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					
2/28/2020	\$ 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	ACCC	DUNTING 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Consolidated Communications Enterprise Services, Inc. (fka: 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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.

Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	Consolidated Communications Enterprise Services, Inc. (fka: Qual										
_	Instructions: List each separate community served by the cable system. A "communit										
D	"a separate and distinct community or municipal entity (including unincorporated cor										
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter known									
	as the "first community." Please use it as the first community on all future filings.										
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the									
Served	identified city.										
	CITY OR TOWN	STATE									
First	Columbus Grove	OH									
Community											
Add Rows as Necessary											
,											

Accounting Period: 2019/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 60246

Consolidated Communications Enterprise Services, Inc. (fka: Quality One Techn

# Ε

#### 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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	10	35.75	Tier 2	2	42.50	
<ul> <li>Service to additional set(s)</li> </ul>			Standard Analog	86	79.50	
• FM radio (if separate rate)			Digital Standard	186	86.95	
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	ľ	T		I		

# 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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Starz/Encore	10.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		НВО	15.76
<ul> <li>Fire protection</li> </ul>		Pay cable		Cinemax	10.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		Showtime	13.75
Installation: Residential		Fire protection		Ultimate Movie Pack	43.50
First set	75.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 60246

4. LOCATION OF STATION

Lima, OH

#### Consolidated Communications Enterprise Services, Inc. (fka: Quality One Technical)

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

WTLW (IND)

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.

2. B'CAST CHANNEL NUMBER

WLIO (NBC) 5 N Lima, OH WBGU (PBS) 6 Ε **Bowling Green, OH** 7 Ν Lima, OH WOHL (ABC) WLIO (FOX) 8 Lima, OH WOHL (CBS) 9 N Lima, OH 10 WBOH3 (CW) Lima, OH 11 N Toledo, OH WTOL (CBS) WNWO (NBC) 12 Ν Toledo, OH 13 WTVG (ABC) N Toledo, OH

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### Consolidated Communications Enterprise Services, Inc. (fka: Quality One Technologies Inc)

60246

#### 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>	<b></b>					<b> </b>
	<b></b>	ļ				 	
	<del> </del>	<del> </del>					
	<del> </del>	<del> </del>					<del> </del>
	<del> </del>	<del> </del>					
	<b></b>	<b></b>					
	<b>†</b>						
	<del> </del>	<del> </del>					<del> </del>
	<del> </del>	<del> </del>					
	<b></b>						
	<b></b>						
						[	
	<b>†</b>						
	<del> </del>	<del> </del>					
	<b></b>	<del> </del>					
	<b></b>						
	<b>†</b>						
	<del> </del>	<del> </del>					<del> </del>
	<del> </del>	<del> </del>					
	<b></b>	ļ					
	<del> </del>	<del> </del>					
	<del> </del>	<del> </del>					
	<b>T</b>						
	<del> </del>	<del> </del>					
	<b>_</b>	ļ					
	<del> </del>		<del> </del>				
	<b></b>	<b></b>				ļ	

Accounting Period: 2019/2 FORM SA1-2E. PAGE 5.								
	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#
Name	Consolidated Commu	nications	Enterprise S	Services, Inc. (fka: C	Quality One	Technologi	es Inc)	60246
ı	SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the a	ify every nor	nnetwork televis	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or auth	orizations.	For a further
Substitute	explanation of the programm				he general inst	ructions in the	paper SA1	-2 form.
Carriage: Special Statement and	<ul><li>1. SPECIAL STATEMEN</li><li>During the accounting per broadcast by a distant sta</li></ul>	iod, did you			sis, any nonne	etwork televisi		X NO
Program Log	broadcast by a distant sta	uon:					YES	LNO
	Note: If your answer is "No	, leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust complete	he prograr	n
	log in block 2.  2. LOG OF SUBSTITUTI	E PROGRA	MS					
	In General: List each subsiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran	ce, please a of every no distant statis gulations, o ies like "mo Bulls." In was broad sign of the sadcast static adian statio at the and day we "5/7." es when the Example: a er "R" if the and regulation of the sadcast static and the sadcast static are "5/7." es when the Example: a er "R" if the sadcast static and the s	am on a separa add additional innetwork televion and that yo rauthorization: vies" or "basked deast live, entestation broades on's location (the one, if any, the when your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter string the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for program the accounting period	e program") the ded for the program titles, for extending the station is lice a station is lice a program. Use r cable system 1:15 p.m. to 6:2 ramming that yet; enter the le	at, during the agramming of a sons for further tample, "I Love ensed by the Fintified). The numerals, who is the time 28:30 p.m. show ther "P" if the I	accounting nother statinformation be Lucy" or FCC or, in with the more saccurated build be as require ested programmed to the country of the	tion n. nth ly
	effect on October 19, 1976.		our system wa	s permitted to delete und	ici i oo idica i	and regulation	3 111	
	c	I IDOTITI IT	E PROGRAM	1		EN SUBSTIT		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH			DELETION
						_		
		<del> </del>						
							- 	
		<b></b>					-	
						_		
						_		

