coplicsoa@copyright.gov

Submitting the form

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do <u>not</u> print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

· Alphabetization: Alphabetization is NOT required for any spaces.

• *Protection: Certain cells in this workbook* have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.

• *Navigation:* To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

· Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at: <u>https://www.copyright.gov/forms/sa1-2.pdf</u>

Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.

• For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 – Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 – Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

• Space K – input the total gross receipts for the cable system in the highlighted box.

• Space L – The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.

• Space L - Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

Page 7 – Spaces M-O

· Manually enter information into highlighted spaces as applicable.

• The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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.

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SA1-2E Short Form

Return completed workbook

opyright.gov

information, S. Copyright ng Division at: 8150

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for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY	by email to:
DATE RECEIVED	AMOUNT	<u>coplicsoa@cc</u>
3/2/2022	\$ ALLOCATION NUMBER	For additional ii contact the U.S Office Licensin Tel: (202) 707-i

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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	
		PO Box 455 (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 us 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 fling, a determination that would be made by a court of law.

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

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1				
Name	Consolidated Communi							010	6199			
Е	SECONDARY TRANSMISSION		-	-	-							
L	In General: The information in s											
Secondary												
ransmission	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											
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and												
Rates	each category by counting the nu separately for the particular servi							charged				
	Rate: Give the standard rate c							e and the				
	unit in which it is generally billed.											
	category, but do not include disc	ounts allowed fo	or advar	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 o											
	Block 2: If your cable system I	has rate categoi	ries for s	secondary tra	nsmission	service that are	different fr	om those				
	printed in block 1 (for example, ti											
	with the number of subscribers a	ind rates, in the	right-ha	ind block. A tv	vo- or three	e-word descripti	on of the s	ervice is				
	sufficient.	DCK 1					BLOCK	2				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT			
	Residential:		070									
	Service to first set	2	2,676	36.75								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		140	36.75								
	Converter											
	Residential	2	2,921	5.99								
	Non-residential		182	5.99								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS		s							
-	In General: Space F calls for rat					your cable sys	tem's servi	ces that were				
F	not covered in space E, that is, th											
. .	service for a single fee. There ar	•			•		σ,					
Services Other Than	furnished at cost or (2) services of amount of the charge and the un											
Secondary	enter only the letters "PP" in the		isually i	nieu. Il arry la	ales are ch	argeu on a vana	able per-pr	Syram basis,				
ansmissions:	Block 1: Give the standard rat		e cable	system for ea	ach of the a	pplicable servio	es listed.					
Rates	Block 2: List any services that											
	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.											
		BLOC				DATE	0.175.0	BLOCK 2				
	CATEGORY OF SERVICE Continuing Services:			ORY OF SER tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RAT			
	Pay cable	36.75		el, hotel	Juential							
	Pay cable—add'l channel	6.70		mercial								
	Fire protection	0.70	• Pay									
	•Burglar protection				aanal							
				cable-add'l ch	annei							
	S .		• ⊢ire	protection					1			
	Installation: Residential	F0.00										
	Installation: Residential • First set	50.00										
	Installation: Residential • First set • Additional set(s)		Other s	ervices:								
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	•	Other s • Rec	ervices: onnect								
	Installation: Residential • First set • Additional set(s)		Other s • Rec • Disc	ervices: onnect onnect								
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	•	Other s • Rec • Disc • Outl	ervices: onnect								

ounting Period:	2021/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER O			SYSTEM ID# 61992				
	Consolidated Comm			61992				
G Primary Transmitters: Television	 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, <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 scarried 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, or a noncommercial educational station, by entering the letter 'N" (for network), "A.W" (for independent station, or a noncommercial educational station, by entering the letter 'N" (for network), "A.W" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KPRC	2.1	N	HOUSTON, TX				
	KIAH	39	I	HOUSTON, TX				
Rows as Necessary	KTRE	9.1	Ν	LUFKIN, TX				
	KLTV	9.2	Ν	LUFKIN, TX				
	күхт	19	Ν	NACOGDOCHES, TX				
	KLPN-LD	47	I	LONGVIEW, TX				
	KUHT	8	E	HOUSTON, TX				
	KFXK	51.1	l	LONGVIEW, TX				
	КЕТК	56.1	Ν	JACKSONVILLE, TX				
	KHOU	11	N	HOUSTON, TX				
	КРХВ	49	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONROE, TX				
	KCEB	54.1	I	LONGVIEW, TX				
	KXLN-DT	45		HOUSTON, TX				
	KFTH-DT	67	II	HOUSTON, TX				
	KLUF-LP	5	- I	LUFKIN, TX				

