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	OUNTING PERIOD COVERED B	Y THIS STATEMENT: (YYYY	/(Period))	
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional - se	e instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo		of another corporation, give the full corpo	rate title of
Owner		List any other name or names under which	the owner conducts the business of the cal	ble system.	
		If there were different owners during the a statement of account and royalty fee paym		st day of the accounting period should sub	mit a single
		Check here if this is the system's first filing.	If not, enter the system's ID number assign	ned by the Licensing Division.	00000
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Consolidated Communications Ente	rprise Services, Inc.		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		Consolidated Communications			
		MAILING ADDRESS OF OWNER OF O	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu	imber)		
		Mattoon, IL 61938 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busine s already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	imber)		
		(City, town, state, zip code)			

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

11/30/2021

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Consolidated Communications Enterprise Services, Inc.	00000
	Instructions: List each separate community served by the cable system. A "community	
D	separate and distinct community or municipal entity (including unincorporated commu	
0	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	e 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 ho	me parks should be reported in parentheses below the identified
Served	city.	
		1
	CITY OR TOWN	STATE
First	Portland	ME
Community	Auburn	ME
	Bangor	ME
ows as Necessary	Presque Isle	ME
	Burlington	VT
	Platsburgh	VT
	Boston	MA
	Manchester	NH
	Albany	NY

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA			<b>.</b> .				515	TEM ID 0000
	Consolidated Communi	cations Ente	erprise	e Services,	Inc.				0000
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES				
E	In General: The information in s			-					
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	, , ,	,		,		those exis		
Service: Sub-	Number of Subscribers: Both						able system	n, broken	
scribers and	down by categories of secondary	•				•			
Rates	each category by counting the n separately for the particular serv	•		0,0		•	•	s charged	
	<b>Rate:</b> Give the standard rate of							ge and the	
	unit in which it is generally billed				ny standar	d rate variatio	ns within a	particular rate	
	category, but do not include disc				rice of eee	ondon (transm	icolon convi	as that ashle	
	Block 1: In the left-hand block systems most commonly provide	•		0					
	that applies to your system. <b>Not</b>							0,	
	categories, that person or entity					0			
	subscriber who pays extra for ca					in the count u	inder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that a	re different :	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a					,	,,	, 0	
	sufficient.								
	BLC	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		51	30.99	Standa	rd		51	38.9
	<ul> <li>Service to additional set(s)</li> </ul>				Select			132	86.4
	• FM radio (if separate rate)				Expand	ed		118	90.4
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	SIONS: RATES	6				
E	In General: Space F calls for rate		'		•				
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There al furnished at cost or (2) services	•			•		υ.	,	
Other Than	amount of the charge and the ur	nit in which it is							
Secondary	enter only the letters "PP" in the								
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	• •				••		t were not	
nutoo	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	otion and includ	e the ra	te for each.					
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable		• Mot	el, hotel			НВО		16.9
	<ul> <li>Pay cable—add'l channel</li> </ul>		<ul> <li>Con</li> </ul>	nmercial			Cinema	ax	14.9
	Fire protection			cable			Showti	me	14.9
	<ul> <li>Burglar protection</li> </ul>			cable-add'l ch	annel		Starz		14.9
	Installation: Residential			protection					
	• First set			glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			connect					
	Converter		<ul> <li>Disc</li> </ul>	ronnect					
			~						
				let relocation /e to new addr					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM ID
Name		inications Enterprise Services	. Inc.	0000
	PRIMARY TRANSMITTERS:		,	
G	In General: In space G, ide carried by your cable system	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-time	e basis under
rimary smitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain statio	ns carried on a
vision	Substitute Basis Stations basis under specific FCC ru	: With respect to any distant stations ca iles, regulations, or authorizations: a in space G—but do list it in space I (th		
	basis. For further information	a substitute basis. Ilso in space I, if the station was carried n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruction	IS.
	multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channed	l with a station according to its over-the he form. el number the FCC assigned to the telev	-air designation. For example, report	multistream
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te	RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o rms, see page (iv) of the general instru-	for network multicast), "I" (for independent r "E-M" (for noncommercial education ctions in the paper SA1-2 form.	dent), "I-M" al multicast).
		n of each station. For U.S. stations, list dian stations, if any, give the name of th		-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WMTW (ABC)	2	N	Portland, ME
	WGME (CBS)	3	N	Portland, ME
Necessary	WPFO (FOX)	4	I	Portland, ME
	WCSH (NBC)	5	N	Portland, ME
	WPXT (CW)	21	I	Portland, ME
	WIPL (ION)	23	I	Portland, ME
	WCBB (PBS)	25	E	Portland, ME

