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

## SA1-2E Short Form

Return completed workbook

STATEMENT OF ACCOUNT		FOR COPYRIG	by email to:				
	ary Transmissions by	DATE RECEIVED	AMOUNT				
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		08/28/2020	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150			
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))				
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
Accounting Period	2020	D1 Barcode Data Filing Period (option	al - see instructions)				
i chou							
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		sidiary of another corporation, give the full c	orporate title			
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 fil	ing. If not, enter the system's ID number	r assigned by the Licensing Division.	29852			
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEN	1				
	CCI Systems, Inc. (FKA Cable Cor	nstructors Inc)					
		OF CABLE SYSTEM (IF DIFFEREN	Т)				
	Packerland Broadband						
	MAILING ADDRESS OF OWNER C	OF CABLE SYSTEM					
	P.O. BOX 190						
	(Number, street, rural route, apartment, or sulte number) Iron Mountain, MI 49801						
	(City, town, state, zip)						
С	<b>INSTRUCTIONS:</b> In line 1, give any bus names already appear in space B. In lin		,	,			
System	1 IDENTIFICATION OF CABLE SYSTEM:	:					
	MAILING ADDRESS OF CABLE SYSTE	EM:					
	2 (Number, street, rural route, apartment, or suit	e number)					
	(City, town, state, zip code)						
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code	authorizes the Convright Offce to collect	the personally identifying information (PII) reg	uested on this			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	CCI Systems, Inc. (FKA Cable Constructors Inc)	29852					
	Instructions: List each separate community served by the cable system. A "comm						
D	"a separate and distinct community or municipal entity (including unincorporated						
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 mob						
Area	identified city.	ne nome parks should be reported in parentheses below the					
Served							
	CITY OR TOWN	STATE					
First	Arpin	WI					
ommunity	Auburndale	WI					
-	Hewitt	WI					
Necessary	Junction City	WI					
,	Marshfield	WI					
	Pittsville	WI					
	Vesper	wi					
	vogpoi						

							FORM SA1-	TEM IC		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	CCI Systems, Inc. (FKA Cable Constructors Inc)									
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIBERS AN	D RATES						
E	In General: The information in s	-	-		•					
Secondary	system, that is, the retransmission about other services (including particular services)				•					
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Both	•				-				
scribers and	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									
Rates	each category by counting the n separately for the particular serv		, ,	•			charged			
	Rate: Give the standard rate of						je and the			
	unit in which it is generally billed	• •	,		ard rate variation	s within a	oarticular rate			
	category, but do not include disc									
	Block 1: In the left-hand block systems most commonly provide			-	•					
	that applies to your system. Not						0,			
	categories, that person or entity	should be cour	nted as a subscrib	er in each app	licable category	. Example:	a residential			
	subscriber who pays extra for ca				d in the count ur	ider "Servi	ce to the			
	first set" and would be counted of Block 2: If your cable system				service that are	different f	rom those			
	printed in block 1 (for example, t	•								
	with the number of subscribers a				•	,.				
	sufficient.	0.014.4				<u> </u>				
	BLC	OCK 1 NO. OF				BLOCK	. 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT		
	Residential:									
	Service to first set		179 38.9		ed Choice		160	67.		
	Service to additional set(s)			Premie	r Plus		35	87.0		
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: R	ATES						
F	In General: Space F calls for ra									
Г	not covered in space E, that is, t				,	,				
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than										
	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.									
Secondary					-					
ransmissions:	Block 1: Give the standard rat	te charged by t			applicable servi		were not			
	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable sys	stem furnished or	offered during	applicable servion the accounting	period that				
ransmissions:	Block 1: Give the standard rat	te charged by t t your cable sys separate charg	stem furnished or ge was made or es	offered during tablished. List	applicable servion the accounting	period that				
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable sys separate charg ption and inclue	stem furnished or je was made or es de the rate for eac	offered during tablished. List	applicable servion the accounting	period that	e form of a			
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te charged by t t your cable sys separate charg ption and includ BLOC	stem furnished or ge was made or es de the rate for eac CK 1	offered during tablished. List n.	applicable servion the accounting	period that	e form of a BLOCK 2	RAT		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable sys separate charg ption and includ BLOC	stem furnished or je was made or es de the rate for eac	offered during tablished. List n. SERVICE	applicable servio the accounting these other ser	period that	e form of a	RAT		
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by t t your cable sys separate charg ption and includ BLOC	stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF S	offered during tablished. List n. SERVICE	applicable servio the accounting these other ser	ceriod that vices in the CATEGO	e form of a BLOCK 2			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sys separate charg otion and includ BLOO RATE	stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF \$ Installation: Non	offered during tablished. List n. SERVICE	applicable servio the accounting these other ser	ceriod that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	RAT 14.9		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95	stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF S Installation: Non • Motel, hotel	offered during tablished. List n. SERVICE	applicable servio the accounting these other ser	CATEGO Showti Stars &	BLOCK 2 BLOCK 2 DRY OF SERVICE	14.9 12.9		
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95	stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF S Installation: Non • Motel, hotel • Commercial	offered during tablished. List n. BERVICE -residential	applicable servio the accounting these other ser	CATEGO Showti Stars &	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9		
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95	stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable	offered during tablished. List n. BERVICE -residential	applicable servio the accounting these other ser	CATEGO Showti Stars &	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9		
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95	stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable	offered during tablished. List n. SERVICE -residential	applicable servio the accounting these other ser	CATEGO Showti Stars &	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9		
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95	stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection	offered during tablished. List n. SERVICE -residential	applicable servio the accounting these other ser	CATEGO Showti Stars &	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95	stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protectior • Burglar protect	offered during tablished. List n. SERVICE -residential	applicable servio the accounting these other ser	CATEGO Showti Stars &	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9		
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95	stem furnished or ge was made or es de the rate for eac CK 1 CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protectior • Burglar protec Other services:	offered during tablished. List n. SERVICE -residential	applicable servio the accounting these other ser	CATEGO Showti Stars &	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sys separate charg otion and includ BLOC RATE 18.95	stem furnished or es ge was made or es de the rate for eac CK 1 CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protectior • Burglar protec Other services: • Reconnect	offered during tablished. List n. BERVICE -residential	applicable servio the accounting these other ser	CATEGO Showti Stars &	BLOCK 2 DRY OF SERVICE Me & TMC Encore Tier	14.9 12.9		

