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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
for Seconda	ny Tra	nsmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ictions	are located	8/25/22	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	
		2022/1	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 th title of the subsidiary, not that of the pare		idiary of another corporation, give the full c	orporate
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should ting period.	
		Check here if this is the system's first filing	;. If not, enter the system's ID number	assigned by the Licensing Division.	63104
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
		Consolidated Communications of M	issouri Co (fka: FairPoint Comm	unications Missouri, Inc.)	
		BUSINESS NAME(S) OF OWNER OF		· · · · · · · · · · · · · · · · · · ·	
		Consolidated Communications			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		2116 S 17th Street (Number, street, rural route, apartment, or suite nu	mber)		
		Mattoon, IL 61938 (City, town, state, zip)			
С				ntify the business and operation of the system, if different from the addres	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		(City, town, state, zip code)			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Humo	Consolidated Communications of Missouri Co (fka: FairPoint Com	631
	Instructions: List each separate community served by the cable system. A "community" is the sar	me as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated communities we discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as the "first community." Please use it as the first community on all future filings.	vithin unincorporated areas and including singl as a form of system identification hereafter kn
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks s	hould be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Peculiar	MO
Community	Creighton	MO
	Cleveland	MO
dd Rows as Necessary	Drexel	MO
	East Lynne	MO
	Garden City	MO

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID	
Name	Consolidated Communi	cations of M	lissou	ıri Co (fka:	FairPoir	nt Communic	ations N		6310	
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES					
E	In General: The information in s	pace E should	cover a	ll categories of	secondary					
. .	system, that is, the retransmission									
Secondary Transmission	about other services (including p last day of the accounting period						iose existir	ng on the		
Service: Sub-	Number of Subscribers: Both						le system,	broken		
scribers and	down by categories of secondary	y transmission	service.	In general, you	u can com	pute the number	of subscri	bers in		
Rates	each category by counting the n							charged		
	separately for the particular serv Rate: Give the standard rate c							e and the		
	unit in which it is generally billed	-	-				-			
	category, but do not include disc									
	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									
	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									
						in the count und	der "Servic	e to the		
		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, ti									
	with the number of subscribers a						, .			
	sufficient.	001/ 4						<u> </u>		
	BL	OCK 1 NO. OF					BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:		_	(0.07					05.0	
	Service to first set		5	46.95		xpanded		29 7	85.9	
	• Service to additional set(s)				IPTV U	itimate		1	95.9	
	• FM radio (if separate rate)									
	Motel, hotel Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	S					
F	In General: Space F calls for rat		,		•					
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services		,		0		0()			
Other Than	amount of the charge and the un	nit in which it is								
Secondary	enter only the letters "PP" in the			avetana far aa	ab of the g	un licoble com io	aa liatad			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere 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.									
			CK 1					BLOCK 2		
		BLOG						BEGOILE		
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Installa	ation: Non-res		RATE		DRY OF SERVICE		
	Continuing Services: • Pay cable		Installa • Mot	ation: Non-res tel, hotel		RATE	Ultimat	DRY OF SERVICE e Movie Pack	RATE 49.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mot • Cor	ation: Non-res tel, hotel mmercial		RATE	Ultimat HBO Di	DRY OF SERVICE e Movie Pack gital Suite	49.0 18.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial / cable	idential	RATE	Ultimat HBO Di Cinema	DRY OF SERVICE e Movie Pack gital Suite ax Digital Suite	49.0 18.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installa • Mot • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	idential	RATE	Ultimat HBO Di Cinema Starz/E	DRY OF SERVICE e Movie Pack igital Suite ax Digital Suite ncore Digital Si	49.0 18.0 12.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	RATE	Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel nmercial / cable / cable-add'l ch e protection	idential nannel	RATE	Ultimat HBO Di Cinema Starz/E	DRY OF SERVICE e Movie Pack gital Suite ax Digital Suite	49.0 18.0 12.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection glar protection	idential nannel	RATE	Ultimat HBO Di Cinema Starz/E	DRY OF SERVICE e Movie Pack igital Suite ax Digital Suite ncore Digital Si	49.0 18.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	idential nannel		Ultimat HBO Di Cinema Starz/E	DRY OF SERVICE e Movie Pack igital Suite ax Digital Suite ncore Digital Si	49.0 18.0 12.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ation: Non-res tel, hotel mmercial (cable cable-add'l ch protection glar protection services: connect	idential nannel	RATE	Ultimat HBO Di Cinema Starz/E	DRY OF SERVICE e Movie Pack igital Suite ax Digital Suite ncore Digital Si	49.0 18.0 12.0 12.0	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	idential nannel		Ultimat HBO Di Cinema Starz/E	DRY OF SERVICE e Movie Pack igital Suite ax Digital Suite ncore Digital Si	49.0 18.0 12.0 12.0	

