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	
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
-	ems (Short Form)	2/24/23	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
in the first tab	of this workbook	2/24/23	ALLOCATION NUMBER	Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))		
		·			
	2022/2	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 th title of the subsidiary, not that of the pare		idiary of another corporation, give the full co	orporate	
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system.		
	If there were different owners during the single statement of account and royalty fe	<b>.</b>	the last day of the accounting period should ting period.	submit a	
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	61969	
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM			
	Consolidated Communication	•			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)		

		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 sulte number)
		Mattoon, IL 61938-3987 (City, town, state, zip)
С		<b>RUCTIONS:</b> 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	Consolidated Communications Enterprise Services, Inc. ;Formerly Crystal Communications Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	221 E Hickory St (Number, street, rural route, apartment, or suite number)
		Mankato, MN 56001 (City, town, state, zip code)
	2	Mankato, MN 56001

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM I
Name	Consolidated Communications Enterprise Services	619
	Instructions: List each separate community served by the cable system. A "commur	
	"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.	
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	ELLENDALE	MN
Community	NEW RICHMIND	MN
	FARIBAULT	MN
Rows as Necessary	NICOLLET	MN
	ST. PETER	MN
	JANESVILLE	MN
	WASECA	MN
	ST. CLAIR	MN
	EAGLE LAKE	MN
	GARDEN CITY	MN
	MAPLETON	MN
	MANKATO	MN
		MN
		MN
		MN
	SOUTH BEND TOWNSHIP	MN
	VERNON CENTER	MN
	MADISON LAKE	MN
	GOOD THUNDER	MN
	SKYLINE	MN
	LAKE CRYSTAL	MN
	AMBOY	MN
	FARGO	ND
	SIOUX FALLS	SD

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	
Name	Consolidated Commun		erpris	e Services					6196
			· · · ·						
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
_	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Fransmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both down by categories of secondar	•							
scribers and Rates	each category by counting the n			0 / 1		•			
Ruco	separately for the particular serv	•		0,0		•		onargea	
	Rate: Give the standard rate of								
	unit in which it is generally billed				ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				rian of and	andan (transmis		as that ashla	
	systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to a	dditiona	al sets would b	e includeo	d in the count ur	der "Serv	ce to the	
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	umber of subscribers and rates, in the right-hand block. A two- or three-word description of the service							
	BLC	BLOCK 1 BLOCK 2							
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:						-		
	Service to first set	4	,978	12.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel		12	15.00					
	Commercial		343	15.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra		'		•				
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services		,		0		0 (	/	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	<b>Block 2:</b> 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								
Rates	listed in block 1 and for which a	separate chard	brief (two- or three-word) description and include the rate for each.						
nates				ade or establi	shed. List	these other ser			
halos		ption and includ	e the ra	ade or establi	shed. List	these other ser			
Ruco		otion and includ BLOC	e the ra K 1	ade or establi		RATE	CATEG	BLOCK 2 DRY OF SERVICE	RA
, alos	brief (two- or three-word) descrip	otion and includ BLOC RATE	e the ra CK 1 CATEG	nade or establi te for each.	VICE		CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ BLOC RATE	e the ra K 1 CATEG Installa	nade or establi te for each. ORY OF SER	VICE		CATEGO		RA
i i i i i i i i i i i i i i i i i i i	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and includ BLOC RATE	e the ra CK 1 CATEG Installa • Mote	ade or establi te for each. ORY OF SER <b>tion: Non-res</b>	VICE	RATE	CATEG		RA
i i i i i i i i i i i i i i i i i i i	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE 12.00	e the ra CATEG Installa • Mote • Con	hade or establi te for each. ORY OF SER <b>tion: Non-res</b> el, hotel	VICE	RATE 99.99	CATEG		RA
i i i i i i i i i i i i i i i i i i i	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC RATE 12.00	e the ra CK 1 CATEG Installa • Mote • Con • Pay	ade or establi te for each. ORY OF SER <b>tion: Non-res</b> el, hotel amercial	VICE	RATE 99.99	CATEG		RA
i i i i i i i i i i i i i i i i i i i	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE 12.00	e the ra CATEG Installa • Mote • Con • Pay • Pay	ade or establi te for each. ORY OF SER tion: Non-res el, hotel imercial cable	VICE	RATE 99.99	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOC RATE 12.00	e the ra K 1 CATEG Installa • Mote • Con • Pay • Pay • Fire	ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable	VICE	RATE 99.99	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	Dition and includ BLOC RATE 12.00 12.75 99.00	e the ra K 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	VICE	RATE 99.99	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	Dition and includ BLOC RATE 12.00 12.75 99.00	e the ra K 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s	ade or establi te for each. ORY OF SER tion: Non-res el, hotel amercial cable cable-add'l ch protection glar protection	VICE	RATE 99.99	CATEGO		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	Dition and includ BLOC RATE 12.00 12.75 99.00	e the ra K 1 CATEG Installa • Motu • Con • Pay • Pay • Fire • Burç Other s • Rec	ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	VICE	RATE 99.99 99.99	CATEG		RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	Dition and includ BLOC RATE 12.00 12.75 99.00	e the ra K 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	VICE	RATE 99.99 99.99	CATEG		RA

