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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/27/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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.	29330
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Orwell Cable Television Co	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Consolidated Communications	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		121 S 17th Street (Number, street, rural route, apartment, or suite number)	
		Mattoon, IL 61938 (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 is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Orwell Cable Television Co	29330
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings Note: Entities and properties such as hotels, apartments, condominiums, or mob	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Orwell	OH
Community	Windsor	OH
	North Bloomfield Rome	ОН ОН
Add Rows as Necessary	Colebrook	ОН

	LEGAL NAME OF OWNER OF C						FORM SA1	TEM IC
Name							010	2933
	Orwell Cable Television	60						2000
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIBERS A	ND RATES				
E	In General: The information in s							
•	system, that is, the retransmission							
Secondary Fransmission	about other services (including p last day of the accounting period					hose existi	ng on the	
Service: Sub-	Number of Subscribers: Both					ole system	broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n						charged	
	separately for the particular serv							
	Rate: Give the standard rate c unit in which it is generally billed							
	category, but do not include disc					s will iii a p		
	Block 1: In the left-hand block	in space E, the	e form lists the c	ategories of seco				
	systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity subscriber who pays extra for ca							
	first set" and would be counted of							
	Block 2: If your cable system				service that are	different fr	om those	
	printed in block 1 (for example, t							
	with the number of subscribers a	and rates, in the	e right-hand bloc	k. A two- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1				BLOCK	(2	
		NO. OF		- 0.17			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RAT		EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		428 5	9.45				
	Service to additional set(s)		420 5	9.45				
	.,							
	• FM radio (if separate rate)							
	Motel, hotel Commercial							
	Converter Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS:	RATES				
E	In General: Space F calls for rat	`	,	•	, ,			
F	not covered in space E, that is, t				,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•		•		• • • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.	-	-	-		0 /	
ransmissions:	Block 1: Give the standard rat							
Rates	Block 2: List any services that listed in block 1 and for which a	• •		-	• •			
	brief (two- or three-word) descrip							
		BLO		-			BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY OF	SERVICE	RATE	CATEG	DRY OF SERVICE	RA1
	Continuing Services		Installation: No	on-residential				
	Continuing Services:		 Motel, hotel 			НВО		16.
	Pay cable					Showti	~ ~	14.
	-		 Commercial 				ine	
	• Pay cable		 Commercial Pay cable 			Showti	me + HBO	30.
	Pay cable Pay cable—add'l channel			dd'l channel		Showti		
	Pay cable Pay cable—add'l channel Fire protection		Pay cable			Showti		
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	75.00	Pay cablePay cable-a	on		Showti		
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		 Pay cable Pay cable-a Fire protection 	on ection		Showti		
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		 Pay cable Pay cable-a Fire protecti Burglar prot 	on ection	30.00	Showti		
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		 Pay cable Pay cable-a Fire protecti Burglar prot Other services 	on ection	30.00	Showti		
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Pay cable Pay cable-a Fire protecti Burglar prot Other services Reconnect 	on ection :	30.00	Showti		

	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF Orwell Cable Televisi			SYSTEM ID# 29330
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr. • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on f Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program a(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKYC (NBC)	3	N	Cleveland, OH
	WUAB (IND)	4	I	Cleveland, OH
as Necessary	KJKW (FOX)	8	I	Cleveland, OH
	WEWS (ABC)	10	Ν	Cleveland, OH
	WOIO (CBS)	18	Ν	Cleveland, OH
	WFMJ (NBC)	21	N	Youngstown, OH

EGAL NAME OF	OWNER OF (CABLE SY	/STEM:						SYSTEM I
Orwell Cable									293
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abou- rm. dentify the cal tate whether the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under the whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which the the community with which the	at the sys system's this point sed by the	tem's he FM ante t, see pag e cable s n is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL	SIGN	AM or FM	S/D	LOCATION OF STATION	
C. ILL OIGH		0,0		U/ LL			0,0		

