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 COPYRIG	HT 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	02/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 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	
		60246 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	
		Quality One Technologies Inc	
		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		TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the nes 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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Quality One Technologies Inc	60246
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Served	identified city.	
	CITY OR TOWN	STATE
First	Columbus Grove	ОН
Community		
Add Rows as Necessary		
Add hows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM IC
Name	Quality One Technologi								6024
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D blocks in spar y transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc : Where an inc	cover a and rac ace F, r ecembe ce E cal service. gs in tha ndicate h categ 20/mth") for adva e form li ribers. ( dividual	Il categories of tio broadcasts h not here. All the er 31, as the cas I for the numbe . In general, you t category (the d—not the num ory of service. I ance payment. ists the categor Give the numbe or organization	secondary by your system facts you se may be r of subsci- u can com- number of ber of sets nclude both ny standar ies of seco- r of subsci- is receivir	stem to subscrib state must be th ). ribers to the cab pute the numbe persons or org. s receiving servi th the amount or d rate variations ondary transmise ribers and rate fing service that f	bers. Give hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic for each lis alls under	information ng on the broken ibers in charged e and the particular rate e that cable ted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again und has rate catego iers of services	addition er "Serv pries for that ind	al sets would by vice to additionative secondary tran clude one or mo	e included al set(s)." asmission ore second	in the count un service that are lary transmissio	der "Servic different fr ns), list the	e to the om those em, together	
	BLC	DCK 1	·				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		13	30.25	Tier 2			3	42.
	<ul> <li>Service to additional set(s)</li> </ul>					rd Analog		101	74.
	• FM radio (if separate rate)				Digital	Standard		212	81.4
	Motel, hotel								
	Commercial								
	Converter     Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECU In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) description	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	ber) info that are ns: you hished to usually he cable stem fur e was n	rmation with res not offered in c do not need to o nonsubscribe billed. If any ra e system for ea nished or offeren nade or establis	spect to all combinatio give rate i rs. Rate in tes are cha ch of the a ed during t	n with any seco nformation cond formation should arged on a varia pplicable servic he accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:     Pay cable			ation: Non-res tel, hotel	idential		Starz/E	ncore	10.
	Pay cable—add'l channel			mmercial			HBO	10010	15.
	Fire protection			y cable			Cinema	ax	10.
	•Burglar protection		-	y cable-add'l ch	annel		Showti		13.
	Installation: Residential		• Fire	e protection			Ultimat	e Movie Pack	43.
	First set	75.00	• Bur	rglar protection					
			Other						
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)		• Re	connect		30.00			
	. ,		• Re • Dis			30.00 25.00			

counting Period: 2	2018/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Quality One Technolo	-		60246
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carrier in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-time carriage of certain network program (1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute basis and also be Special Statement and Program Le d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a function (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTLW (IND)	4	I	Lima, OH
	WLIO (NBC)	5	N	Lima, OH
ws as Necessary	WBGU (PBS)	6	E	Bowling Green, OH
	WOHL (ABC)	7	N	Lima, OH
	WLIO (FOX)	8	<u> </u>	Lima, OH
	WOHL (CBS)	9	N	Lima, OH
	WBOH3 (CW)	10	<b>I</b>	Lima, OH
	WTOL (CBS)	11	N	Toledo, OH
	WNWO (NBC)	12	Ν	Toledo, OH
	WTVG (ABC)	13	Ν	Toledo, OH

EGAL NAME O								SYSTEM ID
Quality One	Technolog	jies Inc	;					6024
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lo signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing	y the sys be recein at the Co l sign of the static ion's sig g a check	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
Mexican or Car	adian station	s, if any,	the community with which the	e station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2					FO	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Quality One Technolog	gies Inc					60246
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy every noi	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat CC rules, regul	ations, or authorization	s. For a further
Carriage:	1. SPECIAL STATEMEN				e general mot		
Special	During the accounting per				is any nonne	twork television progra	am
Statement and	broadcast by a distant sta	-	readic system	carry, on a substitute bas	is, any nonne		×NO
Program Log	,					YES	
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the progra	am
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title	itute progra ce, please a	m on a separa add additional r			-	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	distant stati gulations, o ies like "mo	ion and that yo r authorizations	ur cable system substitute s. See page (v) of the gen	d for the prog eral instruction	ramming of another st ns for further information	ation on.
	Column 2: If the program Column 3: Give the call	n was broad sign of the s	station broadca	r "Yes." Otherwise enter "N sting the substitute progra le community to which the	ım.	nsed by the FCC or, ir	ı
	the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv	th and day		community with which the tem carried the substitute			onth
	<b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."			gram was carried by your ed by a system from 6:01:			tely
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation ind regulation in the second se	ons in effect du		; enter the let	ter "P" if the listed prog	
			E PROGRAM			EN SUBSTITUTE	7. REASON FOR
	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 — TO	DELETION
						_	
					-		
						_	
					-		
						_	
						_	
						_	
1		1	7	1	-,	1	

