This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEME		OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:		
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			08/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YYY((Period))		
		2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting		20181	Barcode Data Filing Period (optional	- see instructions)		
Period						
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. In the owner conducts the business of the accounting period, only the owner on t	he last day of the accounting period should s		
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	62927	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
		CCI Systems, Inc. (FKA Cable Const	ructors 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 nu	umber)			
		Iron Mountain, MI 49801 (City, town, state, zip)				
С				tify the business and operation of the e system, if different from the address		
System		IDENTIFICATION OF CABLE SYSTEM:				
	1					
		MAILING ADDRESS OF CABLE SYSTEM:	:			
	2	(Number, street, rural route, apartment, or suite nu	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
Numo	CCI Systems, Inc. (FKA Cable Constructors Inc)	629
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	orated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter kno filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	Upham	WI
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)									
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Cocondom	system, that is, the retransmissi									
Secondary Transmission	about other services (including plast day of the accounting period						liiose exist	ing on the		
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E ca	II for the numb	er of subso	cribers to the ca				
scribers and Rates	down by categories of secondar each category by counting the n									
Rates	separately for the particular serv			• • •				charged		
	Rate: Give the standard rate of	-	-	•				-		
	unit in which it is generally billed category, but do not include disc				iny standa	rd rate variation	s within a j	particular rate		
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servi	ce that cable		
	systems most commonly provide							0,		
	that applies to your system. Not categories, that person or entity									
	subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system printed in block 1 (for example, f									
	with the number of subscribers a									
	sufficient.	00144			1		DI OOI			
	BLO	BLOCK 1						BLOCK 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	CATEGORY OF SERVICE SU		SUBSCRIBERS	RAT	
	Residential: Service to first set		10	35.95	Expanded		38	60.0		
	Service to additional set(s)		10	35.95	Expanded Digital			5	80.0	
	• FM radio (if separate rate)				IDigital			18	80.	
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
F	In General: Space F calls for ra	-			-	• •				
•	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services	or facilities fur	nished t	o nonsubscribe	ers. Rate in	nformation shou	ld include l	both the		
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are ch	narged on a vari	able per-pi	rogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services i brief (two- or three-word) description and include the rate for each.							e form of a		
	CATEGORY OF SERVICE	BLO	-	ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT	
	Continuing Services:			ation: Non-res	-		OATEOC			
	• Pay cable	18.95	• Mo	tel, hotel			Showti	me & TMC	14.9	
	Pay cable—add'l channel	11.95	• Co	mmercial			Stars &	Encore Tier	12.9	
	Fire protection		• Pay	/ cable			HBO &	Cinemax Tier	27.9	
	 Burglar protection 		-	/ cable-add'l ch	annel					
	Installation: Residential			e protection						
	First set			glar protection						
	Additional set(s) EM radio (if soparate rate)			services:						
	FM radio (if separate rate) Converter		-	connect connect						
			צוט י	COLLINGOL						
	Convoltor		• •							
				tlet relocation ve to new addr	ess					

	2018/1			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
	CCI Systems, Inc. (FK	A Cable Constructors Inc)		62927					
_	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Insmitters: Idevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 information	also in space I, if the station was carrie in concerning substitute basis stations,	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons.					
		n's call sign. <i>Do not</i> report origination p I with a station according to its over-the		-					
	Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by entel (for independent multicast), For the meaning of these te Column 4: Give the locatio	multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WAOW	9	N	Wausau, WI					
	WAOW HD	642	Ν	Wausau, WI					
vs as Necessary	WSAW	8	N	Wausau, WI					
		C 44	N						
	WSAW HD	641	Ν	Wausau, WI					
	WSAW HD WEAU	12	N	Wausau, WI Eau Claire, WI					
	WEAU	12	N	Eau Claire, WI					
	WEAU WEAU HD	12 645	N N	Eau Claire, WI Eau Claire, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					
	WEAU WEAU HD WFXS	12 645 11	N N	Eau Claire, WI Eau Claire, WI Wausau, WI					

EGAL NAME O			e Constructors Inc)					SYSTEM I 629
	t every radio s	station ca	arried on a separate and discre					н
eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S	it is carried by monitoring, to prmation abou rm. dentify the call state whether t	y the sys be recei it the Cc I sign of e the static	I-Band FM Carriage: Under C item whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during co ge (v) of the g) it can l ertain st eneral ir	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		30	LOCATION OF STATION	UALL SIGN		3/0	LOGATION OF STATION	

