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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
02/28/2022	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20212 Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner	List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
		Check here if this is the system's 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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 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		FORM SA1-2E. PAG						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 377						
	CCI Systems, Inc. (FKA Cable Constructors Inc)							
	Instructions: List each separate community served by the cable system. A							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sir							
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community							
	as the "first community." Please use it as the first community on all future							
Area	Note: Entities and properties such as hotels, apartments, condominiums,	or mobile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	Fifield	WI						
Community	Butternut	WI						
	Butternut Lake	WI						
d Rows as Necessary								

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37759

CCI Systems, Inc. (FKA Cable Constructors Inc)

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

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 each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different 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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1	50.00	Preferred Choice	59	75.00
 Service to additional set(s) 			Premier Plus	2	95.00
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

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 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	18.95	 Motel, hotel 			
 Pay cable—add'l channel 	11.95	 Commercial 			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set		 Burglar protection 			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		 Reconnect 			
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CCI Systems, Inc. (FKA Cable Constructors Inc)

37759

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, 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, D.C.

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 paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAOW	9	N	Wausau, WI
WSAW	7	N	Wausau, WI
WFXS	19	N	Wausau, WI
WJFW	12	N	Rhinelander, WI
WLEF-TV	8	E	Park Falls, WI

Accounting Period: 2021/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CCI Systems, Inc. (FKA Cable Constructors Inc)

37759

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 01051	A B 4 E 2 4	0/0	LOGATION OF OTATION	0411 0101	ANA EN4	0/0	LOGATION OF OTATION
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio	nd: 2021/2						EODI	M SA1-2E. PAGE 5.
accounting Pend	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable (Constructor	s Inc)				37759
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spa Column 1: Give the title 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 give	E: SPECIA tify every no accounting p ning that mu T CONCEI riod, did you ation? Tight is a concerned E PROGRA titute prograce, please of every no adistant sta gulations, units like "mo Bulls." m was broad sign of the adcast stati nadian stati nath and day ve "5/7." wes when the	AL STATEME Innetwork televing seriod, under system to be included. RNING SUBS Bur cable system Exercise rest of this paradd additional additional that your authorizatio povies" or "bask decast live, entitions, if any, the when your system to substitute presented to the system of the system o	ENT AND PROGRAM LO ision program, broadcast by becific present and former F in this log, see page (v) of to TITUTE CARRIAGE on carry, on a substitute base age blank. If your answer is rate line. Use abbreviational rows to the tables. Vision program ("substitute our cable system substitute ns. See page (v) of the general casting the substitute program of the community to which the community with which the stem carried the substitute or gram was carried by you	y a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever pe e program") the ted for the proneral instruct am titles, for e "No." ram. e station is lid e program. Us r cable systel	ulations, o structions in the structions in the structions in the structions in the struction of the structi	reauthorization in the paper S elevision programmer YES plete the programmer their meaning of another surther informatil Love Lucy" of the FCC or, als, with the neating accurate times accurate informatic times accurate times accurate.	tem carried on a ns. For a further A1-2 form. ram NO gram g is ing station tion. or
	to delete under FCC rules was substituted for program effect on October 19, 1976	and regulat mming that	ions in effect o your system w	ras permitted to delete und	od; enter the I der FCC rules WHE	etter "P" its and regu	f the listed pro llations in	ogram
	S	1	E PROGRAM	<u>1</u>		AGE OC	CURRED TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	

2021/2	FORM SA	1-2E. PAGE						
LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SY	STEM IC 3775						
all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissic (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	on service unt, see	,526.80 ss receipts)						
 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 	800							
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	six-mon							
•	\$	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	5	52.00						
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)								
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)							
Enter the amount of gross receipts from space K								
4. Multiply line 3 by .01								
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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								
1 Royalty Fee Payable for Accounting Period (from Block 1.2 or 3. above)	52 00							
2. Filling Fee (See the instructions for more information on filling 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 Register of See page i of the general instructions in the paper SA1-2 form for more information.		its!						
	CCI Systems, Inc. (FKA Cable Constructors Inc) GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter it all amounts (gross receipts) paid to your coalle system by subscribers for the system's secondary transmission activation for a further explanation of how to compute this amo page (vil) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MPORTAIN: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: - Complete block, 1 fifth a amount of gross receipts in space K is smore than \$137,100 but less than or equal to \$263, 1 use block 2 fifth a amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263, 1 use block 3 fifth a amount of gross receipts in space K is more than \$137,100 but less than \$257,600 see page (vil) for the amount of gross receipts in space K is more than \$137,100 but less than \$257,600 see page (vil) for the amount of gross receipts in space K is more than \$137,100 or less. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this accounting period is \$25,00 Line 1. Royalty fee for accounting period	CCI Systems, Inc. (FKA Cable Constructors inc) GROSS RECEIPTS Instructions. The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) sharing the accounting period. Gross receipts from subscribers for secondary transmission service (as identified in space E) sharing the accounting period. Gross receipts from subscribers for secondary transmission service(s) MPORTAIT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions. To compute this reyably fee you cove: - Complete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is 5137,100 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 \$263,800 - Use block 3 if the amount of gross receipts in space K is more than \$137,100 or less. - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less. - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less. - Use block 3 if the amount of gross receipts in space K is more than \$137,100 or less. - Use block 3 if the amount of gross receipts in space K is more than \$137,100 or less. - 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 this six-mor accounting period is \$22.00 - Line 1. Royalty fee for accounting period . \$ - Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. - Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. - Line 3. Line 3. Total conduction of gross receipts from space K. - Enter the amount of gross receipts from space K. - Enter the amount of gross receipts from space K. - BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$227,500) - TO						

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CCI Systems, Inc. (FKA		ors Inc)			SYSTEM ID# 37759
M Channels	to its subscribers, and (2) to the subscribers, and (2) to the subscribers and (2) to the subscribers are subscribers.	the cable system's tot of channels on which to broadcast stations of activated channels on carried television but	tal number of a			65
N Individual to Be Contacted	we can contact about this s	statement of account.		FION IS NEEDED (Identify an ind		
for Further Information	Name Kelly 1	Tuttle	***************************************		Telephone	906-776-2662
	Address 105 Ke	ent St. street, rural route, apartme	ent, or suite numb	ber)		
		ountain, MI 498 , state, zip)	01			
	Email	kelly.tuttle@ccisy	/stems.com		Fax (optional) 906-828-328	9
_	CERTIFICATION (This state	ement of account mus	st be certified a	and signed in accordance with C	opyright Office regulations)	
O Certification	• I, the undersigned, hereby	certify that (Check on	e,but only one	e, of the boxes.)		
	(Owner other tha	an corporation or pa	rtnership) I ar	m the owner of the cable system a	s identified in line 1 of space	B; or
				rship) I am the duly authorized ago proration or partnership; or	ent of the owner of the cable	system as identified
	X (Officer or parti		a corporation)	or a partner (if a partnership) of th	ne legal entity identified as ow	mer of the cable system
		ect to the best of my k		under penalty of law that all stater ormation, and belief, and are made		1
			X /s/	Jacob Mulaikal		
				onic signature on the line above to c e using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed r	name: Ja o	cob Mulaikal		
			CFO	in corporation or partnership)		
		Date:			2/28/22	

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 37759 CCI Systems, Inc. (FKA Cable Constructors Inc) SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. \$ 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. **Interest Assessment** davs 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 ID number First community served Accounting period

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