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	IENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:					
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov					
General instr	ems (Short Form) ructions are located o of this workbook	02/28/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150					
Α	ACCOUNTING PERIOD COVEREI	BY THIS STATEMENT: ()	(YYY//Period))						
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
	2022	20212 Barcode Data Filing Period (optional - see instructions)							
Accounting Period	202:	1 <u>2</u>							
В	Give the full legal name of the owner of	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 fil	ing. If not, enter the system's ID numb	er assigned by the Licensing Division.	29852					
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTE	Μ						
	CCI Systems, Inc. (FKA Cable Cor	nstructors Inc)							
	BUSINESS NAME(S) OF OWNER	· · · · · · · · · · · · · · · · · · ·	IT)						
	Astrea								
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM							
	P.O. BOX 190 (Number, street, rural route, apartment, or suite number)								
	Iron Mountain, MI 49801 (City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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)								
Privacy Act Noti	ice: Section 111 of title 17 of the United States Code a	authorizes the Copyright Offce to collect	he personally identifying information (PII) reque	ested on this					

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
	CCI Systems, Inc. (FKA Cable Constructors Inc)	2985						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 k 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 home parks should be reported in parentheses below the							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nome parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	Arpin	WI						
Community	Auburndale	WI						
	Hewitt	WI						
Rows as Necessary	Junction City	WI						
	Marshfield	WI						
	Pittsville	WI						
	Vesper	W						

								FORM SA1		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID 2985	
	CCI Systems, Inc. (FKA Cable Constructors Inc)									
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in s					ry transmission	service of	the cable		
	system, that is, the retransmission									
Secondary	about other services (including p						those exist	ting on the		
Transmission Service: Sub-	last day of the accounting period	`		,	,	,	hle system	broken		
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the n	,		0 / 1						
	separately for the particular serv							-		
	Rate: Give the standard rate c	-	-	•				-		
	unit in which it is generally billed category, but do not include disc				iny standa	ird rate variation	is within a	particular rate		
	Block 1: In the left-hand block				ries of sec	ondarv transmi	ssion servi	ce that cable		
	systems most commonly provide			-		•				
	that applies to your system. Not			-		-				
	categories, that person or entity									
	subscriber who pays extra for ca first set" and would be counted o					d in the count u	nder "Servi	ce to the		
	Block 2: If your cable system					service that are	e different f	from those		
		•		•						
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is									
	sufficient.				1					
	BLC	DCK 1 NO. OF	:				BLOCK	K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		17	50.00	Preferr	ed Choice		103	75.	
	 Service to additional set(s) 				Premie	r Plus		27	95.0	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial								6	
	Converter									
	• Residential									
	Non-residential									
									Î	
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for rat		,		•	• •				
I	not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services									
Services	furnished at cost or (2) services		,		0		0.	,		
Other Than										
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEC	BLOCK 2 DRY OF SERVICE	RAT	
	Continuing Services:	NATE		ation: Non-res		NATE	CATEGO	JRT OF SERVICE	TVA I	
	Pay cable	18.95		itel, hotel	luonnai		Showti	me & TMC	14.9	
	• Pay cable—add'l channel	11.95		mmercial				Encore Tier	12.9	
	Fire protection			y cable				Cinemax Tier	27.9	
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential			e protection					4	
	• First set			rglar protection						
	Additional set(s)			services:						
	• FM radio (if separate rate)			connect					h	
	• Converter			connect						
	Converter			tlet relocation						
			-00							
			• \/ ~	ve to new addr	000					

counting Period: 2	2021/2			FORM SA1-2E. PAGE 3.			
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#			
	CCI Systems, Inc. (FK	29852					
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), row 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 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 station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational, or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the pa						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
		9	N	Wausau, Wi			
		642	N	Wausau, Wi			
lows 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	E	Wausau, WI			
	WHRM	20	I	Wausau, WI			

CCI System	s, Inc. (FKA	A Cable	Constructors Inc)					298
	t every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, 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 recei it the Co sign of e the statio ion's sign g a check n's locatio	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. 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 pay ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain sta eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIM	5/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	CCI Systems, Inc. (FK	A Cable (Constructor	s Inc)				29852	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC)G				
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork televi period, under sp	<i>sion program,</i> broadcast by becific present and former F	y a <i>distant</i> stat CC rules, reg	ulations, or	authorizatio	ns. For a further	
Carriage:	1. SPECIAL STATEMEN				<u>g</u>				
Special		-				otwork tok	vision prog	Irom	
Statement and									
Program Log	broadcast by a distant sta	ation ?				L	YES	NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comp	ete the prog	gram	
	log in block 2.								
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	stitute progra ace, please of every no a distant sta egulations, of ries like "mo . Bulls." m was broa sign of the adcast stati nadian stati nth and day ive "5/7." nes when th . Example: ter "R" if the and regulat	am on a separ add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent station broadc on's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect c	I rows to the tables. vision program ("substitute our cable system substitute ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter sasting the substitute prog the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0" n was substituted for prog luring the accounting period	e program") the ted for the pro- meral instruction am titles, for e "No." ram. he station is lid e station is id e program. Us in cable system 1:15 p.m. to 6 pramming that bod; enter the l	nat, during ogramming ions for fur example, "I censed by f entified). se numeral n. List the :28:30 p.m your syste etter "P" if	the account of another ther informa Love Lucy" the FCC or, s, with the r times accur . should be em was <i>requ</i> the listed pr	ting station ation. or in nonth rately <i>uired</i>	
	was substituted for program effect on October 19, 1976		your system w	as permitted to delete und	der FCC rules	anu regula			
	effect on October 19, 1976	5. 		·	WHE	N SUBSTI	TUTE	7 REASON FOR	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES	7. REASON FOR DELETION	
	effect on October 19, 1976		E PROGRAM	·	WHE CARRI	N SUBSTI	TUTE URRED		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED IMES		

Accounting Period:	2021/2	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
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	7,797.89 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$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 \$ 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 informat		hts!

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 29852
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	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 Kelly Tuttle Telephone	906-776-2662
	Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip) Email kelly tuttle@ccisystems.com Fax (optional) 906-828-3289	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 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 E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable si 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 own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	ystem as identified
	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: 2/28/22	

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 fing, a determination that would be made by a court of law.

Accounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CCI 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 Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q 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	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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