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					
2/27/23	\$ 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	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 of Pennsylvania Co, LLC (fka: Bentleyville Communications Corporation)							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		Consolidated Communications							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		2116 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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

Privacy Act Notice: 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.

Consolidated Communications of Pennsylvania Co, LLC (fka: Bent Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing		T	FORM SA1-2E. PAGE						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE North Bethlehem Township PA Elsworth Borough PA Somerset Township PA South Strabane Township PA South Strabane Township PA	Name		SYSTEMI						
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE North Bethlehem Township PA Elsworth Borough PA Somerset Township PA South Strabane Township PA									
Area Served CITY OR TOWN First North Bethlehem Township PA Community Bentleyville Borough PA Elsworth Borough PA Somerset Township PA South Strabane Township PA	D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known							
First North Bethlehem Township PA Community Bentleyville Borough PA Elsworth Borough PA Rows as Necessary Somerset Township PA South Strabane Township PA			ome parks should be reported in parentheses below the						
Community Bentleyville Borough Elsworth Borough Rows as Necessary Somerset Township PA South Strabane Township PA PA PA PA PA	Firet								
Rows as Necessary Somerset Township South Strabane Township PA South Strabane Township PA									
Rows as Necessary Somerset Township PA South Strabane Township PA									
South Strabane Township PA	I Daniel Manager								
	Rows as Necessary								
		Amwen Township	FA						

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID **38508

Consolidated Communications of Pennsylvania Co, LLC (fka: Bentleyville Com

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:					
 Service to first set 	465	81.50			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

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	17.75
 Pay cable—add'l channel 		Commercial		Showtime	15.75
Fire protection		Pay cable		The Movie Channel	11.00
•Burglar protection		Pay cable-add'l channel		Cinemax	14.00
Installation: Residential		Fire protection		Playboy	12.00
• First set	42.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	10.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Consolidated Communications of Pennsylvania Co, LLC (fka: Bentleyville Comm

38508

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, *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), 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 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
KDKA (CBS)	2	N	Pittsburgh, PA
WTAE (ABC)	3	N	Pittsburgh, PA
WPCW (CW)	5	<u> </u>	Pittsburgh, PA
WPCB (IND)	9		Pittsburgh, PA
WPXI (NBC)	11	N	Pittsburgh, PA
WPGH (FOX)	12		Pittsburgh, PA
WQED (PBS)	13	E	Pittsburgh, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Consolidated Communications of Pennsylvania Co, LLC (fka: Bentleyville Communications Corporation)

38508

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).

CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SICN	AM or EM	S/D	I OCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
		l		1		l	l .

Accounting Perio	nd: 2022/2						FORI	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1 014	SYSTEM ID#		
Name	Consolidated Communications of Pennsylvania Co, LLC (fka: Bentleyville Communications Corp. 38508									
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G					
l	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									
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Special	1. SPECIAL STATEMEN	_			oio ony none	ootwork to	Javiaian prog	rom		
Statement and	During the accounting pe	•	ur cable syste	m carry, on a substitute ba	sis, any noni	network te				
Program Log	broadcast by a distant sta						YES	X NO		
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	ร "Yes," you เ	must com	plete the pro	gram		
	log in block 2.									
	2. LOG OF SUBSTITUT In General: List each subs			rate line. I lee abbreviations	s wherever n	ossible if	their meanin	a ie		
	clear. If you need more spa				s wilelevel p	ossible, ii	tricii fricafiiri	y 15		
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general catego									
	"NBA Basketball: 76ers vs			(5) (1) OH : 1 (48.1 19					
			,	er "Yes." Otherwise enter ' casting the substitute progr						
				the community to which the		censed by	the FCC or,	in		
	the case of Mexican or Ca									
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	als, with the r	nonth		
			e substitute pr	ogram was carried by you	r cable syste	m. List the	e times accur	ately		
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.i	m. should be	-		
	stated as "6:00–6:30 p.m."	ter "R" if the	listed program	m was substituted for prog	ramming that	t vour svs	tem was <i>rea</i> u	uired		
	to delete under FCC rules									
	was substituted for program	•	your system w	as permitted to delete und	ler FCC rules	and regu	ılations in			
	effect on October 19, 1976									
						N SUBS				
	S		E PROGRAN				CURRED	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION		
						-				
							_			
								"		
			 							
							_			
							_			
		 								
								 		
								 		
		 								
		 								

	2022/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:				SA1-2E. PAGI SYSTEM I
Name	Consolidated Communications of Pennsylvania Co, LLC (fka:	Bentleyv	ille Commun		385
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the explanation (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's se	econdary transm	ission service	
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross re			-	62,983.71 gross receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	you must pay for	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 ii	ines 1 and 2	2	· · ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	262,983.71	-	
	3. Subtract line 2 from line 1	\$	816.29	-	
	4. Enter the amount of gross receipts from space K		. \$	262,983.71	
	5. Enter the amount from line 3		\$	816.29	
	6. Subtract line 5 from line 4		\$	262,167.42	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,310.84
	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		\$	1,310.84
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26:	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			-	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01	-		-	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .			1.319.00	•
	6. Interest charge. Enter the amount from line 4, space Q, page 8				•
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				•
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,310.84	<u>.</u>
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			\$	1,330.84
				<u></u>	

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.				
Name		WNER OF CABLE SYSTEM: Communications of Penns	sylvania Co, LLC (fka: Bentleyville Com	munications Corporation	SYSTEM ID# 38508				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 7 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . 67								
N Individual to Be Contacted		BE CONTACTED IF FURTHE	ER INFORMATION IS NEEDED (Identify an int.)	dividual to whom					
for Further Information	Name	Jana Manterola		Telephone	509-962-0272				
	Address	305 N Ruby Street (Number, street, rural route, apartm	nent, or suite number)						
		Ellensburg, WA 9892 (City, town, state, zip)	26						
	Email	jana.manterola@	gconsolidated.com	Fax (optional) 509-933-745	3				
•	CERTIFICATION (This statement of account mu	ist be certified and signed in accordance with C	Copyright Office regulations)					
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne,but only one, of the boxes.)						
	(Owner	r other than corporation or pa	artnership) I am the owner of the cable system a	as identified in line 1 of space	B; or				
			tion or partnership) I am the duly authorized ag wner is not a corporation or partnership; or	gent of the owner of the cable	system as identified				
		er or partner) I am an officer (if ine 1 of space B.	f a corporation) or a partner (if a partnership) of t	the legal entity identified as ow	rner of the cable system				
		e, and correct to the best of my	hereby declare under penalty of law that all state knowledge, information, and belief, and are mad		1				
			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							
			Vice President Legislative and Re	egulatory					
		Date:		2/27/23					

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 38508 Consolidated Communications of Pennsylvania Co, LLC (fka: Bentleyville Comm 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served

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Accounting period