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

for Secondary Transmissions by Cable Systems (Short Form) DATE RECEIVED AMOUNT collicion Biblic and For additional information. General instructions are located in the first tab of this workbook 10/9/23 \$ Collicion Biblic and ALLOCATION NUMBER For additional information. A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Image: Collicion Biblic and ALLOCATION NUMBER For additional information. 2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 B Seve the full legalation of the cover of the coller system. If the owner is a subaidary of another corporation, give the full corporate the of the subleman, not that of the owner of the subleman of the owner of the label system. Period 2 = July 1 - December 31 B Owner Instructions: Give the full legalation of the cover of the coller system. If the owner is a subaidary of another corporation, give the full corporate the of the subleman of the owner of the coller system. Period 2 = July 1 - December 31 Conceletated of the owner of the coller system. If the owner is a subaidary of another corporation. Period 2 = July 1 - December 31 Lit cary other name or names under which the owner on the last day of the accounting period should submit a single statement of account and or period (south the owner on the last day of the accounting period should submit a single statement of account an	STATEME	ΞΝΤ	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
Cable Systems (chort Form) 10/9/23 \$ For additional information, contract the U.S. Copyright at the first tab of this workbook A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) The (202) 707-9150 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) The (202) 707-9150 2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2023/1 Barcode Data Filing Period (optional - see instructions) Accounting Barcode Data Filing Period (optional - see instructions) Accounting Instructions: Give the full legislame of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate the of the scale system or and use used with the owner conducts the buintess of the active system. B Owner If there were different owners during the acounting period, only the owner on the last day of the accounting period should submit a single statement of account and royaly fee payment covering the entire accounting period. Observer LEGAL NAME OF OWNER OF CABLE SYSTEM Consolidated Communications are enterprise. States Mallino ADDRESS OF OWNER OF CABLE SYSTEM 2116 S 17th Street Mallino ADDRESS OF OWNER OF CABLE SYSTEM 2116 S 17th Street Mallino ADDRESS OF OWNER OF CABLE SYSTEM 2116 S 17th Street		-	-	DATE RECEIVED	AMOUNT	
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B 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. B 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. 62615 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 62615 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri Inc) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Consolidated Communications MatLing ADDRESS OF CABLE SYSTEM 2116 S 17th Street (Vamber, steet, rural route, spathment, or sulle number) Mattoon, IL 61338 City, run, state, 200 IDENTIFICATION OF CABLE SYSTEM: 1 Dentified and paperation of suble system: 2 (Number, street, rural route, spathment, or suble number)	-					
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Single statement of account and royalty fee payment covering the entire accounting period.	Owner		List any other name or names under which	h the owner conducts the business of	the cable system.	
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C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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: 2 NAILING ADDRESS OF CABLE SYSTEM:			Consolidated Communications			
Instruction				CABLE SYSTEM		
Image: Construction of the system in space B. Initial System Image: Construction of the system in space B. Initial System System 1 IDENTIFICATION OF CABLE SYSTEM: 1 Mailing address of cable system: 1 Mailing address of cable system: 2 (Number, street, rural route, apartment, or suite number)			(Number, street, rural route, apartment, or suite nu	imber)		
System names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B Image: System 1 Image: S						
1 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	С					
2 (Number, street, rural route, apartment, or suite number)	System	1	IDENTIFICATION OF CABLE SYSTEM:			
			MAILING ADDRESS OF CABLE SYSTEM:			
(Ctty, town, state, zjp code)		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Consolidated Communications Enterprise Services, Inc (fka: Exo	o 626
D	Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated cou- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 h identified city.	mmunities within unincorporated areas and including singlest will serve as a form of system identification hereafter known
Served		
	CITY OR TOWN	STATE
First Community	Kearney Platte City	MO MO
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM IC
Name	Consolidated Commun	ications En	terpris	e Services	, Inc (fk	a: Exop of I	Nissouri		6261
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	space E should	cover a	all categories o	f seconda	•			
<u> </u>	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						those exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar			0 / 3					
Rates	each category by counting the n		0	•••		•	•	s charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	counts allowed	for adva	ance payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			Ũ		•			
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of					aamilaa that an	- different i	fuere these	
	Block 2: If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.		-						
	BLO	OCK 1 NO. OF	.				BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		6	46.95		xpanded		60	85.9
	 Service to additional set(s) 				IPTV U	Itimate		80	95.9
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for ra					III your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	• •			lonou. Elot				
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-res					
	• Pay cable		• Mot	tel, hotel			Ultimat	e Movie Pack	45.0
	Pay cable—add'l channel		• Cor	nmercial			HBO D	igital Suite	17.0
	Fire protection		• Pay	/ cable				ax Digital Suite	12.0
	•Burglar protection		• Pay	/ cable-add'l cl	nannel		Starz/E	ncore Digital S	12.0
	Installation: Residential		• Fire	e protection			Showti	me/TMC Digital	15.0
	First set	50.00	• Bur	glar protection					
		50.00	Other s	services:					
	 Additional set(s) 					00.00			
	Additional set(s)FM radio (if separate rate)		• Rec	connect		30.00			
	. ,			connect connect		30.00			
	• FM radio (if separate rate)		• Diso • Out			30.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM			
Name			Inc / fkg: Exan of Missouri				
		Inications Enterprise Services	, Inc (tka: Exop of Missouri				
	PRIMARY TRANSMITTERS:						
G	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 i	n effect on June 24, 1981, permitting t	he carriage of certain network progr	ams [sections			
rimary smitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain sta	ations carried on a			
levision	Substitute Basis Stations	: With respect to any distant stations c	arried by your cable system on a su	bstitute program			
		ıles, regulations, or authorizations: e in space G—but do list it in space I (t	the Special Statement and Program	Log) if the			
	station was carried only on		ine openia otatement and ring.a				
		also in space I, if the station was carrie on concerning substitute basis stations.					
		n's call sign. <i>Do not</i> report origination					
		with a station according to its over-the	e-air designation. For example, rep	ort multistream			
	"WETA-2" as the same on t Column 2: Give the channed	the form. I number the FCC assigned to the tele	evision station for broadcasting over	the air in its community			
		RC is channel 4 in Washington, D.C.	 Company independent at the second seco	-			
		case whether the station is a network ring the letter "N" (for network), "N-M"					
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial educat				
		rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis		is licensed by the			
		dian stations, if any, give the name of t	5	,			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WDAF (FOX)	4	l	Kansas City, MO			
	KCTV (CBS)						
		5	N	Kansas City, MO			
vs as Necessary	KMCI (The Spot)	5	N	Kansas City, MO Kansas City, MO			
vs as Necessary			N I N				
vs as Necessary	KMCI (The Spot)	7	I	Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC)	7 9	I	Kansas City, MO Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC)	7 9 10	I N I	Kansas City, MO Kansas City, MO Kansas City, MO Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW)	7 9 10 12 13	I N I	Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW)	7 9 10 12 13	I N I	Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO			
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vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO Kansas City, MO			
vs as Necessary	KMCI (The Spot) KMBC (ABC) KSMO (MyNet) KSHB (NBC) KCWE (CW) KPXE (ION)	7 9 10 12 13 16	I N I I I I	Kansas City, MO Kansas City, MO			

