's sign	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column.	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during c ge (v) of the g	!) it can ertain st eneral ii	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locatio	on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						·		
						·		

	d: 2018/1						F	ORM SA1-2E. PAGE 5.			
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				33591			
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G						
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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										
Substitute											
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log											
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer is	s "Yes " vouu	must com					
	,				5 ies, you i	nust com	piete trie p	Jogram			
	log in block 2. 2. LOG OF SUBSTITUTE		MS								
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible. if	their mea	nina is			
	clear. If you need more spa				e mierer p						
				vision program ("substitute							
	period, was broadcast by a under certain FCC rules, re										
	Do not use general categor										
	"NBA Basketball: 76ers vs.							-) -			
				er "Yes." Otherwise enter							
				asting the substitute progrease the community to which th		concod h	the ECC	or in			
	the case of Mexican or Car							01, 111			
				stem carried the substitute			als, with th	ne month			
	first. Example: for May 7 gi										
	to the nearest five minutes.			ogram was carried by you							
	stated as "6:00–6:30 p.m."		a program car	ned by a system from 0.01	1. 15 p.m. to c	.20.30 p.	n. snouiu	De			
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	t your sys	tem was <i>r</i>	equired			
	to delete under FCC rules a							l program			
	was substituted for program effect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regu	ilations in				
		•									
	S	UBSTITUT	E PROGRAM	1		N SUBS ⁻ AGE OC		7. REASON FOR			
			E PROGRAM 3. STATION'S	1		AGE OC		7. REASON FOR DELETION			
	SI 1. TITLE OF PROGRAM			4. STATION'S LOCATION	CARRI	AGE OC	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED	DELETION			

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 33591
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	1,103.42 sss 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 equal to \$2 • Use block 3 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.	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 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
	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		
	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		
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 informati		hts!

Name ECol. NMER OF CONSERT OF CALLE SYSTEM. S1 M CCI Systems, Inc. (FKA Cable Constructors inc) S1 M Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 1 M Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 4 2. Enter the total number of activated channels on which the cable system carried television broadcast stations 144 M and noticoadcast envices 144 N memory of activated channels 144 N and noticoadcast envices 105 Kent St. More can contact about this statement of account.) Telephone <u>006-771-2208</u> Marce State which the cable system cannel delevision transmitter of account.) Telephone <u>006-771-2208</u> Marce State which the cable system cannel delevision transmatend account.) Telephone <u>006</u>	FORM SA1-2E.	: 2018/1	Accounting Period:
M Channels Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system is total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations and nonbroadcast services 4 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 144 N Individual to Be Contracted for Further NorthDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) 144 N Individual to Be Contracted for Further Name Christopher Flanick. Telephone 906-771-2208 Address 105 Kent St. UNUMBER steer. Christopher flanick@packetiandbroadband.com Fex (optional) 206-322-3283 105 Certification • It is undersigned, hereby certify that (Check one.but only one, of the boxes.) • It is undersigned, hereby certify that (Check one.but only one, of the boxes.) • It is undersigned. The corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or in line 1 of space B. • Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. • Inverse examined the statement of account and hereby decign under penalty of law that all statements of fact contaler hereina reture.complete, and corporation or partnership) I am	SYST		Name
N Individual to BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) N Individual to BE Contacted for Further Information Name Christopher Flanick Telephone 906-771-2208 Address 105 Kent St. (Number, street, oral foote, spartnert, or sude number) Information Information Telephone 906-771-2208 City, town, table, 2gp Email Christopher flanick@packerfandbroadband.com Fax (optional) (206-828-3289) Certification Certification Fax (optional) (206-828-3289) Fax (optional) (206-828-3289) Octification Certification (This statement of account must be certified and signed in accordance with Copyright Office regulations) In the undersigned, hereby certify that (Check one, <i>but only one</i>, 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 duty authorized agent of the owner of the cable system in line 1 of space B. (Deter or partner) I am an officer (if a corporation) or a partner ship) I am the duty authorized agent of the owner of the cable system in line 1 of space B. (Deter or partner) 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. (Deter or partner) I am an officer (if a corporation) or a partner ship) of the legal entity identi	4	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	
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Information Address 105 Kent St. (Number, stated, zarmand, or suite number) Irron Mountain, MI 49801 (Cay, town, state, zp) Email christopher.flanick@packerlandbroadband.com Fax (optional) 906-828-3289 O Certification • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 0 • 0 • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1, the undersigned, hereby certify that (Check one partnership) I am the owner of the cable system as identified in line 1 of space B; or • 0 • 0 • 1, the undersigned, hereby certify that (check one partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • 1 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 1 • 0 • 1 • 1 • 1 • 1 • 1 • 1 • 1 • 1 • 1 • 1 • 1 • 0 • 0 • 0 • 1 • 0 • 1 •		we can contact about this statement of account.)	Individual to Be Contacted
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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 (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 and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) 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. [18 U.S.C., Section 1001(1986)] Image: Delta Complete Comp	-828-3289	Email <u>christopher.tlanick@packerlandbroadband.com</u> Fax (optional) <u>906-828-</u>	
Enter an electronic signature on the line above to certify this statement.	of space B; or he cable system as identified ied as owner of the cable system	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as 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 he are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	•
Typed or printed name: Jacob Mulaikal Title: CFO (Title of official position held in corporation or partnership) Date: 8/6/2018		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: 8/6/2018		Date: 8/6/2018	

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.

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS 3359 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P "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." Special Statement Concerning Gross	counting Period: 2018/1	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statilite Forme Viewer Act of 1988 amended Tite 17, section 11(g)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In the total number of subscribers and the gross amounts paid to the cable system for the basic senters and amounts outclude three subscribers and the gross amounts paid to the cable system for the basic 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 dia overes?	JAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Sealitic Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing services in the total number of subscribers and the gross amounts paid to the cable system for the basic archers and amounts collected from subscribers and the gross amounts paid to the cable system for the basic archers and amounts collected from subscribers and the gross amounts paid to the cable system for the basic criters and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. ¹ For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the pager SA1-2 form. Drig the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite did owners? Norre Norre Nerre N	Systems, Inc. (FKA Cable Constructors Inc)	33591
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maiing Address Name Line 1 Enter the amount of late payment or underpayment . Image Maiing Address Image Nan	 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? 	- Special Statement
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment.		
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Line 1 Enter the amount of late payment or underpayment	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 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	
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Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* 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 \$	xdays	
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		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
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. ** 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.		
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Accounting period		

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