Accounting Perio								FORM	1 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)					62927	
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	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 a	accounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, c	or autho	rization	is. For a further	
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions	in the p	aper SA	A1-2 form.	
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	broadcast by a distant station?									
	Note: If your answer is "No	" leave the	rest of this na	ne blank. If your answer i	s "Yes " vouu	must com				
	,				s 163, you i	nust com		ie prog	ram	
	log in block 2. 2. LOG OF SUBSTITUTE		MS							
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if	their m	neaning	ı is	
	clear. If you need more spa	ace, please	add additional	rows to the tables.				0		
				vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor									
	"NBA Basketball: 76ers vs.	Bulls."								
				er "Yes." Otherwise enter						
				asting the substitute prog		censed by	the FC	CC or i	in	
	the case of Mexican or Car							00 01,1		
			when your sy	stem carried the substitute	e program. U	se numer	als, with	h the m	onth	
	first. Example: for May 7 gi		o oubotituto pr	ogram was carried by you	r ochlo ovoto	m lictth	timoo	000110	staly	
	to the nearest five minutes.								atery	
	stated as "6:00-6:30 p.m."				·					
	Column 7: Enter the lett			n was substituted for prog						
				uring the accounting port	d; enter the l	etter "P" i	t the lis	sted pro	naram	
	to delete under FCC rules a						Intione		gram	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	nming that					lations		gram	
	was substituted for program	nming that			der FCC rules	and regu		in .		
	was substituted for program effect on October 19, 1976	uBSTITUT	your system w	as permitted to delete und	ter FCC rules WHE CARRI	and regunder not	TITUTE	in E	7. REASON FOR	
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E		
	was substituted for program effect on October 19, 1976 Si	uBSTITUT	your system w	as permitted to delete und	ter FCC rules WHE CARRI	and regunder not	TITUTE	in E ED	7. REASON FOR	
	was substituted for program effect on October 19, 1976 Si	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E ED	7. REASON FOR	
	was substituted for program effect on October 19, 1976 Si	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E ED	7. REASON FOR	
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	was substituted for program effect on October 19, 1976 Si	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E ED	7. REASON FOR	
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	was substituted for program effect on October 19, 1976 Si	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E ED	7. REASON FOR	
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	was substituted for program effect on October 19, 1976 Si	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E ED	7. REASON FOR	
	was substituted for program effect on October 19, 1976 Si	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E ED	7. REASON FOR	
	was substituted for program effect on October 19, 1976 Si	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E ED	7. REASON FOR	
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	was substituted for program effect on October 19, 1976 Si	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E ED	7. REASON FOR	
	was substituted for program effect on October 19, 1976 Si	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E ED	7. REASON FOR	
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	was substituted for program effect on October 19, 1976 Si	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS ⁻ AGE OC	TITUTE CURRE TIMES	in E ED	7. REASON FOR	

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# 62927
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	3,415.09 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or 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		
	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		
	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 LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc) M Channels 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'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	SYSTEM ID# 62927
M 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's total number of activated channels during the accounting period. Channels 1. Enter the total number of channels on which the cable system carried television broadcast stations	
and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Individual to Be Contacted for Further Information Name Christopher Flanick Name Christopher Flanick Telephone 906-771-2208 Address 105 Kent St. (Number, street, rural route, apartment, or suite number)	4
Individual to we can contact about this statement of account.) Individual to Be Contacted for Further Name Information Address 105 Kent St. (Number, street, rural route, apartment, or suite number)	144
Information Address Address ID5 Kent St. (Number, street, rural route, apartment, or suite number)	
(Number, street, rural route, apartment, or suite number)	8
(City, town, state, zip)	
Email christopher.flanick@packerlandbroadband.com Fax (optional) 906-828-3289	
O 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 X (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 sy 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)]	
X /s/ Jacob Mulaikal Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Jacob Mulaikal	
Title: CFO (Title of official position held in corporation or partnership)	
Date: 8/9/2018	

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.

Accounting Period: 2018/1	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CCI Systems, Inc. (FKA Cable Constructors Inc)	62927
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 fol- lowing 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 sub- scribers 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.	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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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