EGAL NAME OF			YSTEM: IS Enterprise Services,	Inc (fka: Exc	op of Misso	ouri Inc	2)	SYSTEM ID 6261
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					Н
eceivable if (1)	it is carried by	y the sys	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s	t the system's he	adend, and (2) it can l	be expected,	Primary Transmitters: Radio
			pyright Office regulations on t					
	lentify the call		each station carried. n is AM or FM.					
ignal, indicate	this by placing	g a check	hal was electronically process mark in the "S/D" column.					
			on (the community to which the community with which the			C or, in t	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0				5,5		

Accounting Perio	od: 2023/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Consolidated Commu	nications	Enterprise	Services, Inc (fka: E	xop of Mis	souri Inc)	62615
Name J Substitute Carriage: Special Statement and Program Log	Consolidated Commu SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 gi	nications E: SPECI. tify every no accounting p ning that mu T CONCEI riod, did yo tion? b,", leave the e PROGRA titute progra ace, please of every no a distant state gulations, ries like "mu Bulls." m was broas sign of the adcast state indian state inth and day ve "5/7."	AL STATEME nnetwork televi- period, under sp ist be included RNING SUBS ur cable system e rest of this pa AMS am on a separ add additiona onnetwork televi- tion and that y or authorizatio povies" or "bask addcast live, ent station broadd ion's location (ons, if any, the y when your sy e substitute pr	ENT AND PROGRAM LC ision program, broadcast by becific present and former F in this log, see page (v) of f TITUTE CARRIAGE m carry, on a substitute ba age blank. If your answer i ate line. Use abbreviation I rows to the tables. vision program ("substitute our cable system substitute our cable system substitute see baall." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which the secommunity with which the stem carried the substitute ogram was carried by you	DG y a <i>distant</i> sta FCC rules, reg the general ins asis, any nonr s "Yes," you r s wherever po e program") th ted for the pro- neral instruct am titles, for e "No." ram. le station is lid e station is lid e program. Us r cable system	tion, that yo ulations, or structions in network tele must comp ossible, if ti nat, during ogramming ions for fur example, "I censed by entified). se numeral m. List the	authorization authorization the paper S evision prog YES lete the prog heir meaning the account of another a Love Lucy" the FCC or, ls, with the r times accura	62615 tem carried on a ns. For a further A1-2 form. ram x NO gram g is ing station tion. or in nonth
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that	ions in effect o your system w	as permitted to delete und	bd; enter the I der FCC rules WHE	etter "P" if and regula	the listed protections in	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCC 6. 1 FROM	IMES — TO	7. REASON FOR DELETION
		Tes of No	CALL SIGN	4. STATIONS LOCATION	AND DAT	FROM		
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Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri Inc)	S	STEM ID# 62615
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	5,218.85 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.06
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.06
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. 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	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)	52.06	
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	\$	67.06
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri Inc)	SYSTEM ID# 62615
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 . and nonbroadcast services .	9 107
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		916-786-1034
	Address 214 Vernon 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	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	 (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 (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. 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)] 	vner of the cable system
	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: Mike Shultz Title: Vice President Legislative and Regulatory (Title of official position held in corporation or partnership)	
	Date: 10/9/2023	

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.

EGAL NAME OF OWNER OF CABLE SYSTEM: Some of Communications Enterprise Services, Inc (fka: Exop of Missouri In) 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 transmisters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Mo Type: Yes. Enter the total here and list the satellite carrier(s) below. \$ Name Maling Address Maling Address Maling Address Maling Address Maling Address Mo Second the source to those royally 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.	SYSTEM 620 P Special Statemen Concerning Gros Receipts Exclusion
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	0
	Q
Line 1 Enter the amount of late payment or underpayment	2.00 Interest Assessme
).52
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	1.32
Line 4 Multiply line 3 by 0.00274** and enter here	
	0.06
* 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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