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

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						
DATE RECEIVED AMOUNT						
08/29/2018	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
Accounting		20181 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)								
		Packerland Broadband								
		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 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 suffciency of the fling, a determination that would be made by a court of law.

	·	FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
Nume	CCI Systems, Inc. (FKA Cable Constructors Inc)	3775						
	Instructions: List each separate community served by the cable system. A "com	munity" is the same as a "community unit" as defined in FCC rules						
D	"a separate and distinct community or municipal entity (including unincorporate							
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that							
	as the "first community." Please use it as the first community on all future filings.							
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses be							
Area Served	identified city.							
ocivea								
	CITY OR TOWN	STATE						
First	Fifield	WI						
Community								
dd Rows as Necessary								

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37759

CCI Systems, Inc. (FKA Cable Constructors Inc)

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	22	79.95			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T T		1	T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE	
Continuing Services:		Installation: Non-residential		
Pay cable	18.95	Motel, hotel		
 Pay cable—add'l channel 	11.95	Commercial		
 Fire protection 		Pay cable		
 Burglar protection 		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set		Burglar protection		
 Additional set(s) 		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.							
Name	LEGAL NAME OF OWNER OF	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID									
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)										
	PRIMARY TRANSMITTERS: TELEVISION										
C	•	entify every television station (including	•	•							
G	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under										
Primary	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										
Transmitters:	. •	s explained in the next paragraph.		er i							
Television		 With respect to any distant stations of ules, regulations, or authorizations: 	arried by your cable system on a sub	stitute program							
	• Do not list the station here	e in space G—but do list it in space I (the Special Statement and Program L	og)—if the							
	station was carried <i>only</i> on • List the station here, and a	a substitute basis. also in space I, if the station was carrie	ed both on a substitute basis and also	on some other							
	basis. For further information	on concerning substitute basis stations	, see page (v) of the general instruction	ons.							
		n's call sign. Do not report origination with a station according to its over-th	-								
	"WETA-2" as the same on t	· ·	e-air designation. Tor example, repo	Thuristeam							
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over t	he air in its community							
		case whether the station is a network	station, an independent station, or a	noncommercial							
		ring the letter "N" (for network), "N-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 form.									
	Column 4: Give the locatio	n of each station. For U.S. stations, lis	t the community to which the station i								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.										
	1. CALL SIGN	4. LOCATION OF STATION									
			N								
	WAOW	9	IN	Wausua, WI							
	WSAW	7	N	Wausua, WI Wausua, WI							
Add Rows as Necessary											
Add Rows as Necessary	WSAW	7	N	Wausua, WI							
Add Rows as Necessary	WSAW WFXS	7 19	N N	Wausua, WI Wausua, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							
Add Rows as Necessary	WSAW WFXS WJFW	7 19 12	N N	Wausua, WI Wausua, WI Rhinelander, WI							

Accounting Period: 2018/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CCI Systems, Inc. (FKA Cable Constructors Inc)

37759

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

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. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		_ _					

Atim Dowin	.d. 2010/1						500	4.0.44.0E DA.OE.E		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#		
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				37759		
Substitute Carriage: Special Statement and Program Log	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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is									
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the broathe case of Mexican or Cal Column 5: Give the more first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	of every not distant start egulations, or ies like "mo Bulls." m was broa sign of the adcast statimath and day ve "5/7." es when the Example: a ter "R" if the and regulatinning that	onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent station broadc on's location (ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect of	vision program ("substitute our cable system substitute our cable system substitutens. See page (v) of the general system substitutens. See page (v) of the general system substitutent of the community to which the community with which the stem carried the substitute or carried the substitute or system system from 6:01 m was substituted for proglating the accounting period	red for the property in titles, for each of the station is like a station is like program. Using the cable system of the cable	ogrammir ions for fu example, censed by entified). se numer m. List the 5:28:30 p. t your sys letter "P" is and regu	g of another urther informa "I Love Lucy" the FCC or, als, with the retimes accurm, should be tem was requifithe listed prolations in	station tion. or in month ately		
		LIDOTITUT	E DDOODAN	4		N SUBS		7 DEASON FOR		
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		CURRED TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			

Accounting Period:	2018/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 37759
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 transm (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	0,093.93 pss receipts)
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 \$20 to 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 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		
	1. Base amount under statutory formula \$ 263,800.00		
	Enter amount of gross receipts from space K		
	<u> </u>		
	3. Subtract line 2 from line 1		
	Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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)	
	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 informat		hts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF OWNER C		ors Inc)		SYSTEM ID# 37759			
M Channels	to its subscribers, and (2) 1. Enter the total number) the cable system's to of channels on which	tal numb	s on which the cable system carried television broadcast stati er of activated channels during the accounting period.	ons 4			
	Enter the total number on which the cable syst and nonbroadcast servi	em carried television b	oroadcas		65			
N Individual to Be Contacted	we can contact about this	s statement of account		RMATION IS NEEDED (Identify an individual to whom				
for Further Information	Name Chris	topher Flanick		Telepl	one 906-771-2208			
	(Number	Kent St., street, rural route, apartm Mountain, MI 498 vn, state, zip)	301	kerlandbroadband.com Fax (optional) 906-82	2-2789			
	Email	Cilistopher.liailt	скшрас	rax (optional)	2-2203			
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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 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.							
	are true, complete, and co [18 U.S.C., Section 1001(knowledg	ge, information, and belief, and are made in good faith. /s/ Jacob Mulaikal				
			Enter an	electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)				
		Typed or printed	name:	Jacob Mulaikal				
			CFO icial positio	on held in corporation or partnership)				
		Date:		8/7/2018				

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ccounting Period: 2018/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CI Systems, Inc. (FKA Cable Constructors Inc)	37759
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 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	_
* 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.	
Owner Address	
ID number	
First community served	
Accounting period	

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