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					
2/24/23	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@copyright.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 - PA	
	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	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the lames 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	IDENTIFICATION OF CABLE SYSTEM:	
	Consolidated Communications - TX	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 4008 Gibsonia Rd (Number, street, rural route, apartment, or suite number)	
	Gibsonia, PA 15044 (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 MANE OF CHANED OF CARLE OVCTEM.	FORM SA1-2E. PAGE SYSTEM I
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications - PA	629:
	Instructions: List each separate community served by the cable system. A "community" is the	
_	"a separate and distinct community or municipal entity (including unincorporated community	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se	
	as the "first community." Please use it as the first community on all future filings.	arve as a form or system mentineation herealist
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home particles.	arks should be reported in parentheses below the
Area	identified city.	rks snould be reported in parentileses and
Served	identinea city.	
	CITY OR TOWN	STATE
First	Allison Park	PA
Community	Baden	PA
	Bairford	PA
**		PA PA
Rows as Necessary		
	Butler	PA
	Cabot	PA
	Cheswick	PA
	Cranberry Township	PA
	Freeport	PA
	Gibsonia	PA
	Leechburg	PA
	Mars	PA
	Natrona Heights	PA
	New Kensington	PA
	Pittsburgh	PA
	Rural Ridge	PA
	Russellton	PA
	Sarver	PA
	Saxonburg	PA DA
	Schneley	PA
	Seven Fields	PA
	Sewieklwy	PA
	Tarentum	PA
	Valencia	PA
	Warrendale	PA
	Wexford	PA PA
	Wildwood	PA
		VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62993

### **Consolidated Communications - PA**

## E

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	3,503	36.75			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	131	36.75			
Converter					
Residential	6,089	5.99			
Non-residential	233	5.99			
					1

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable	31.56	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	11.89	Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	50.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter	5.99	Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62993

### **Consolidated Communications - PA**

PRIMARY TRANSMITTERS: TELEVISION

G

### Primary Transmitters: Television

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 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	2	N	Pittsburgh, PA
WTAE	4	N	Pittsburgh, PA
WPXI	11	N	Pittsburgh, PA
WQED PBS	13	E	Pittsburgh, PA
WQED-2 Create	13.2	E-M	Pittsburgh, PA
WQED	13.3	E-M	Pittsburgh, PA
WINP	16	l	Pittsburgh, PA
WPNT (WPMY)	22	l	Pittsburgh, PA
WPGH	53	l	Pittsburgh, PA
WPCW	19	l	Jeannette, PA
WPCB	40	I	Greenberg, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

62993

### **Consolidated Communications - PA**

### 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

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	id: 2022/2					FOI	RM SA1-2E. PAGE 5.		
7.000 untilig i ente	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:			101	SYSTEM ID#		
Name	Consolidated Commu	nications	- PA				62993		
					_				
	SUBSTITUTE CARRIAGI	_	_						
•	In General: In space I, ident substitute basis during the a								
Substitute	explanation of the programm	٠.		•					
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting per	iod, did you	ur cable syster	m carry, on a substitute ba	sis, any nonr	network te <u>levisi</u> on pro	gr <u>am</u>		
Program Log	broadcast by a distant sta	tion?				YES	X NO		
0 0	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	AMS						
	In General: List each subst				s wherever po	ossible, if their meani	ng is		
	clear. If you need more spa			I rows to the tables. vision program ("substitute	nrogram") tl	hat during the accou	ntina		
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	tetball. List specific progra	im uues, ioi e	example, Thove Lucy	/ OI		
	Column 2: If the progran	n was broa	,	er "Yes." Otherwise enter '					
				casting the substitute progr the community to which th		censed by the ECC of	r in		
	the case of Mexican or Car						1, 111		
	Column 5: Give the mor	nth and day		stem carried the substitute			month		
	first. Example: for May 7 giv		e substitute nr	ogram was carried by you	r cable systei	m. List the times accu	ırately		
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m."	"D" :f 4l	. I:-4I				ina al		
	to delete under FCC rules a			ກ was substituted for prog during the accounting perio					
	was substituted for progran								
	effect on October 19, 1976.								
					WHE	N SUBSTITUTE			
	SI	JBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR		
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
						<u> </u>			
						_			
						_			
						_			
						_			
						_			
						_			

Accounting Period:	<b>2022/2</b> FO	RM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications - PA	SYSTEM ID# 62993
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the t all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	ervice se 464,878.51
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	nt of gross receipts)
	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 \$263,800 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 this six-mo accounting period is \$52.00	onth
	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
	o. Interest charge. Enter the amount from line 4, space Q, page 0	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	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	79
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
		00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	3,329.79
	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)	79
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	00_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	3,349.79
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyri See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	-

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7					
Name		WNER OF CABLE SYSTEM: communications - PA	SYSTEM ID# 62993					
M Channels	to its subscriber  1. Enter the tota	u must give (1) the number of channels on which the cable syste, and (2) the cable system's total number of activated channels on umber of channels on which the cable selevision broadcast stations	during the accounting period.					
	on which the c	number of activated channels ble system carried television broadcast stations ast services	212					
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (I bout this statement of account.)	dentify an individual to whom					
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						
	Email	(City, town, state, zip)  julie.poon@consolidated.com	Fax (optional)					
	CERTIFICATION	This statement of account must be certified and signed in accor	dance with Copyright Office regulations)					
O Certification	• I, the undersign	d, hereby certify that (Check one, but only one, of the boxes.)						
	(Own	other than corporation or partnership) I am the owner of the c	able system as identified in line 1 of space B; or					
		of owner other than corporation or partnership) I am the duly ne 1 of space B and that the owner is not a corporation or partnership.						
		er or partner) I am an officer (if a corporation) or a partner (if a par ne 1 of space B.	rtnership) of the legal entity identified as owner of the cable system					
	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)]							
		X /s/Michael Shultz  Enter an electronic signature on the	•					
		Enter signature using an "/s/ signatu	re (e.g., /s/ John Smith)					
		Typed or printed name: Michael Shultz						
		Title: VP Regulatory & Public   (Title of official position held in corporation or partner)	-					
		Date:	2/28/2023					

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

solidated Communications - PA	62993
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	Special Statement Concerning Gross Receipts Exclusion
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?  NO	
YES. Enter the total here and list the satellite carrier(s) below. \$  Name Mailing Address  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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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 Accounting period  Accounting period	

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