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

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			coplicsoa@loc.gov
			\$	For additional information, contact the U.S. Copyright
General instru	ictions are located	08/28/2020		Office Licensing Division at:
in the first tab	of this workbook	00/20/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	(YY/(Period))	
		()		
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020/1	renou i – January i - June 30	Fendu z – Suly 1 - December 31	
		1		
	20201	Barcode Data Filing Period (optiona	- see instructions)	
Accounting Period				
	Instructions:			
В			diary of another corporation, give the full co	rporate title
Owner	List any other name or names under which	n the owner conducts the business of t	he cable system.	
	If there were different owners during the	accounting period, only the owner on t	the last day of the accounting period should s	submit a
	single statement of account and royalty fe	e payment covering the entire accoun	ting period.	
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	62932
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	CCI Systems, Inc. (FKA Cable Const	tructors 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 n	umber)		
	Iron Mountain, MI 49801 (City, town, state, zip)			
<u> </u>	INSTRUCTIONS: In line 1, give any busin	ess or trade names used to ider	ntify the business and operation of the	e system unless these
C	names already appear in space B. In line :	2, give the mailing address of th	e system, if different from the address	s given in space B.
System	1			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect the	ne personally identifying information (PII) reque	ested 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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Nume	CCI Systems, Inc. (FKA Cable Constructors Inc)	6293
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpo 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, or	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter know filings.
Area Served	identified city.	
		OTATE
First	CITY OR TOWN Wonewoc	STATE WI
Community	Union Center	WI
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM II 6293
	CCI Systems, Inc. (FKA	Cable Con	structo	ors Inc)					0250
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
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				-			ing on the	
Service: Sub-	Number of Subscribers: Both	·				,	ble system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv			0,0			,	charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,			rd rate variation	s within a p	particular 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 cou	nted as	a subscriber ir	each app	licable category	. Example:	a residential	
	subscriber who pays extra for ca					d in the count ur	nder "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.	2014						0	
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:				_				
	Service to first set		44	38.95	Expand	led		25	40.
	Service to additional set(s)								
	• 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 ra								
	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	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								
itatoo	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.								
		BLO	CK 1					BLOCK 2	
		1	CATEG	ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE	RATE			1 al a 10 Al a I				
	CATEGORY OF SERVICE Continuing Services:	RATE	Installa	tion: Non-res	Idential				
		RATE 18.95		i tion: Non-res el, hotel	idential				
	Continuing Services:		• Mot		identiai				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mot • Cor • Pay	el, hotel nmercial cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Mot • Cor • Pay • Pay	el, hotel nmercial cable cable-add'l cl					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Mot • Cor • Pay • Pay • Fire	el, hotel nmercial r cable r cable-add'l cl	nannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		• Mot • Cor • Pay • Pay • Fire • Bur	el, hotel nmercial cable cable-add'l cl protection glar protection	nannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Mot • Cor • Pay • Pay • Fire • Bur Other s	el, hotel nmercial cable cable-add'l cl protection glar protection services:	nannel				
	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)		• Mot • Cor • Pay • Pay • Fire • Bun Other s • Rec	el, hotel nmercial cable cable-add'l cl protection glar protection services: connect	nannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	el, hotel nmercial cable cable-add'l cl protection glar protection services: connect connect	nannel				
	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)		• Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc • Out	el, hotel nmercial cable cable-add'l cl protection glar protection services: connect	nannel				

Accounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.			
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#			
		A Cable Constructors Inc)		62932			
G Primary Transmitters: Television	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational, or "E-M" (for noncommercial educational, 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, or "A-A12 form. Column 4: Give the location of each station. For U.S. stations, int the community with which the station						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WKOW						
		6	N	Madison, WI			
	WISC	3	N	Madison, WI			
Add Rows as Necessary	WMSN	22	N	Madison, WI			
	WMTV	4	N	Madison, WI			
	WMTV-2	96	N	Madison, WI			

EGAL NAME OF			e Constructors Inc)					SYSTEM I 629
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co sign of a the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem 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. nal was electronically process k 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 this point, see pa ed by the cable s he station is licens	adend, and (2 anna, 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. hstructions 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	
ONLE OIOIN		0,0		ONLE OIGH		0/0		
						-		
				 		·		

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				62932
I	SUBSTITUTE CARRIAG							
	In General: In space I, ident substitute basis during the a							
Substitute								
Carriage:	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							
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 							
Statement and		broadcast by a distant station?						
Program Log	2							
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you i	must comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs				s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa Column 1: Give the title			vision program ("substitute	e program") t	hat during t	he account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I l	_ove Lucy"	or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (†	the community to which th	e station is li		ne FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals	s, with the n	nonth
	first. Example: for May 7 gr Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m List the t	imes accur	atelv
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s anu regula		
	,							
				_		N SUBSTI		
	S		E PROGRAM			AGE OCCU 6. T		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— TO	
						-	-	
						_		
						-	-	
						-	_	
						_	_	
						-	_	
						-	-	
								1
						-	-	
					• •			

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# 62932
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.	ission service amount, see	7,232.56 Iss 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 \$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 accounting period is \$52.00	this six-mon	
		•	
	Line 1. Royalty fee for accounting period		52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 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 \$ 263,800.00		
	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:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 62932
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	4 34
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Christopher Flanick Telephone	906-771-2208
	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) 906-828-328	9
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) + 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ov in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. (Difficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. (Difficer or partner) and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (B U.S.C., Section 1001(1986))	system as identified vner of the cable system
	Date: 08/13/2020	

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counting Period: 2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
CI Systems, Inc. (FKA Cable Constructors Inc)	62932
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 Name 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
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	

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