	2022/1 FORM SA1-2E. PAGE LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II									
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID						
Name	Consolidated Commu	inications of Missouri Co (fka:	FairPoint Communications	N 6310						
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary ansmitters: 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 Dasis 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, 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, "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). 									
	For the meaning of these te	(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.									
	IFCC. For Mexican or Canadian stations, it any, give the name of the community with which the station is identified.									
	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	Ν	Kansas City, MO						
ws as Necessary	KMCI (The Spot)	7	I	Lawrence, KS						
ws as Necessary	KMCI (The Spot) KMBC (ABC)	7 9		Lawrence, KS Kansas City, MO						
s as Necessary			IN							
as Necessary	KMBC (ABC)	9	I	Kansas City, MO						
s as Necessary	KMBC (ABC) KSMO (MyNet)	9 10	<u>l</u>	Kansas City, MO Kansas City, MO						
is as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC)	9 10 12	<u>l</u>	Kansas City, MO Kansas City, MO Kansas City, MO						
s as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13	<u>l</u>	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
ws as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
ws as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
ows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
ows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
ows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
ows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
tows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
Rows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
Rows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
Rows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
Rows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
Rows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						
Rows as Necessary	KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	9 10 12 13 16	 	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO						

Accounting I	Period: 2022	2/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME O			YSTEM: ns of Missouri Co (fka:	FairPoint Co	mmunicati	ons Mi	ssouri. Inc.)	SYSTEM ID
	o oonninui	lication			innunicati		330un, mc. <i>j</i>	6310
PRIMARY TRA								
			arried on a separate and discr nerally receivable by your cal					Н
			I-Band FM Carriage: Under					Primary
receivable if (1)) it is carried b	y the sys	stem whenever it is received a	at the system's he	eadend, and (2	2) it can	be expected,	Transmitters:
	-		ived at the headend, with the pyright Office regulations on	•	-			Radio
paper SA1-2 fo	orm.				.ge (1) of the g	jonorari		
			each station carried. on is AM or FM.					
Column 3: I	f the radio stat	tion's sig	nal was electronically process	sed by the cable	system as a se	eparate	and discrete	
			k mark in the "S/D" column. on (the community to which tl	he station is licen	sed by the EC	C or in	the case of	
			the community with which the			C 01, 11	line case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
	+							
	+							
	+							
	1	1						