unting Period:	2020/1			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM ID#				
		29852						
G Primary ransmitters: Television	CCI Systems, Inc. (FKA Cable Constructors Inc)       29852         PRIMARY TRANSMITTERS: TELEVISION       In General: In space G, identify every television station (including translator stations and low power television stations)         carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under         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 substitute program basis, as explained in the next paragraph.         Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:         • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.         • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each 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							
	Column 4: Give the locatio	2. B'CAST CHANNEL NUMBER	t the community to which the station	5				
	WAOW	9	N	Wausau, Wi				
	WAOW HD	642	N	Wausau, WI				
Rows as Necessary	WSAW	8	N	Wausau, WI				
	WSAW HD	641	N	Wausau, WI				
	WEAU	12	N	Eau Claire, WI				
	WEAU HD	645	N	Eau Claire, WI				
	WFXS	11	Е	Wausau, WI				
	WHRM			Wausau, Wi				

EGAL NAME OI			Constructors Inc)					SYSTEM   298
	t every radio s	station ca	nrried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						·		

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				29852
					-			
1	SUBSTITUTE CARRIAG							
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<u></u>			
Special	During the accounting per	-			isis anv noni	network tele	vision proa	ram
Statement and	broadcast by a distant sta			n oung, on a oubolitato be	lolo, arry riorn			
Program Log	2						YES	NO
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	eir meaning	g is
				vision program ("substitute	e program") t	hat, during t	he account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	am uties, for e	example, 11	Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	the case of Mexican or Car			the community to which the community with which the			he FCC or,	IN
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example: a	a program can	ned by a system from 6.0	1:15 p.m. to c	5:26:30 p.m.	snould be	
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your syster	n was <i>requ</i>	iired
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regula	tions in	
		•						•
					WHE	N SUBSTIT	UTE	
	S	T	E PROGRAN	1	CARRI	AGE OCCL		<ol> <li>REASON FOR DELETION</li> </ol>
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH AND DAY	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM -	- то	
							-	
							_	
						-	_	
							-	
							-	
							_	
						_	-	
						_	_	
					·			
							-	
							-	
						_	_	
						-	-	
							-	
						-	-	
							-	
						_	-	
						+		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 29852
<b>K</b> 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	5,317.03 ss receipts)
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$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.	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 t	his six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
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		nts!

Name         LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)           CHANNELS	SYSTEM ID# 29852
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 .         2. Enter the total number of activated channels on which the cable system carried television broadcast stations .       2. Enter the total number of activated channels on which the cable system carried television broadcast stations .         and nonbroadcast services .       .	4
N       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 Telephone 906-771-22	208
Address           Address         105 Kent St. (Number, street, rural route, apartment, or suite number)           Iron Mountain, MI 49801           (City, town, state, zip)           Email         christopher.flanick@astreaconnect.com         Fax (optional) 906-828-3289	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(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 in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	
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	
Typed or printed name: Jacob Mulaikal Title: CFO (Title of official position held in corporation or partnership)	
Date: 8/13/2020	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
I Systems, Inc. (FKA Cable Constructors Inc)	29852
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	
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 Assessmen
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	
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.	

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 th 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.