Name			R OF CABLE			_		_	_			SYSTEM ID
Name	Consoli	dated Co	ommuni	cations	Enterp	orise Sei	rvices,	Inc. (fka:	Quality	One Techno	oloç	6024
<b>K</b> Gross Receipts	all amoun (as identif page (vii) Gross durin	ons: The f ts (gross if ied in spa of the ger s receipts g the acco	figure you receipts) p ice E) duri neral instru from subs punting pe	paid to your ing the actions lo scribers feriod	our cable ccounting ocated in for secon	system b g period. F the pape dary trans	by subscri For a furt r SA1-2 f smission	ibers for th her explan orm. service(s)	e system's ation of ho	amount you pay s secondary tra ow to compute t	nsmission servithis amount, se	vice
									<u>'</u>		(	g
Copyright Royalty Fee		s: To comble block 1, block 1, block 1, block 1 if the a 2 if the a 3 if the a	npute the rolock 2, of mount of gomeont of g	royalty feor r block 3 gross rec gross rec gross rec	i. ceipts in s ceipts in s ceipts in s	space K is space K is space K is	s more the more the	an \$137,10 an \$263,80	00 but less	s than or equal s than \$527,600 tion.		
				BL	OCK 1:	GROSS	RECEIP	TS OF \$1	37,100 OI	R LESS		
	Instruction accounting			n with gro	ss receipt	ts of \$137	,100 or le	ss, the roya	alty fee tha	t you must pay f	or this six-mon	th
	Line 1. Ro	yalty fee fo	or accounti	ing period	d							
											·-	_
	Line 3. <b>TO</b>	TAL ROY	ALTY FEE	E PAYAB	LE FOR	ACCOUN	ITING PE	RIOD Add	lines 1 and	12	· · · · <u> </u>	
			BLOCK	( 2: GRO	SS REC	EIPTS C	DF \$263,	800 OR LI	ESS (but	more than \$13	7,100)	
	1. Base ar	mount und	er statutor	y formula					\$	263,800.0	0_	
	2. Enter ar	mount of g	ross receip	pts from s	space K .				\$	156,338.5	2	
	3. Subtrac	t line 2 fro	m line 1						\$	107,461.4	<u>8</u>	
			-							<u>.</u> \$		_
	5. Enter th	e amount	from line 3	3						\$	107,461.48	_
										\$		_
	8. Interest	charge. E	Enter the a	mount fro	m line 4,	space Q,	page 8				··	0.00
	9. TOTAL	ROYALT	Y FEE PA	YABLE F	OR ACC	OUNTING	PERIOD	). Add lines	7 and 8		\$	244.39
			BLOCK 3	3: GROS	S RECE	EIPTS OF	MORE	THAN \$26	63,800 (bi	ut less than \$5	27,600)	
	1. Enter th	e amount	of aross re	eceipts fro	om space	· K						
			-								<u> </u>	
										,	_	
											_	
	5. Royalty	due on the	e first \$263	3,800 of g	gross rece	eipts (unde	er statutor	y formula)		\$	1,319.00	_
	6. Interest	charge. E	Enter the a	mount fro	m line 4,	space Q,	page 8				0.00	_
	7. TOTAL	ROYALT	Y FEE PA	YABLE F	OR ACC	OUNTING	S PERIOD	. Add lines	4, 5, and 6	3	<u></u>	
	1			FILING	FEE AN	ID TOTAL	L REMIT	TANCE D	UE			
Filing Fee and	1. Rovaltv	Fee Pava	ble for Acc	countina F	Period (fr	om Block	1, 2, or 3	above)		\$	244.39	
otal Remittance Due		-		_	•			calculations			20.00	_
	3. TOTAL	AMOUNT	DUE FOR	R ACCOU	JNTING F	PERIOD.	Add lines	s 2 and 3			\$	264.39
	· · · · · -							•			<u> </u>	

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7					
Name		WNER OF CABLE SYSTEM: ommunications Enterpris	se Servic	ces, Inc. (fka: Quality One Technologies Inc)	SYSTEM ID# 60246					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  139									
N Individual to Be Contacted		BE CONTACTED IF FURTHI		RMATION IS NEEDED (Identify an individual to whom						
for Further Information	Name	Jana Manterola		Telep	none 509-962-0272					
	,	305 N Ruby Street (Number, street, rural route, apartn Ellensburg, WA 9892 (City, town, state, zip)		te number)						
	Email	jana.manterola@	@consolic	dated.com Fax (optional) 509-93	3-7453					
O Certification	I, the undersigned     (Owner      (Agent of in line)      X (Office)     in line     I have examined to	other than corporation or partial of space B and that the over or partner) I am an officer (if the statement of account and he and correct to the best of my kind 1001(1986)]  Typed or printed  Title:	artnership) ation or par owner is not if a corporat hereby decl knowledge  Enter an e Enter sign	tified and signed in accordance with Copyright Office regulation of the boxes.)  (a) I am the owner of the cable system as identified in line 1 of sportnership) I am the duly authorized agent of the owner of the cast a corporation or partnership; or a partner (if a partnership) of the legal entity identified as clare under penalty of law that all statements of fact contained he are, information, and belief, and are made in good faith.  (a) Mike Shultz  (b) Mike Shultz  (c) Mike Shultz	ace B; or ble system as identified s owner of the cable system					
		Date:		2/26/2020						

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 telephon 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 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

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
onsolidated Communications Enterprise Services, Inc. (fka: Quality One Techno	60246
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.