Accounting P	Period: 2021	/2					FORM	I SA1-2E. PAGE 4.
								SYSTEM ID#
Consolidate	d Commun	lication	ns - I X					61992
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.								H Primary
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. 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				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FORM	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	Consolidated Commun	nications -	тх					61992		
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G					
	In General: In space I, identi	fv everv non	network televis	<i>ion program</i> . broadcast by	a distant stati	on. that your c	able svste	m carried on a		
	substitute basis during the a									
Substitute	xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	proadcast by a distant station?									
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is			
	clear. If you need more spa									
	Column 1: Give the title period, was broadcast by a			sion program ("substitute				ion		
	under certain FCC rules, re									
	Do not use general categori									
	"NBA Basketball: 76ers vs.									
				"Yes." Otherwise enter "N sting the substitute progra						
				e community to which the		nsed by the F	CC or, in			
	the case of Mexican or Can									
	first. Example: for May 7 giv		when your syst	tem carried the substitute	program. Use	numerals, wit	th the mon	th		
			substitute proc	gram was carried by your o	cable system.	List the times	accuratel	v		
	to the nearest five minutes.							,		
	stated as "6:00-6:30 p.m."	"D" :{ 41 1						_1		
	to delete under FCC rules a			was substituted for progra						
	was substituted for program									
	effect on October 19, 1976.		-			-				
						N SUBSTITU	ITE			
	s	UBSTITUTI	E PROGRAM	1		AGE OCCUF		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	IES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO			
						<u></u> _				
						_				
						_				
						_				
						_				

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	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.	ission service
	COPYRIGHT ROYALTY FEE	
L 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. 	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 for accounting period is \$52.00	this six-mon
	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 \$ 433,002.14	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1 \$ 169,202.14	
	4. Multiply line 3 by .01	1,692.02
	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	\$ 3,011.02
	FILING FEE AND TOTAL REMITTANCE DUE	
	FILING FEE AND TOTAL REMITTANCE DOE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,011.02
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	\$ 3,031.02
	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	