Accounting Perio	od: 2018/1						FORM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Orwell Cable Televisio	n Co					29330
	SUBSTITUTE CARRIAG	E: SPECIA			3		
	In General: In space I, identi	ify every noi	nnetwork televis	ion program, broadcast by	a <i>distant</i> stati		
	substitute basis during the a						
Substitute	explanation of the programm				e general instri	uctions in the pape	r SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	s, any nonnei		
Program Log	broadcast by a distant sta						ES XNO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the pi	rogram
	log in block 2.						
	2. LOG OF SUBSTITUTE			to line. Lice abbroviations y	whorovor pos	sible, if their mean	ing is
	In General: List each subst clear. If you need more spa				wherever pos	Sible, il triell'mean	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love Luc	v" or
	"NBA Basketball: 76ers vs.	Bulls."					,
				r "Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC o	or, in
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	tified).	
			when your sys	tem carried the substitute p	program. Use	numerals, with the	e month
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your o	able system.	List the times acc	urately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	our oustom was re	a uira d
	to delete under FCC rules a			was substituted for progra			
	was substituted for program	nming that y					
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRE	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	DELETION
			ONEE OIGHT		THE BITT		
						<u></u>	
						<u>—_</u>	

_	LEGA	L NAME O	F OWNEF	R OF CABI	LE SYST	TEM:											-		-2E. PAG
Name	Orw	ell Cab	ole Tel	evisior	n Co														293
K Gross Receipts	Instr all a (as i page	mounts (dentified e (vii) of t Gross re	: The fig (gross re i in space the gene eceipts f	gure you eceipts) ce E) du eral inst from sub	paid t iring th tructior bscribe	to your ne acco ns loca ers for	ir cable countin cated ir r seco	le syster ng perio n the pa ondary tr	n by s d. For per S/ ansmi	ubscril a furth A1-2 fo ssion s	pers for ler expl orm. service	the s anati (s)	system on of h	's sec ow to	unt you pay. condary trai o compute ti	nsmiss nis am	ion se ount, s	ervice see	
		during th														\$ (A			103.07 s receipts)
L Copyright Royalty Fee	Instrue • Com • Use • Use • Use		To comp ock 1, bl if the an if the an if the an	bute the lock 2, of nount of nount of nount of	royalt or bloo f gross f gross f gross	ck 3. s recei s recei s recei s recei	ipts in ipts in ipts in	space space space	≺ is m ≺ is m	ore that	an \$137 an \$263	7,100 8,800	but les	s tha	n or equal t n \$527,600		3,800		
						BLO	CK 1:	: GROS	S RE	CEIPT	S OF	\$137	,100 O	R LE	SS				
		uctions: A			m with	gross	3 receip	pts of \$1	37,10) or les	s, the r	oyalty	fee tha	at you	ı must pay fo	or this s	six-mo	nth	
						م مانيم ما													
		,			01														
	Line	2. Intere	st charge	e. Enter	r the ar	mount	t from I	line 4, s	bace G), page	8	• • • • •							0.00
	Line	3. TOTA	L ROYA	ALTY FE		YABLE	E FOR		UNTIN	G PER	RIOD A	dd lin	es 1 an	d 2					
				BLOC	K 2: G	ROS	S RE	CEIPT	SOF	\$263,8	800 OR	LES	S (but	more	e than \$13	7,100)			
	1. Ba	ase amou	int unde	r statuto	ory forn	nula						· · ·	\$	2	63,800.00)			
	2. Er	nter amou	unt of gro	oss rece	eipts fro	om spa	ace K					· · · _	\$	1	72,103.07	, 			
	3. Sı	ubtract lin	ie 2 from	n line 1 .								_	\$		91,696.93	<u>}_</u>			
	4. Er	nter the a	mount o	of gross i	receipt	is from	n space	е К							\$	172,1	103.0	7	
	5. Er	nter the a	mount fi	rom line	3										\$	91,6	696.9	3	
	6. Sı	ubtract lir	ie 5 from	n line 4 .											\$	80,4	406. 1	4	
	7. M	ultiply line	e 6 by .0)05 (ente	er figur	e here	e)									\$			402.03
	8. In	terest cha	arge. Er	nter the	amoun	nt from	ו line 4	I, space	Q, pag	je 8						·			0.00
	9. TC	OTAL RO	YALTY	FEE P	AYABL	LE FOI	RACO	COUNT	NG PE	RIOD	. Add lin	nes 7	and 8 .			. \$			402.03
			E	BLOCK	3: GF	ROSS	REC	EIPTS	OF M	ORE ⁻	THAN S	\$263	,800 (b	out les	ss than \$5	27,600))		
	1. Er	nter the a	imount c	of gross r	receipt	ts from	n spac	е К											
		ase amou		-								-			63,800.00)			
												_							
		ultiply line																	
															\$	1,3	319.0	0	
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	/													• • • •		· ·			
					FILI	NG FI	EE AI	ND TO	TAL R	EMIT	TANCE	DUI	-						
Filing Fee and	1 0/	oyalty Fe	e Pavah	le for Ar	counti	ing Po	ariod (f	from RIA	~k 1 ?	Or 2 ·	ahove				\$		402.0	3	
Total Remittance Due	•		-			-										-			
	2. Fi	ling Fee	See the	instruct	tions fo	or more	e infor	mation	on filing	g fee ca	alculatio	ons).			\$		20.0	0	
	3. TC	OTAL AN	IOUNT	DUE FO	OR ACO	COUN	ITING	PERIO	D. Add	l lines	2 and 3	3				\$			422.03
		Impor	tant V	our rem	ittance	e mus	st he iv	n the fo	rm of :	an alar	tronic	navm	ont na	vabla	e to the Reg	listor o	of Con	vriah	ts!

