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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

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	ACCO	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		<b>Instructions:</b> 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: Exop of Missouri 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)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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	e: Sectior	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-26-21

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.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Consolidated Communications Enterprise Services, Inc (fka: Exc	
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	nity" is the same as a "community unit" as defined in FCC rule ommunities within unincorporated areas and including single
Area	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	home parks should be reported in parentheses below the
Served	identified city.	
<b>F</b> ire (	CITY OR TOWN	STATE MO
First Community	Kearney Platte City	MO
,		
dd Dows os Nosossony		
dd Rows as Necessary		

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C							515	TEM II 626 <sup>2</sup>	
	Consolidated Commun	ications En	terprise	Services,	Inc ( fka	a: Exop of N	lissouri		020	
	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBI		ATES					
E	In General: The information in s					ry transmission	service of	the cable		
	system, that is, the retransmiss									
Secondary Transmission	about other services (including last day of the accounting period				•		those exis	sting on the		
Service: Sub-	Number of Subscribers: Bot						able syster	n, broken		
scribers and	down by categories of secondar									
Rates	each category by counting the r		-	•••		•	-	s charged		
	separately for the particular service <b>Rate:</b> Give the standard rate of							rac and the		
	unit in which it is generally billed									
	category, but do not include dise	•	,		•		is within a			
	Block 1: In the left-hand block	k in space E, th	ne form list	ts the catego	ries of see					
	systems most commonly provid									
	that applies to your system. <b>Not</b> categories, that person or entity			•		•				
	subscriber who pays extra for ca									
	first set" and would be counted									
	Block 2: If your cable system	-		-						
	printed in block 1 (for example, with the number of subscribers					•	,			
	sufficient.	and rates, in th	le right-ha			e-word descrip		Service is		
		OCK 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>		8	43.95		xpanded		74	82.	
	<ul> <li>Service to additional set(s)</li> </ul>				IPTV U	ltimate		143	92.	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	<ul> <li>Non-residential</li> </ul>									
	SERVICES OTHER THAN SEC		NSMISSI	ONS: RATE	S					
F	In General: Space F calls for ra		,		•	• •				
F	not covered in space E, that is,					•				
Services	service for a single fee. There a furnished at cost or (2) services		•		-			,		
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	Block 1: Give the standard ra			•						
Rales	-	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		RY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:		Installati	on: Non-res	idential					
	Davidatela		Motel	, hotel			Ultimat	te Movie Pack	45.	
	• Pay cable		• Comr	nercial			HBO D	igital Suite	17.	
	• Pay cable • Pay cable—add'l channel		-	- 1-1-			Cinema	ax Digital Suite	12.	
			• Pay c	able				·····		
	• Pay cable—add'l channel		-	able able-add'l ch	annel			incore Digital S	12.	
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>		• Pay c		annel			·····		
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	50.00	• Pay c • Fire p	able-add'l ch				incore Digital S	12.	
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	50.00 50.00	• Pay c • Fire p	able-add'l ch rotection ar protection				incore Digital S	12.	
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Pay c • Fire p • Burgla	able-add'l ch rotection ar protection <b>rvices:</b>		30.00		incore Digital S	12.	
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay c • Fire p • Burgla Other se	able-add'l ch rotection ar protection <b>rvices:</b> nnect		30.00		incore Digital S	12.	
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay c • Fire p • Burgla <b>Other se</b> • Recou • Disco	able-add'l ch rotection ar protection <b>rvices:</b> nnect		30.00		incore Digital S	12.	

ing Period: 2				FORM SA1-2E. PAGE 3				
lame	LEGAL NAME OF OWNER OF		- the filler Even of Miccourt	SYSTEM ID# 62615				
	PRIMARY TRANSMITTERS:	Inications Enterprise Services						
G imary smitters: evision	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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 noncommercial educational 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							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WDAF (FOX)	4		Kansas City, MO				
	KCTV (CBS)	5	N	Kansas City, MO				
s as Necessary	KMCI (The Spot)	7		Kansas City, MO				
	KMBC (ABC)	9	N	Kansas City, MO				
	KSMO (MyNet)	10		Kansas City, MO				
	KSHB (NBC)	12	Ν	Kansas City, MO				
	KCWE (CW)	13		Kansas City, MO				
	KPXE (ION)							
		16	I	Kansas Citv. MO				
			F	Kansas City, MO Kansas City, MO				
	KCPT (PBS)	16 19	E	Kansas City, MO Kansas City, MO				
			I E					
			I E					
			I E					
			I E					
			I E					

Consolidate	d Commur	nicatior	ns Enterprise Services,	Inc ( fka: Ex	op of Misso	ouri In	c)	SYSTEM II 626
	t every radio s	station ca	nrried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of for detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou rm.	y the sys be recei it the Cc	<b>-Band FM Carriage:</b> Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried.	t the system's he system's FM ante	eadend, and (2 enna, during c	2) it can certain s	be expected, ated intervals.	Primary Transmitters: Radio
Column 3: If ignal, indicate Column 4: G	the radio stat this by placing live the station	ion's sigi g a checl n's locati	n is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC	•		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						<b></b>		
						·		
						<b></b>		
						·		
						·		

