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	Beturn completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook	02/27/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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.	61992
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Consolidated Communications - TX	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		121 S 17th Street (Number, street, rural route, apartment, or suite number)	
		(Number, street, rural route, apartment, or suite number) Mattoon, IL 61938-3987	
		(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:	
		Consolidated Communications - TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	321 N 1st Street (Number, street, rural route, apartment, or suite number)	
		Lufkin, TX 75901 (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 suffciency of the fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	Consolidated Communications - TX	619
	Instructions: List each separate community served by the cable system. A "commun	
Р	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	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 h	nome parks should be reported in parentheses below the
Area Served	identified city.	····· • • · · · · · · · · · · · · · · ·
Served		
	CITY OR TOWN	STATE
First	ALTO	ТХ
Community	APPLE SPRINGS	ТХ
	DIBOLL	ТХ
Rows as Necessary	ETOILE	ТХ
	HUDSON	ТХ
	HUNTINGTON	ТХ
	LUFKIN	TX
	POLLOCK	TX
	WELLS	TX

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	Consolidated Communi	cations - TX							6199
-	SECONDARY TRANSMISSION	SERVICE: SUB	SCRI	BERS AND R	TES				
E	In General: The information in s								
<b>.</b> .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	, ,			,		hose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ole svstem	. broken	
scribers and	down by categories of secondary	, transmission se	ervice.	In general, yo	u can com	pute the numbe	er of subsc	ribers in	
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							ne and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed fo	r adva	nce payment.	.,				
	Block 1: In the left-hand block								
	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								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		ign-n						
	BLO	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF	RS	RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set	3,	,917	25.45					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		169	25.45					
	Converter								
	Residential	3,	,914	5.99					
	Non-residential		189	5.99					
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
I	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•	,		0		0.,		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rales	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip								
		BLOCI	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE C	ATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:	l II	nstalla	tion: Non-res	idential				
	• Pay cable	25.45	• Mot	el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	12.00	<ul> <li>Con</li> </ul>	nmercial					
	Fire protection			cable					
	<ul> <li>Burglar protection</li> </ul>			v cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	50.00		glar protection					
	Additional set(s)	C		services:					
	<ul> <li>FM radio (if separate rate)</li> </ul>			connect					
									1
	Converter	5.99		connect					
	• Converter	5.99		connect let relocation					

				OVOTEM ID
ame	LEGAL NAME OF OWNER O			SYSTEM ID 6199
	PRIMARY TRANSMITTERS:			
G mary mitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form.	-time basis under rams [sections ations carried on a ubstitute program I Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KPRC	2.1	Ν	HOUSTON, TX
	KIAH	39	l	HOUSTON, TX
Necessary	KTRE	9.1	Ν	LUFKIN, TX
ows as Necessary	L			
cessal y	KLTV	9.2	N	LUFKIN, TX
ucosal y				
ucasal y	KLTV	9.2	N	LUFKIN, TX
cuessodi y	KLTV KYXT	9.2 19	N	LUFKIN, TX NACOGDOCHES, TX
icicessidi y	KLTV KYXT KLPN-LD	9.2 19 47	N N I	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX
ccessdi y	KLTV KYXT KLPN-LD KUHT	9.2 19 47 8	N N I	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX
vecessodi y	KLTV KYXT KLPN-LD KUHT KFXK	9.2 19 47 8 51.1	N N I E I	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX
ccessdi y	KLTV KYXT KLPN-LD KUHT KFXK KETK	9.2 19 47 8 51.1 56.1	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX
, te cessidi y	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU	9.2 19 47 8 51.1 56.1 11	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX
Accessed y	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB	9.2 19 47 8 51.1 56.1 11 49	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX
exessed ly	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB	9.2 19 47 8 51.1 56.1 11 49 54.1	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX
, eccessdi y	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT	9.2 19 47 8 51.1 56.1 11 49 54.1 45	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX
incressed ly	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT KFTH-DT	9.2 19 47 8 51.1 56.1 11 49 54.1 45 67	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX HOUSTON, TX
, necessary	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT KFTH-DT	9.2 19 47 8 51.1 56.1 11 49 54.1 45 67	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX HOUSTON, TX
, recessed ly	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT KFTH-DT	9.2 19 47 8 51.1 56.1 11 49 54.1 45 67	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX HOUSTON, TX
s necessary	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT KFTH-DT	9.2 19 47 8 51.1 56.1 11 49 54.1 45 67	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX HOUSTON, TX
s vecessdry	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT KFTH-DT	9.2 19 47 8 51.1 56.1 11 49 54.1 45 67	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX HOUSTON, TX
os necessal y	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT KFTH-DT	9.2 19 47 8 51.1 56.1 11 49 54.1 45 67	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX HOUSTON, TX
us necessary	KLTV KYXT KLPN-LD KUHT KFXK KETK KHOU KPXB KCEB KXLN-DT KFTH-DT	9.2 19 47 8 51.1 56.1 11 49 54.1 45 67	N N I E I N	LUFKIN, TX NACOGDOCHES, TX LONGVIEW, TX HOUSTON, TX LONGVIEW, TX JACKSONVILLE, TX HOUSTON, TX CONROE, TX LONGVIEW, TX HOUSTON, TX HOUSTON, TX

