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				
11/30/2021	\$				
	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	ACC	ACCOUNTING 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.							
		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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2020/2	
	T	FORM SA1-2E. PAGE 1b.
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 served by the cable system."	munity" is the same as a "community unit" as defined in FCC rules: "a
<b>D</b>	separate and distinct community or municipal entity (including unincorporated	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	
	community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mol	hile home parks should be reported in parentheses below the identified
Area		blie florifie parks should be reported in parefittleses below the identified
Served	city.	
	CITY OR TOWN	STATE
F1 1		
First	Portland	ME
Community	Auburn	ME
	Bangor	ME
Add Rows as Necessary	Presque Isle	ME
,	Burlington	VT
	Platsburgh	VT
	Boston	MA
	Manchester	NH
	Albany	NY
	Albally	141

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 00000

Consolidated Communications Enterprise Services, Inc.

## 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				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	203	30.99	Standard	179	38.99		
Service to additional set(s)			Select	579	86.41		
FM radio (if separate rate)			Expanded	668	90.41		
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		1					

# 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		НВО	16.99
Pay cable—add'l channel		Commercial		Cinemax	14.99
Fire protection		• Pay cable		Showtime	14.99
•Burglar protection		Pay cable-add'l channel		Starz	14.99
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)		Other services:			
FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 00000

Consolidated Communications Enterprise Services, Inc.

G

### Primary Transmitters: Television

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), 76.61(e)(2) and (4), 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.

Add Rows as Necessary

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
WPFO (FOX)	4	l	Portland, ME
WCSH (NBC)	5	N	Portland, ME
WPXT (CW)	21	l	Portland, ME
WIPL (ION)	23	l	Portland, ME
WCBB (PBS)	25	E	Portland, ME

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Consolidated Communications Enterprise Services, Inc.

00000

### 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).

	1		T	1	T	_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

										1
Accounting Perio	Accounting Period: 2020/2 FORM SA1-2E. PAGE 5.  LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
Name	Consolidated Commur			Services, Inc.						SYSTEM ID# 00000
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G					
Substitute	substitute basis during the ac	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE						
Special		_			sis aı	nv nonne	work telev	ision r	orogram	1
Statement and	broadcast by a distant stat	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station?								
Program Log	Note: If your answer is "No"		rest of this pag	e blank. If vour answer is	s "Yes	s." vou mu	l st comple		YES I	INO
	log in block 2.	,		,		·, , ····			J-1-31	
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each subst			te line. Use abbreviations	s whe	rever pos	sible. if the	eir mea	aning is	
	clear. If you need more space					•	,		3	
	Column 1: Give the title									
	period, was broadcast by a		•	•			•			
	under certain FCC rules, req Do not use general categori									l.
	"NBA Basketball: 76ers vs.		vies oi baske	tball. List specific progra	aiii uu	es, ioi ex	ampie, i L	OVE L	ucy of	
	Column 2: If the program		dcast live, ente	r "Yes." Otherwise enter	"No."					
	Column 3: Give the call s	•								
	Column 4: Give the broa							e FCC	or, in	
	the case of Mexican or Can							:41- 4	41	41-
	Column 5: Give the mon first. Example: for May 7 giv	,	wnen your sysi	tem carried the substitute	prog	ram. Use	numerais	with t	tne mon	īn
	Column 6: State the time		substitute pro	gram was carried by you	r cable	e svstem.	List the tir	nes a	ccuratel	v
	to the nearest five minutes.		•			•				,
	stated as "6:00-6:30 p.m."	·		•			·			
	Column 7: Enter the lette						-			
	to delete under FCC rules a									am
	was substituted for program effect on October 19, 1976.	ming mai y	our system wa	s permitted to delete und	iei FC	or rules a	ina regulat	ions ir	1	
	onder on odeaber 10, 1010.									
						WHE	N SUBST	ITUTI	E	
	S	UBSTITUT	E PROGRAM		_   _	CARRI	AGE OCC	URR	ED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		. MONTH AND DAY	6. FROM	TIMES —	ТО	DELETION
					_] [_			_		
								_		
								_		
								_		
								_		

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services, Inc.	SYSTEM 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. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute thi 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.	smission service
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  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.	\$263,800
	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 fo 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 \$13	7,100)
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	<u> </u>
	3. Subtract line 2 from line 1	<u> </u>
	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	<u></u>
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5	527,600)
	Enter the amount of gross receipts from space K	4_
	2. Base amount under statutory formula	00
	3. Subtract line 2 from line 1	4
	4. Multiply line 3 by .01	1,630.78
	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	44.75
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	<b>\$ 2,994.54</b>
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,994.54
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	\$ 3,014.54
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form for more inform	

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM: ommunications Enterpris	se Services, Inc.		SYSTEM ID# 00000
<b>M</b> Channels	Enter the total system carried     Enter the total on which the control of t	, and (2) the cable system's to number of channels on which	s s n broadcast stations	accounting period.	7
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour	IER INFORMATION IS NEEDED (Identify an int.)	ndividual to whom	
for Further Information		Jana Manterola		Telephone <b>509-962-02</b>	272
	•	305 N Ruby Street (Number, street, rural route, apartm Ellensburg, WA 9892			
	Email	(City, town, state, zip)	⊋consolidated.com	Fax (optional 509-933-7453	
	OFFICION (2	*I.:		2	
O Certification	• I, the undersigned	, hereby certify that (Check on	st be certified and signed in accordance with ( e, but only one, of the boxes.)  artnership) I am the owner of the cable system a		
			tion or partnership) I am the duly authorized ag e owner is not a corporation or partnership; or	pent of the owner of the cable system as identif	fied
		r or partner) I am an officer (if n line 1 of space B.	f a corporation) or a partner (if a partnership) of t	he legal entity identified as owner of the cable	system
		e, and correct to the best of my	ereby declare under penalty of law that all staten v knowledge, information, and belief, and are mad		
			X /s/ Mike Shultz  Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed	name: Mike Shultz		
			Vice President Legislative and Re e of official position held in corporation or partnership)	egulatory	
		Date:		2/25/21	

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ounting Period: 2	020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM ID#
nsolidated Co	mmunications Enterprise Services, Inc.	00000
The Satellite Holowing sentence "In deter service scribers  For more inform located in the p  During the accomade by satellit  X NO	rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include suband amounts collected from subscribers receiving secondary transmissions pursuant to section 119." nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.  Sunting period, did the cable system exclude any amounts of gross receipts for secondary transmissions are carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	the total here and list the satellite carrier(s) below	
INTEREST A	ASSESSMENT	
•	elete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter th	ne amount of late payment or underpayment	Interest Assessment
	x <b>2%</b>	
Line 2 Multiply	r line 1 by the interest rate* and enter the sum here	
,	x <b>275</b> days	
Line O. Markink		
Line 3 Multiply	r line 2 by the number of days late and enter the sum here	
Line 4 Multiply	line 3 by 0.00274** and enter here	
	e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	(interest charge) e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please e Licensing Division at (202) 707-8150 or licensing@loc.gov.	
	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
•	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		
First community	/ served	
Accounting peri		

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