Accounting Perio	d: 2020/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Consolidated Commu	nications E	Enterprise	Services, Inc ( fka: E	xop of Mis	souri Inc)		62615
	SUBSTITUTE CARRIAGE	: SPECIAL		NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting per	riod, under spe	ecific present and former F	CC rules, regu	ulations, or au	thorizations	s. For a further
Carriage:	1. SPECIAL STATEMEN	-			<u>g</u> errer en 1100			
Special	During the accounting per				cia ony nonn	otwork tolovi	cion progr	am
Statement and	• • • •		Cable System	T carry, off a substitute ba	515, any nonin			X
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the r	rest of this pa	ge blank. If your answer is	s "Yes," you n	nust complet	e the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE		NG 2N					
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible, if the	ir meaning	ı is
	clear. If you need more spa					, ,	0	
				vision program ("substitute				
	period, was broadcast by a		•		•	• •		
	under certain FCC rules, re	•						
	Do not use general categor "NBA Basketball: 76ers vs.		les of bask	etball." List specific progra	am titles, for e	example, "I Lo	ove Lucy" (	or
			cast live, ente	er "Yes." Otherwise enter	"No."			
				asting the substitute progr				
			,	he community to which th		•	e FCC or, i	n
	the case of Mexican or Car			-		,		
		-	when your sys	stem carried the substitute	e program. Us	se numerals,	with the m	onth
	first. Example: for May 7 giv		substitute pro	ogram was carried by you	r cable system	n list the tim	nes accura	
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."		p g					
				n was substituted for prog	•			
	to delete under FCC rules a	•		<b>e</b>				ogram
	was substituted for programe ffect on October 19, 1976	• •	our system wa	as permitted to delete unc	ler FCC rules	and regulation	ons in	
	SI	JBSTITUTE	E PROGRAM			N SUBSTITI AGE OCCUI	_	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		DELETION
			ONLE DIGIT	4. 01/110110 200/11011		TROM	10	
							•••••••••••	
					·- <b></b>			
						_		
						_		
						_		
						_		

	2020/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE				
Name	Consolidated Communications Enterprise Services, Inc ( fka: E	xop of Mi	ssouri Inc)	0	6261				
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ystem's sec	condary transm	ission service					
	during the accounting period			-	<b>7,625.27</b>				
L Copyright Royalty Fee	<ul> <li>IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)</li> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>								
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	·		is six-month					
	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 lir	nes 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	100)					
	1. Base amount under statutory formula	\$	263,800.00						
	2. Enter amount of gross receipts from space K	\$	167,625.27						
	3. Subtract line 2 from line 1	\$	96,174.73						
	4. Enter the amount of gross receipts from space K	•••••••••••••••••••••••••••••••••••••••	\$	167,625.27					
	5. Enter the amount from line 3	•••••••••••••••••••••••••••••••••••••••	\$	96,174.73					
	6. Subtract line 5 from line 4	-	\$	71,450.54					
	7. Multiply line 6 by .005 (enter figure here)			\$	357.25				
	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 le	ess than \$527	,600)					
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula		263,800.00						
	3. Subtract line 2 from line 1	¥							
	4. Multiply line 3 by .01								
	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								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4 FILING FEE AND TOTAL REMITTANCE DU								
Filing Fee and otal Remittance		E	\$	357.25					
-	FILING FEE AND TOTAL REMITTANCE DU	E	_						
Fotal Remittance	FILING FEE AND TOTAL REMITTANCE DU	E	\$	357.25	377.25				

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: Communications Enterprise Services, Inc ( fka: Exop of Missouri Inc)	SYSTEM ID# 62615
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	9 107
N Individual to	INDIVIDUAL TO	BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
Be Contacted for Further Information	Name	Jana Manterola Telephone 5	i09-962-0272
	Address 	305 N Ruby Street         (Number, street, rural route, apartment, or suite number)         Ellensburg, WA 98926         (City, town, state, zip)         jana.manterola@consolidated.com         Fax (optional)         509-933-7453	
O Certification	I, the undersigned     (Owned)     (Agentic in a statement of the sta	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst line 1 of space B and that the owner is not a corporation or partnership; or eer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	stem as identified

	X /s/ Mike Shultz
	inter an electronic signature on the line above to certify this statement. Inter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed n	name: Mike Shultz
	Vice President Legislative and Regulatory
Date:	2/25/21

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unting Period: 2020/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
solidated Communications Enterprise Services, Inc (fka: Exop of Missouri I	626
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."	P Special Statemer Concerning Gros Receipts Exclusio
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name     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 Assessme
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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	

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