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Consolidated Commu	inications Enterprise Services		619
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each
	multicast stream associated "WETA-2" as the same on t	I with a station according to its over-the he form.	e-air designation. For example, rep	ort multistream
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. : the community to which the station	a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFTC	29	I	MSP
	КТСА	2.1	E	MSP
ows as Necessary	wcco	4	N	MSP
ows us	KMSP	9		MSP
	KARE	11.1	N	MSP
	KARE-2	11.2	N-M	MSP
	KSTP	5.1	N	MSP
	KSTC	5.2		MSP
	KEYC	12.1	N	Mankato
	WUCW	23		MSP
		·		

EGAL NAME O			ns Enterprise Services					SYSTEM I 619
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) in the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Sive the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C term whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically processes k mark in the "S/D" column. on (the community to which the the community with which the	the system's he ystem's FM anten his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

/ counting i cito	d: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Consolidated Commu	nications	Enterprise	Services				61969
I	SUBSTITUTE CARRIAG				-	tion, that y	our cable sys	stem carried on a
Substitute	substitute basis during the a explanation of the programm	ning that mu	st be included	in this log, see page (v) of t				
Carriage: Special	1. SPECIAL STATEMEN	T CONCEF	RNING SUBS	TITUTE CARRIAGE				
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any nonr	network te	evision prog	Iram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this na	age blank. If your answer i	s "Yes " vou r	nust comr	lete the pro	
	-			ige blank. If your answer is	3 103, you i	nust comp		gram
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if	heir meanin	ais
	clear. If you need more spa							910
				vision program ("substitute	e program") tl	hat, during	the accoun	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	lis, with the i	month
			e substitute pr	ogram was carried by you	r cable syste	m List the	times accur	ately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a							rogram
	was substituted for program		your system w	as permitted to delete und		anu regu		
						0		
	effect on October 19, 1976					0		
			E PROGRAM	·		N SUBST	ITUTE	7. REASON FOR
				·		N SUBST	ITUTE	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	

Accounting Period:	2022/2 FORM SA	1-2E. PAGE 6.
Name		STEM ID#
	Consolidated Communications Enterprise Services	61969
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	,309.05
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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         \$ 416,309.05           2. Base amount under statutory formula         \$ 263,800.00	
	2. Base amount under statutory formula       \$ 263,800.00         3. Subtract line 2 from line 1       \$ 152,509.05	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	,844.09
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 2	,864.09
	EFT Trace # or TRANSACTION ID #	
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services	SYSTEM ID# 61969
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         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	10 198
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Julie Poon Telephone	916-786-1034
	Address 211 Lincoln Street (Number, street, rural route, apartment, or suite number) Roseville, CA 95678 (City, town, state, zip)	
	Email julie.poon@consolidated.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei 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)]</li> </ul>	system as identified vner of the cable system
	X       /s/Michael Shultz         Enter an electronic signature on the line above to certify this statement.         Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Michael Shultz Title: VP Regulatory & Public Policy (Title of official position held in corporation or partnership)	
	Date: 2/27/2023	

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 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 Office'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 fing, a determination that would be made by a court of law.

ounting Period: 2	2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID
nsolidated Co	ommunications Enterprise Services	61969
The Satellite H lowing sentenc "In dete service	<b>TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
made by satell	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
NO		
YES. Ente	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
-	olete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter t	he amount of late payment or underpayment	Interest Assessment
Line 2 Multipl	xy line 1 by the interest rate* and enter the sum here	
Line 3 Multipl	y line 2 by the number of days late and enter the sum here	
	y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	(interest charge) ne interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please ne Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is th	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number		
ID number		
First communit	y served	

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