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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	01/22/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20202 Barcode Data Filing Period (optional - see instructions)
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CCI Systems, Inc. (FKA Cable Constructors Inc)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Astrea
		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.
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)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Hamo	CCI Systems, Inc. (FKA Cable Constructors Inc)	629
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know gs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or me	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Bonduel	WI
Community	Krakow	WI
	Nichols	WI
d Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C							5151	ГЕМ IC 6297
	CCI Systems, Inc. (FKA	Cable Con	structo	rs Inc)					0251
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	ERS 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								
Service: Sub-	Number of Subscribers: Bot	·				,	ble system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular server		<i>,</i>	0,0			0	charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,		iny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc				winn of oor			a that askis	
	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 in	each app	licable category	. Example:	a residential	
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a						,.		
	sufficient.	2014			1				
	BLU	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		40		Durform				07
	Service to first set		16	38.95		ed Choice		41	67.
	• Service to additional set(s)				Premie	r Pius		12	87.0
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	s				
F	In General: Space F calls for ra								
	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			f					
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
nutoo	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	otion and inclue	de the rat	e for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
			Installat	ion: Non-res	idential				
	Continuing Services:						Showti	me & TMC	14.9
		18.95	 Mote 	l, hotel					
	Continuing Services:	18.95 11.95		l, hotel mercial			Stars &	Encore Tier	۲۰۰۰ 12.s
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection			mercial				Encore Tier Cinemax Tier	
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Com • Pay o	mercial	nannel				12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Com • Pay o • Pay o • Fire p	mercial cable cable-add'l ch protection					12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		• Com • Pay o • Pay o • Fire p • Burg	mercial cable cable-add'l cl protection ar protection					12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Com • Pay o • Pay o • Fire p • Burg Other se	mercial cable cable-add'l ch protection ar protection e rvices:					12.9
	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)		• Com • Pay o • Pay o • Fire p • Burg Other se • Reco	mercial cable cable-add'l ch protection ar protection rvices: nnect					12.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Com • Pay o • Pay o • Fire p • Burg Other so • Reco	mercial cable cable-add'l cl protection ar protection rvices: nnect onnect					12.9
	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)		• Com • Pay o • Pay o • Fire p • Burg Other se • Reco • Disco	mercial cable cable-add'l ch protection ar protection rvices: nnect					12.9

ounting Period: 2	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	, , , ,	A Cable Constructors Inc)		62970
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each	entify every television station (including m during the accounting period, <i>excep</i> , n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	t (1) stations carried only on a part-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sult he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), of erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station he community with which the station	onal multicast). is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBAY	8	N	Green Bay, WI
	WBAY HD	642	N	Green Bay, WI
s as Necessary	WFRV	5	Ν	Green Bay, WI
	WFRV HD	640	Ν	Green Bay, WI
	WCWF	10	Ν	Green Bay, WI
	WCWF HD	644	N	Green Bay, WI
	WEUX	11	N	Green Bay, WI
	WEUX HD	646	N	Green Bay, WI

CCI Systems	FOWNER OF (Constructors Inc)					SYSTEM I 629
	every radio s	station ca	arried on a separate and discre 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 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 pyright Office regulations on t each station carried. on 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 this point, see par ed by the cable s re station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	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	
	7 01 1 111	0,0			7 0. 1	6,12		
						·		

Accounting Perio	od: 2020/2						FORM	VI 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)				62970
					-			
	SUBSTITUTE CARRIAG							
	In General: In space I, ident							
0	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in		ille paper 3	A 1-2 10111.
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	lsion prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" leave the	rest of this pa	nge blank. If vour answer i	s "Yes " vou i	must comple	te the proc	nam
	-	, loave ale		go blank. In your anower is	5 100, you	nuot comple		jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if the	eir meaning	a is
	clear. If you need more spa				eei ei ei e			9.0
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	am uties, for e	example, TL	love Lucy	01
	_		dcast live. ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerais	, with the h	nonth
			e substitute pr	ogram was carried by you	r cable syste	m I ist the ti	mes accura	atelv
	to the nearest five minutes.							
	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		
	,							1
					WHE	N SUBSTIT	UTE	
	S	T	E PROGRAM	1	CARRI	AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
							-	
						-	-	
							-	
						_	-	
							-	
						_	-	
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1						F		1

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SY	STEM ID# 62970
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	9,933.72 ss receipts)
L Copyright 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 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		
	1. Base amount under statutory formula		
	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 Free and			
Filing Fee and Total Remittance Due	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		nts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 62970
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 on which the cable system carried television broadcast stations and nonbroadcast services	4
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Kelly Tuttle	906-776-2662
Information	Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip)	
	Email Kelly.tuttle@ccisytems.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) I, 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; or (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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereiare 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)] 	system as identified vner of the cable system
	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: 01/15/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Systems, Inc. (FKA Cable Constructors Inc)	6297
 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
	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmer
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