Namo	Accounting Period:	2021/2		FORM SA1-2E. PAGE 7.							
M Instructions: You must give (1) the number of activated channels during the accounting particul. Instructions: You must give (1) the number of activated channels during the accounting particul. 15 Instructions: You must give (1) the number of activated channels during the accounting particul. 15 Instructions: You must give (1) the number of activated channels during the accounting particulated channels on which the cable system carried belows how how how the activated below how how how how how how how how how h	Name			SYSTEM ID# 61992							
ayaem carried television broadcast stations 15 2. Errer the total number of addition broadcast stations and nonbroadcast services 212 N Individuation the Contracted System carried below both the statement of account.) 212 N Individuation the Contracted System carried below both the statement of account.) 212 N Individuation the Contracted Information Telephone 316-726-1034 Name Julie Poon Telephone 316-726-1034 Name Julie Poon Telephone 316-726-1034 Address 211 Lincoln Street (reduction and reduction statement of account.) Fax (qutonal) Contracted Telephone 316-726-1034 Telephone 316-726-1034 Telephone 316-726-1034 Name Julie Poon Telephone 316-726-1034 Telephone 316-726-1034 Name Julie Poon Telephone 316-726-1034 Telephone 316-726-1034 Maters 211 Lincoln Street (reduction statement of account must be confided and signed in accordance with Copyright Office regulations) Telephone 316-726-1034 O Centification • It is undersigned, hereby scrifty that (Check one. du only one. of the bases.) Telephone 316-726-1034 O O Officer or patried has the cover in the cable system asclendified in line 1 of space 8, or (reduction the cov		Instructions: ` to its subscribe	ers, and (2) the cable system's total number of activated channels during the accounting period.								
or which the cable system canned television broadcast stations 212 N Individual to BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom see an contract about this statement of account.) Telephone SIE.786-1034 N more concentration about this statement of account.) Telephone SIE.786-1034 Telephone SIE.786-1034 Normation Adverse 211 Lincol Street (information Telephone SIE.786-1034 More concentration streement of account. Reservice, concentration streement of account.) Fax (optional) Contract when the mathement of account must be certified and signed in accountance with Copyright Office regulators) Fax (optional) Contract when the mathement of account must be certified and signed in accountance with Copyright Office regulators) Interview of the cable option of account must be certified and signed in accountance with Copyright Office regulators) Contract of the non-other than corporation or partnership) I am the due state system as identified in line 1 of space B. or (in the copyration or partnership) I am the due statements of the cable system as identified in line 1 of space B. or (in the 1 of space B. or (in the or partner)) is an officer of account and herein signature on the line above to certify this statement. (B U.S.C., Section 1001(1999)) Image: Section 1001(1999) Image: Section 1001(1999) Image: Section 1001(1999)		15									
or which the cable system canned television broadcast stations 212 N Individual to BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom see an contract about this statement of account.) Telephone SIE.786-1034 N more concentration about this statement of account.) Telephone SIE.786-1034 Telephone SIE.786-1034 Normation Adverse 211 Lincol Street (information Telephone SIE.786-1034 More concentration streement of account. Reservice, concentration streement of account.) Fax (optional) Contract when the mathement of account must be certified and signed in accountance with Copyright Office regulators) Fax (optional) Contract when the mathement of account must be certified and signed in accountance with Copyright Office regulators) Interview of the cable option of account must be certified and signed in accountance with Copyright Office regulators) Contract of the non-other than corporation or partnership) I am the due state system as identified in line 1 of space B. or (in the copyration or partnership) I am the due statements of the cable system as identified in line 1 of space B. or (in the 1 of space B. or (in the or partner)) is an officer of account and herein signature on the line above to certify this statement. (B U.S.C., Section 1001(1999)) Image: Section 1001(1999) Image: Section 1001(1999) Image: Section 1001(1999)											
Individual to Be Contacted for Further Information Name Julie Poon Telephone 916-786-1034 Address 211 Lincoln Street (Window dott rule in dots, generated, et auto number) Telephone 916-786-1034 Address 211 Lincoln Street (Col, town, state, and (Col, town, state, and) Fax (optional) Email Julie poon@consolidated.com Fax (optional) Certification - 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) O Certification - 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) O (Over other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image:		on which the	cable system carried television broadcast stations	212							
for Further Information Name Julia Poon Telephone 916-786-1034 Address 211 Lincoln Street Provide: prove fuel rows, and provide the number Reserville, CA 956778 Columnation Fax (optional) Email julie.poon@consolidated.com Fax (optional) Columnation Fax (optional) Partice regulations) Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the cable system as identified in line 1 of space B, or • 0 (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or • 1, the undersigned, hereby certify that (Check one partnership) I am the duly subtorbed agent of the owner of the cable system in line 1 of space B. • 1 have examined the statement of account and hereby declare under penalty of fax that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and bellef, and are made in good fath. If B U.S.C. Section 1001(1980) Typed or printed name: Michael Shultz Typed or printed name: Wichael Shultz The ordination provements): Title of efficient parather king an "X/ signature" (or gas. X/ shore Smith) Title of efficient parather king an "X/ signature" (or gas. X/ shore Smith)	Individual to										
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O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) O • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Comparison of partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Comparison of partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Comparison of partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Comparison of partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of partnership) I am the duly authorized agent of the comparison of the cable system as identified in line 1 of space B; or Image: Comparison of partnership) I am the duly authorized agent of the comparison of the cable system as identified as owner of the cable system as identified in line 1 of space B; or line 1 of space B; or line in the image and is attements of fact contained herein are twice, comparison or rest on comparison, and beiref, and are made in good fath. IB U.S.C., Section 1001(1986)											
O I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) O Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Image		Email	julie.poon@consolidated.com Fax (optional)								
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 Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. 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)] Marcine Corporation 1001(1986) Marcine Corporation 1	-	• I, the undersign	ned, hereby certify that (Check one, but only one, of the boxes.)								
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(Title of official position held in corporation or partnership)			Typed or printed name: Michael Shultz								
Date: 2/28/2022											
			Date: 2/28/2022								

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 telephoin 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 lave

unting Period: 2021/2	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 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." 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 	P Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
	_ Interest Assessme
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	Interest Assessme
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C	Cable Worksheet		Cable Total amount of Number or remittance				nitials
			Date of remittance	Check	EFT	FILI	NG FEES
Cable ID #						Amount	Initials
Examined by	I	Reviewed by	Date examination completed	Allocation	n number		
Space A Accounting Period							
	🗌 Janua	ary 1 - June 30, 2017	[July 1 - Decem	ber 31, 2017		
	Lette	r sent	[Information re	ceived		
	Accep	oted	[Phone call/Dat	e/Contact		
Space B Owner							
	Lette	r sent	[Information re	ceived		
	Accep	oted	[Phone call/Dat	e/Contact		
Space D Area Served							
	Lette	r sent	[Information re	ceived		
	Accep	oted	[Phone call/Dat	e/Contact		
Space E Secondary Transission							
Service Subscribers:	Lette	r sent	[Information re	ceived		
and Rates	Accep	oted	[Phone call/Dat	e/Contact		
Space G Primary Transmitters:							
Television	Lette	r sent	[Information re	ceived		
	Accep	oted	[Phone call/Dat	e/Contact		
Space H Primary Transmitters:							
Radio	Accep	oted		Phone call/Dat	e/Contact		

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	