Name Consolidated Communications of Missouri Co (fka: FairPoint Communications Missouri, Inc.) 63* I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried or substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Mete: 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 PROGRAMS	Missouri Co (fka: FairPoint Communications Missouri, Inc.) 63104 TATEMENT AND PROGRAM LOG Model and the system carried on a distant station, that your cable system carried on a diverse the system carried on the system carried on the system carried in this log, see page (v) of the general instructions in the paper SA1-2 form. IG SUBSTITUTE CARRIAGE ble system carry, on a substitute basis, any nonnetwork television program VES X NO this page blank. If your answer is "Yes," you must complete the program
Consolidated Communications of Missouri Co (tka: PairPoint Communications Missouri, inc.) 63* I Substitute SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • VES X 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 PROGRAMS	TATEMENT AND PROGRAM LOG work television program, broadcast by a distant station, that your cable system carried on a l, under specific present and former FCC rules, regulations, or authorizations. For a further included in this log, see page (v) of the general instructions in the paper SA1-2 form. IG SUBSTITUTE CARRIAGE ble system carry, on a substitute basis, any nonnetwork television program YES X NO of this page blank. If your answer is "Yes," you must complete the program
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. Substitute Carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES X NO 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 PROGRAMS	work television program, broadcast by a distant station, that your cable system carried on a I, under specific present and former FCC rules, regulations, or authorizations. For a further included in this log, see page (v) of the general instructions in the paper SA1-2 form. IG SUBSTITUTE CARRIAGE ble system carry, on a substitute basis, any nonnetwork television program VES X NO of this page blank. If your answer is "Yes," you must complete the program
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. Substitute Carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES X NO 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 PROGRAMS	work television program, broadcast by a distant station, that your cable system carried on a I, under specific present and former FCC rules, regulations, or authorizations. For a further included in this log, see page (v) of the general instructions in the paper SA1-2 form. IG SUBSTITUTE CARRIAGE ble system carry, on a substitute basis, any nonnetwork television program VES X NO of this page blank. If your answer is "Yes," you must complete the program
Carriage: Special Special 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? VES X NO 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 PROGRAMS	IG SUBSTITUTE CARRIAGE ble system carry, on a substitute basis, any nonnetwork television program YES XNO of this page blank. If your answer is "Yes," you must complete the program
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES X 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 PROGRAMS	ble system carry, on a substitute basis, any nonnetwork television program YES XNO of this page blank. If your answer is "Yes," you must complete the program
Statement and Program Log broadcast by a distant station? YES X NO 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 PROGRAMS	of this page blank. If your answer is "Yes," you must complete the program
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 PROGRAMS	of this page blank. If your answer is "Yes," you must complete the program
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS	
2. LOG OF SUBSTITUTE PROGRAMS	
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is	
clear. If you need more space, please add additional rows to the tables.	
Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting	twork television program ("substitute program") that, during the accounting
period, was broadcast by a distant station and that your cable system substituted for the programming of another station	and that your cable system substituted for the programming of another station
Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or	
"NBA Basketball: 76ers vs. Bulls."	thorizations. See page (v) of the general instructions for further information.
Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."	thorizations. See page (v) of the general instructions for further information. " or "basketball." List specific program titles, for example, "I Love Lucy" or
Column 3: Give the call sign of the station broadcasting the substitute program.Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in	thorizations. See page (v) of the general instructions for further information. " or "basketball." List specific program titles, for example, "I Love Lucy" or it live, enter "Yes." Otherwise enter "No."
the case of Mexican or Canadian stations, if any, the community with which the station is identified).	thorizations. See page (v) of the general instructions for further information. " or "basketball." List specific program titles, for example, "I Love Lucy" or t live, enter "Yes." Otherwise enter "No." on broadcasting the substitute program.
Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month	thorizations. See page (v) of the general instructions for further information. " or "basketball." List specific program titles, for example, "I Love Lucy" or it live, enter "Yes." Otherwise enter "No." on broadcasting the substitute program. location (the community to which the station is licensed by the FCC or, in
first. Example: for May 7 give "5/7."	thorizations. See page (v) of the general instructions for further information. " or "basketball." List specific program titles, for example, "I Love Lucy" or " tive, enter "Yes." Otherwise enter "No." on broadcasting the substitute program. location (the community to which the station is licensed by the FCC or, in if any, the community with which the station is identified).
to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be	thorizations. See page (v) of the general instructions for further information. " or "basketball." List specific program titles, for example, "I Love Lucy" or " on broadcasting the substitute program. location (the community to which the station is licensed by the FCC or, in if any, the community with which the station is identified). In your system carried the substitute program. Use numerals, with the month
	thorizations. See page (v) of the general instructions for further information. " or "basketball." List specific program titles, for example, "I Love Lucy" or " on broadcasting the substitute program. location (the community to which the station is licensed by the FCC or, in if any, the community with which the station is identified). In your system carried the substitute program. Use numerals, with the month postitute program was carried by your cable system. List the times accurately
stated as "6:00–6:30 p.m."	thorizations. See page (v) of the general instructions for further information. " or "basketball." List specific program titles, for example, "I Love Lucy" or " on broadcasting the substitute program. location (the community to which the station is licensed by the FCC or, in if any, the community with which the station is identified). In your system carried the substitute program. Use numerals, with the month postitute program was carried by your cable system. List the times accurately
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required	thorizations. See page (v) of the general instructions for further information. " or "basketball." List specific program titles, for example, "I Love Lucy" or the live, enter "Yes." Otherwise enter "No." on broadcasting the substitute program. location (the community to which the station is licensed by the FCC or, in if any, the community with which the station is identified). If any, the community with which the station is identified. If any system carried the substitute program. Use numerals, with the month postitute program was carried by your cable system. List the times accurately ogram carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be and program was substituted for programming that your system was <i>required</i>
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications of Missouri Co (fka: FairPoint Communications Misso	SY	STEM ID# 63104
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 transmis (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.	sion service nount, see	,748.96
L 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 \$26 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 • 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.		
	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 th accounting period is \$52.00	iis six-montl	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100))	
	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 \$527,60	00)	
	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)	,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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form for more information		hts!

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER		(fka: FairPoint Communication	s Missouri, Inc.)	SYSTEM ID# 63104
M Channels	 to its subscribers, and (2 Enter the total number system carried television Enter the total number on which the cable system 	e) the cable system's total nur r of channels on which the ca on broadcast stations	ast stations	accounting period.	9 107
N Individual to Be Contacted for Further	we can contact about thi		ORMATION IS NEEDED (Identify an		509-962-0272
Information	Address 305 N (Numbe	N Ruby Street r, street, rural route, apartment, or s sburg, WA 98926 wn, state, zip)	uite number)		
	Email	jana.manterola@conso	blidated.com	Fax (optional) 509-933-745	3
O Certification	 I, the undersigned, hereby (Owner other the index of owner) in line 1 of X (Officer or pain in line 1 of I have examined the state 	by certify that (Check one, <i>but o</i> than corporation or partnersi er other than corporation or space B and that the owner is rtner) I am an officer (if a corpo space B. ement of account and hereby o parect to the best of my knowled	ertified and signed in accordance with nly one, of the boxes.) hip) I am the owner of the cable system partnership) I am the duly authorized a not a corporation or partnership; or oration) or a partner (if a partnership) of leclare under penalty of law that all state lage, information, and belief, and are ma	as identified in line 1 of space gent of the owner of the cable s the legal entity identified as ow ements of fact contained hereir	B; or system as identified /ner of the cable system
			/s/ Mike Shultz n electronic signature on the line above t gnature using an "/s/ signature" (e.g., /s, Mike Shultz		
			President Legislative and R Ition held in corporation or partnership)	egulatory 8/25/22	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and i 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 th 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

inting Period: 2022/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
solidated Communications of Missouri Co (fka: FairPoint Communications M	6310
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 Exclusior
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 Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	·
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
	<u> </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>. </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	·
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