Name			OWNER O														S	STEM I
Indiffe	Qual	ity One	e Techn	ıologi	ies In	C												602
K Gross Receipts	Instru all am (as ide page	ounts (g entified i (vii) of th	The figu gross rec	eipts) p E) duri al instr	paid to ring the ructions	o your e acco is locat	cable ounting ited in	system period the pap	by sul . For a er SA	oscribe further I-2 forn	s for th explan	e syster ation of	m's se	ount you p econdary to comput	transr	nission s	service	
			e accoun : You mu													\$		<b>359.03</b> ss receipts)
						<u> </u>		in space			19 9103	3 receip				(Amou	it of gro	ss receipts)
L Copyright Royalty Fee	Instruct • Comp • Use b • Use b • Use b	ions: To lete bloc lock 1 if lock 2 if lock 3 if	the amo	te the r ck 2, o ount of ount of ount of	royalty or block gross r gross r gross r	k 3. receip receip receip	ots in s ots in s ots in s	pace K pace K pace K	is mor is mor	e than e than	\$137,1 \$263,8	00 but le	ess th	an or equ an \$527,6 า.		\$263,800	D	
						BLOC	CK 1: (	GROS	S REC	EIPTS	OF \$1	37,100	OR L	ESS				
			s a cable riod is \$52		n with ç	gross r	receipt	s of \$13	37,100	or less,	the roy	alty fee t	hat yo	ou must pa	iy for t	his six-m	nonth	
	Line 1	. Royalty	/ fee for a	account	ting per	riod										_		
	Line 2	. Interest	t charge.	Enter	the am	nount f	from lir	ne 4, sp	ace Q,	page 8								0.00
			Ū						,									
	Line 3	TOTAL												re than \$				
	1 Bas		nt under s									,		263,800		00)		
			nt of gros											162,359				
			e 2 from li											101,440				
														\$		62,359.	03	
			nount fror	-									-			01,440.		
	6. Sub	tract line	e 5 from li	ine 4 .									-	\$	(	60,918.	06	
																\$		304.59
	8. Inte	rest chai	rge. Ente	er the a	amount	t from I	line 4, :	space C	), page	8					· · · · - <u>-</u>			0.00
	9. <b>TO</b>	TAL RO	YALTY F	EE PA	YABL	E FOR	ACC(	JUNTIN	IG PEF	RIOD. A	dd lines	7 and 8			· · · · -	\$		304.59
			BL	OCK	3: GR(	.OSS	RECE	IPTS (	OF MC	RE TH	AN \$2	63,800	(but l	ess than	\$527	,600)		
	1. Ente	er the an	nount of g	gross rr	eceipts	s from	space	К										
			nt under s	•	•		•							263,800	.00			
	3. Sub	tract line	e 2 from li	ine 1 .														
	4. Mul	tiply line	3 by .01										<u>.</u>					
	5. Roy	alty due	on the fir	rst \$26:	3,800 c	of gros	ss rece	ipts (un	der sta	tutory fo	ormula)		<u></u>	\$		1,319.	00	
	6. Inte	rest char	rge. Ente	er the a	amount	i from I	line 4, s	space (	), page	8			· · · · <u>-</u>			0.	00	
	7. <b>TO</b>	רAL RO	YALTY F	EE PA	YABLE	E FOR		OUNTIN	IG PEF	RIOD. A	dd lines	4, 5, an	d 6		· · · · · <u>-</u>			
					FILIN	NG FE	EE AN	D TOT	AL RE	MITTA	NCE D	UE						
Filing Fee and Total Remittance	1. Roy	alty Fee	Payable	for Acc	countin	ıg Peri	iod (fro	m Bloc	x 1, 2, c	or 3, ab	ove)		· · · · -	\$		304.	59	
Due	2. Filir	ig Fee (S	See the in	nstructio	ons for	r more	inform	ation or	n filing i	ee calo	ulations	5)	· · · · · <u>-</u>	\$		20.	00	
	3 101		OUNT DI	UE FOI	R ACC	OUNT	FING P	ERIOD	Add	ines 2	and 3 .					\$		324.59
	5.10																	

Accounting Period:	2018/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN Quality One Tech	NER OF CABLE SYSTEM: Inologies Inc					SYSTEM ID# 60246
M Channels	<ul> <li>to its subscribers, and</li> <li>1. Enter the total nu system carried tele</li> <li>2. Enter the total nu on which the cable</li> </ul>	nd (2) the cable system's unber of channels on whi	s total num ich the cab s els on broadca	mber ible 			. <u>10</u> . <u>139</u>
N Individual to Be Contacted		E CONTACTED IF FURT ut this statement of account		ORM	ATION IS NEEDED (Identify an	ndividual to whom	
for Further Information	Name J	lana Manterola				Telephor	e <u>509-962-0272</u>
	(N E	05 N Ruby Street Number, street, rural route, apa Ellensburg, WA 98 City, town, state, zip)		suite n	mber)		
	Email	jana.manterol	a@conso	olidat	ed.com	Fax (optional) 509-933-7	453
O Certification	I, the undersigned, f     (Owner of     (Agent of     in line     X     (Officer of     in line     I have examined the	hereby certify that (Check ther than corporation or covner other than corpor of of space B and that the or partner) I am an officer of space B. e statement of account and ond correct to the best of m	one, <i>but or</i> partnershi ration or p owner is n (if a corpor	hip)   hip)   partn not a oration declar, ir	d and signed in accordance with e, of the boxes.) am the owner of the cable system ership) I am the duly authorized a corporation or partnership; or ) or a partner (if a partnership) of e under penalty of law that all state formation, and belief, and are mad	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ov ements of fact contained herein	B; or system as identified mer of the cable system
		Typed or printe Title: (Title of	Enter ar Enter sig ed name: Vice I	an eleo signati	/ MIKE SHUITZ tronic signature on the line above t re using an "/s/ signature" (e.g., /s like Shultz sident Legislative and R	/ John Smith)	
		Date:				02/27/2019	

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inting Period: 2018/2	FORM SA1-2E. PAG
	SYSTEM
lity One Technologies Inc	602
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	P Special Statemer Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	
<u> </u>	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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