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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/23/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCC	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20191 Barcode Data Filing Period (optional - see instructions)
Accounting 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 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		UCTIONS: 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.
-	names	
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	-	
		(City, town, state, zip code)
-		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

NI-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	63460
D	Instructions: List each separate community served by the cable system. A "communit" "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ry" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Post Lake	WI
Community		
Add Rows as Necessary		
	การการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	CCI Systems, Inc. (FKA		structo	rs Inc)				0.0	6346
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	I (June 30 or D	ecembe	r 31, as the ca	se may be).		-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the ne								
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h catego	ory of service.	Include bot	th the amount o	of the charg		
	unit in which it is generally billed				ny standar	d rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ndary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note	e: Where an in	dividual	or organizatior	n is receivir	ng service that	falls under o	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					in the count un	ider "Servic	e to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	that inc	lude one or m	ore second	lary transmissio	ons), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or three	e-word descript	ion of the s	ervice is	
	sufficient.	OCK 1					BLOCK	· 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		60	20.05	Droform	d Chaina		57	67 (
	Service to first set		69	38.95	Preferre	ed Choice		57 22	67.0 87.0
	Service to additional set(s)				Premie	r Pius		۲۲	87.(
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat		,		•	• •			
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	18.95	• Mot	el, hotel			Showti	me & TMC	14.9
	Pay cable—add'l channel	11.95	• Cor	nmercial			Stars &	Encore Tier	12.9
	Fire protection		• Pay	cable			HBO &	Cinemax Tier	27.9
	 Burglar protection 		• Pay	v cable-add'l ch	annel				
	Installation: Residential			protection					
	First set		• Bur	glar protection					
	 Additional set(s) 		Other s	services:					
	• FM radio (if separate rate)		• Rec	connect					
	• Converter		• Dis	connect					
	· · · /								

	LEGAL MANE OF OWNER O			SYSTEM
Name	LEGAL NAME OF OWNER O			634
	PRIMARY TRANSMITTERS:	KA Cable Constructors Inc)		
G rimary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station her station was carried <i>only</i> or List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAOW	9	N	Wausau, WI
	WAOW HD	642	N	Wausau, WI
ecessary	WSAW	8	Ν	Wausau, WI
	WSAW HD	641	N	Wausau, WI
	WEAU	12	Ν	Eau Claire, WI
	WEAU HD	645	N	Eau Claire, WI
	WFXS	11	E	Wausau, WI
				Wausau, Wi
	WHRM	20	l	Wausau, WI
	WHRM	20		
	WHRM	20	I	
	WHRM	20	I	
	WHRM	20	I	
	WHRM	20	I	
	WHRM	20	I	
	WHRM	20	I	
	WHRM	20		
	WHRM			
	WHRM			
	WHRM			

Accounting F							FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
CCI Systems	S, INC. (FKA	Cable	Constructors Inc)					63460
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	t every radio s vhose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	station ca were ge rning AI y the sys be recei- the static ion's sig g a check n's locati	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under of stem whenever it is received a lived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ble system during Copyright Office in the system's FM anter system's FM anter this point, see par sed by the cable so he station is licen	the accountin regulations, an adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ng period n FM sig 2) it can ertain st eneral i eparate	d. Inal is generally be expected, ated intervals. Instructions in the. and discrete	H Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
O, LE OION	7.001110	5,0		UNLE UIUN	7.001100	5,0		
·								
·								

Accounting Perio	d: 2019/1						FORM	A SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK)	A Cable C	onstructors	Inc)				63460
	SUBSTITUTE CARRIAGE				C			
I	In General: In space I, identi							
Cubatituta	substitute basis during the ac explanation of the programm							
Substitute Carriage:					e general mot			2 101111.
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting period 	•	r cable system	carry, on a substitute bas	is, any nonne	twork televisio	n program	
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No'	. leave the	rest of this pag	e blank. If vour answer is	"Yes." vou mu	ist complete th	ne program	า
	log in block 2.	,		, ,	, , , ,			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more spa							
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	tball." List specific program	n titles, for exa	ample, "I Love	LUCY OF	
			dcast live enter	r "Yes." Otherwise enter "N	NO "			
				sting the substitute progra				
				ne community to which the			CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv		substituto pro	gram was carried by your	cable system	List the times	accurately	
	to the nearest five minutes.							у
	stated as "6:00–6:30 p.m."		i program oann					
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	sin	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	ES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
					-			
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					-			
						_		
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						_		
					-			

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	*STEM ID# 63460
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	, 028.25
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 • 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.	\$263,800	
	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	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	· · ·	
	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	7,600)	
	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 informat		hts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: , Inc. (FKA Cable Construct	tors Inc)			SYSTEM ID# 63460
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	ers, and (2) the cable system's to al number of channels on which ed television broadcast stations . al number of activated channels cable system carried television	total number th the cable the cable should be cable to broadcast			4
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of accoun		RMATION IS NEEDED (Identify an individual to whon	n	
for Further Information	Name	Christopher Flanick			Telephone	906-771-2208
	Address	105 Kent St. (Number, street, rural route, apartr Iron Mountain, MI 498 (City, town, state, zip)		e number)		
	Email	christopher.flani	nick@astre	Fax (optional	906-828-328	39
O Certification	I, the undersig (Own (Age i X (Off i I have examinare true, completee	ned, hereby certify that (Check or her other than corporation or par- ant of owner other than corporation n line 1 of space B and that the ownic icer or partner) I am an officer (if n line 1 of space B. ed the statement of account and hete, and correct to the best of my be tion 1001(1986)] Typed or printed Title:	ane, but only partnership ation or par owner is not if a corporat hereby dec y knowledge Knowledge Enter an e Enter sign d name:) I am the owner of the cable system as identified in line tnership) I am the duly authorized agent of the owner of	1 of space B of the cable sy ntified as own ained herein	ystem as identified
		Date:		7/29/201	9	

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nting Period: 2019/1	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Systems, Inc. (FKA Cable Constructors Inc)	634
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 Statemen Concerning Gross Receipts Exclusio
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 Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Interest Assessme
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	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Linterest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Lander La

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