Accounting Period:	2018/1							FOR	M SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Television Co							SYSTEM ID# 29330
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot on which the	You must give (1) the number of ers, and (2) the cable system's f al number of channels on which ed television broadcast stations tal number of activated channel cable system carried television dcast services	total numbe h the cable s broadcast	er of activated chann	iels during the ac	counting period.		7 35	
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of account		RMATION IS NEED	E D (Identify an inc	lividual to whom	1		
for Further Information	Name	Jana Manterola					Telephone	509-962-0272	
	Address	305 N Ruby Street (Number, street, rural route, apart Ellensburg, WA 989 (City, town, state, zip)		e number)					
	Email	jmanterola@fai	irpoint.com	n		Fax (optional)	509-933-745	3	
O Certification	I, the undersign (Owr (Age in X (Offi in true, complete	N (This statement of account m ned, hereby certify that (Check o her other than corporation or p ent of owner other than corpora n line 1 of space B and that the o icer or partner) I am an officer (in n line 1 of space B. ed the statement of account and ete, and correct to the best of my tion 1001(1986)] Typed or printeo Title: (Title of o Date:	ne, but only artnership) ation or pari bwner is not if a corporati hereby deck knowledge, Knowledge, Enter an el Enter signa d name: Vice Pr	rone, of the boxes.) I am the owner of th rtnership) I am the du a corporation or part tion) or a partner (if a lare under penalty of	e cable system as Jly authorized agen nership; or partnership) of the law that all statem ief, and are made the line above to o inature" (e.g., /s/ J ative and Reg	identified in line nt of the owner o e legal entity iden ents of fact conta in good faith.	1 of space B; of the cable sy ntified as owned ained herein	stem as identified	
		Date:				08/27/201	8		

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unting Period: 2018/1		FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
ell Cable Television Co		2933
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copy lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the of service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? X NO	yright Act by adding the fol- cable system for the basic e system shall not include sub- s pursuant to section 119." general instructions	P Special Statemen Concerning Gross Receipts Exclusio
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 lat	to novement or underneyment	
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q Interest Assessme
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ad in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	xdays xdays x 0.00274 (interest charge)	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ad in the paper SA1-2 form.	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ad in the paper SA1-2 form.	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme

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