Accounting F	Period: 2018	/2					FORM	I SA1-2E. PAGE 4.
								SYSTEM ID#
Consolidate	d Commun	lication	ns - I X					61992
all-band basis v	t every radio s vhose signals	station ca were ge	arried on a separate and discr nerally receivable by your cab	le system during	the accountin	ig period	1.	Н
receivable 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 state whether if the radio stat this by placing Sive the station	y the sys be recei it the Cc I sign of e the static ion's sig g a checl n's locati	I-Band FM Carriage: Under ( item whenever it is received a wed at the headend, with the opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i 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	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Consolidated Commu	nications	- TX					61992
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv noi	nnetwork televis	<i>ion program.</i> broadcast by	a distant stat	ion. that vour	cable svste	m carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisi	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is '	'Yes " vou mi	ist complete	the program	
		, leave the	rest of this pag		res, you me		the program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."					· · · <b>,</b> ·	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nead by tha F	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	orogram. Use	numerals, w	ith the mon	ith
	first. Example: for May 7 giv							
				gram was carried by your				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program came	ed by a system nom 6.01.	15 p.m. to 6.2	o.su p.m. sno		
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
						N SUBSTIT		
	S	UBSTITUT	E PROGRAM			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM —	MES - TO	DELETION
						_	_	
							-	
							-	
							_	
							_	
							_	
							_	
						_	_	
							-	
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							_	
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							-	
						_	-	
							_	
							-	

Accounting Period:	2018/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Consolidated Communications - TX	61992
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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.	ssion service
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 \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	163,800
	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 Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	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 \$ 511,565.04	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1 \$ 247,765.04	
	4. Multiply line 3 by .01	2,477.65
	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	\$ 3,796.65
	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)	3,796.65
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,816.65
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications - TX	SYSTEM ID# 61992
<b>M</b> 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 .         system carried television broadcast stations .	15
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	212
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Julie Poon Telephone	916-786-1034
	Address 211 Lincoln Street (Number, street, rural route, apartment, or suite number) Roseville, CA 95678 (City, town, state, zip)	
	Email julie.poon@consolidated.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>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)]</li> </ul>	stem as identified
	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:       Michael Shultz         Title:       VP Regulatory & Public Policy         (Title of official position held in corporation or partnership)         Date:       February 27, 2019	

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 the 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 telephol 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 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 t 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 lav

unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
solidated Communications - TX	619
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- lowing 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 sub- scribers 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.	P Special Statemen Concerning Gros Receipts Exclusio
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?	
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.	Q
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 Assessm
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 Assessm
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 Assessm
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