EGAL NAME OF			ns Enterprise Services,	Inc.			· · · · · · · · · · · · · · · · · · ·	SYSTEM II 0000
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried b monitoring, to prmation about m. entify the call tate whether t the radio stat this by placing	y the sys be receint the Co sign of e the statio ion's sign g a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes k mark in the "S/D" column.	t the system's hea system's FM ante his point, see pag his point, see pag ed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se	) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
lexican or Can			on (the community to which th the community with which the			C or, in t		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Nome	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Consolidated Commu	nications	Enterprise S	ervices, Inc.				00000
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
I	In General: In space I, identi substitute basis during the a	fy every nor	network televis	on program, broadcast by	a <i>distant</i> statio			
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in th	ne paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	ision prograr	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if the	eir meaning is	5
	clear. If you need more spa Column 1: Give the title			sion program ("substitute	program") that	at. durina tl	he accounting	r
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming o	of another sta	ition
	under certain FCC rules, re	gulations, c	r authorization	s. See page (v) of the gen	eral instructio	ns for furth	er informatio	n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies or baske	tball. List specific program	n titles, for ex	ampie, TL	Love Lucy or	
	Column 2: If the program	n was broa		"Yes." Otherwise enter "I				
				sting the substitute progra			- 500 :	
	the case of Mexican or Can			e community to which the community with which the			ie FCC or, in	
	Column 5: Give the mor	ith and day		em carried the substitute			, with the mo	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				ely
	stated as "6:00–6:30 p.m."	Example. c	i program ourn		10 p.m. to 0.2	.o.oo p.m.		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976.		our system wa			ind regulat		
								7. REASON FOR
		2. LIVE?	E PROGRAM		5. MONTH	IAGE OCO 6.	TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
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					•			.+
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					.			
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc.	S	YSTEM ID# 00000
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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 mount, see	2,907.58 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for thi	s six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	2.35
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	54.35
	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		
	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, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	54.35	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		\$	69.35
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	•	
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		ι <b>ວ</b> !

Accounting Period:	2019/2			FORM SA1-2E. PAGE 7.
Name		IER OF CABLE SYSTEM: nmunications Enterprise	Services, Inc.	SYSTEM ID# 00000
M Channels	to its subscribers, a 1. Enter the total nu system carried te 2. Enter the total nu on which the cab	and (2) the cable system's tota umber of channels on which the elevision broadcast stations . umber of activated channels ele system carried television b	······	7
N Individual to Be Contacted		E CONTACTED IF FURTHER out this statement of account.)	R INFORMATION IS NEEDED (Identify an individual to whom )	
for Further Information		ana Manterola 05 N Ruby Street	Telephone 50	9-962-0272
	(Nu	umber, street, rural route, apartmen Ilensburg, WA 98926 ty, town, state, zip)		
	Email	jana.manterola@c	onsolidated.com Fax (optional 509-933-7453	
ο	CERTIFICATION (This	s statement of account must	be certified and signed in accordance with Copyright Office regulations)	
Certification		nereby certify that (Check one,		
			nership) I am the owner of the cable system as identified in line 1 of space B; or	
	in li	ine 1 of space B and that the or	n or partnership) I am the duly authorized agent of the owner of the cable system wher is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identified as owner o	
	in li	ine 1 of space B.	eby declare under penalty of law that all statements of fact contained herein	
		and correct to the best of my kr	nowledge, information, and belief, and are made in good faith.	
		-	X /s/ Mike Shultz	
			nter an electronic signature on the line above to certify this statement. hter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na	ame: Mike Shultz	
			for ficial position held in corporation or partnership)	
		Date:	2/25/21	

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unting Period: 2019/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
solidated Communications Enterprise Services, Inc.	00000
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 Statement Concerning Gross Receipts Exclusion
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?	
X NO	
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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<u>v</u>
Line 1 Enter the amount of late payment or underpayment	0 Interest Assessment
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1       Enter the amount of late payment or underpayment	34
Line 1       Enter the amount of late payment or underpayment	34
Line 1       Enter the amount of late payment or underpayment	<u>34</u> <u>50</u>
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