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						
2/27/2024	\$ 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 Enterprise Services, Inc							
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:							
	_ '	Consolidated Communications Enterprise Services, Inc							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	2116 S. 17th Street (Number, street, rural route, apartment, or suite number)							
		Mattoon, IL 61938-3987							
		(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 NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM I
Name		0626
	Consolidated Communications Enterprise Services, Inc Instructions: List each separate community served by the cable system. A "community" is the	
_	separate and distinct community or municipal entity (including unincorporated communities	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a fi	
	community." Please use it as the first community on all future filings.	orm or system rachimeation hereafter known as the
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home par	ks should be reported in parentheses below the identi
Area	city.	p
Served		
	CITY OR TOWN	STATE
First	Mattoon	IL
Community	Arcola	IL
	Hindsboro	IL
Rows as Necessary	Ashmore	IL
,	Charleston	ΪĹ
	Humboldt	iL
	Oakland	. <u>-</u> II
	Sigel	iL
	Lerna	<u></u> II
	Effingham	) <u>.                                    </u>
	Strasburg	. <u>.                                   </u>
	Arthur	II
		! <b>∟</b> !!
	Gays	IL II
	Windsor	L
	Assumption	IL II
	Atwood	IL "
	Shelbyville	IL ::
	Tower Hill	IL 
	Westervelt	IL.
	Cowden	IL
	Stewardson	IL
	Blue Mound	IL
	Bulpitt	IL
	Edinburg	IL
	Kincaid	IL
	Morrisonville	IL
	Mount Auburn	IL
	Moweaqua	IL
	Owaneco	IL
	Palmer	IL
	Pana	IL
	Stonington	IL
	Taylorville	ïL
	Tovey	ii
	Butler	. <u>.                                   </u>
	Coalton	II
	Farmersville	! <b>-</b>
		IL II
	Hillsboro	IL II
	Irving	IL II
	Litchfield	IL 
	Nokomis	IL 
	Raymond	IL.
	Taylor Springs	IL :-
	Witt	IL

Accounting Period: 2023/2
FORM SA1-2E, PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 062696

## Consolidated Communications Enterprise Services, Inc

# 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.

BLO	OCK 1	BLOCK 2	
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	3,692	19.95	
Service to additional set(s)			
• FM radio (if separate rate)			
Motel, hotel			
Commercial	152	19.95	
Converter			
Residential	8,551	5.99	
Non-residential	249	5.99	
		T	

# 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	39.95	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>	14.95	Commercial		
Fire protection		• Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	50.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter	5.99	Disconnect		
		Outlet relocation		
		Move to new address		

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

SYSTEM ID# 062696

4. LOCATION OF STATION

### Consolidated Communications Enterprise Services, Inc

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.

2. B'CAST CHANNEL NUMBER

**WCIX** 49.1 Springfield, IL WEIU 51.1 Ε Charleston, IL WRSP Springfield, IL 55.1 Т WRSP-2 55.2 I-M Springfield, IL KTVI 2.1 St. Luis MO ı KTVI-2 2.2 I-M St. Luis MO **KMOV** 4.1 Ν Springfield, IL **KSDK** 5.1 Ν St. Luis MO **KETC** 9.1 Е Champaign, II **KPLR** 11.1 Τ St. Luis MO **KPLR-2** 11.2 I-M St. Luis MO **WICS** 20.1 Ν Springfield, IL **KDNL** 30.1 Ν St. Luis MO **WRBU** 46.1 Т St. Luis MO WRBU 46.1 ī St. Luis MO

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## Consolidated Communications Enterprise Services, Inc

062696

#### 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).

			T	1	T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<del> </del> -					
		L					
							<u> </u>

Accounting Perio	d· 2023/2					FOF	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF  Consolidated Commu			Services, Inc			SYSTEM ID# 062696		
ı	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a	E: SPECIA	L STATEMEN	T AND PROGRAM LOG	a <i>distant</i> statio		n carried on a		
Substitute	explanation of the programm								
Carriage: Special	1. SPECIAL STATEMEN								
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonnet				
Program Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976					N SUBSTITUTE	7. DEACON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED  6. TIMES	7. REASON FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
						_			
						_			
		<b></b>							

Accounting Period:	2023/2		FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services, Inc		SYSTEM ID: 062696
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of the 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	n's secondary transn now to compute this a	nission service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but le  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le  See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	ss than \$527,600	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 t accounting period is \$52.00		
	Line 1. Royalty fee for accounting period		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1:	and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b)		
	Base amount under statutory formula	263,800.00	,
	2. Enter amount of gross receipts from space K	•	=
	3. Subtract line 2 from line 1		-
	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	3	·
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$527	,600)
	Enter the amount of gross receipts from space K	418,455.98	
	2. Base amount under statutory formula \$	263,800.00	-
	3. Subtract line 2 from line 1	154,655.98	-
	4. Multiply line 3 by .01	•	- 1,546.56
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<del></del>	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, ar		
	FILING FEE AND TOTAL REMITTANCE DUE		
	TIENNOT EE AND TOTAL REMITTANCE DOL		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,865.56
Due	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		\$ 2,885.56
	EFT Trace # or TRANSACTION ID #		]
	Important: Your remittance must be in the form of an electronic payment pour See page i of the general instructions in the paper SA1-2 form and the Excel		

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.					
Name		WNER OF CABLE SYSTEM: Communications Enterpri	se Services, Inc		SYSTEM ID# 062696					
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.									
	Enter the tota     system carrie	14								
	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.  216									
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou	HER INFORMATION IS NEEDED (Iden	ntify an individual to whom						
for Further	Name	Julie Poon		Telephone	916-786-1034					
Information	Address	214 Vernon St								
	Address	(Number, street, rural route, aparti	nent, or suite number)							
		Roseville, CA 95678 (City, town, state, zip)								
	Email	julie.poon@con	solidated.com	Fax (optional						
	CERTIFICATION (	This statement of account m	ust be certified and signed in accordan	ce with Copyright Office regulations)						
O Certification			ne, <i>but only one</i> , of the boxes.)	·····						
	(Owne	r other than corporation or p	artnership) I am the owner of the cable	system as identified in line 1 of space E	3; or					
			tion or partnership) I am the duly author e owner is not a corporation or partnersh		ystem as identified					
		er or partner) I am an officer (in line 1 of space B.	f a corporation) or a partner (if a partner	ship) of the legal entity identified as owr	ner of the cable system					
		te, and correct to the best of m	nereby declare under penalty of law that y knowledge, information, and belief, and							
	l		X /s/Michael Shultz							
			Enter an electronic signature on the line Enter signature using an "/s/ signature" (							
		Typed or printed	name: Michael Shultz							
		Title:	VP Regulatory & Public Pol							
		Date:		2/27/2024						

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FORM SA1-2E. PAGE 8 Accounting Period: 2023/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 062696 **Consolidated Communications Enterprise Services, Inc** 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 sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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? NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . . . \$ 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 Line 2 Multiply line 1 by the interest rate\* and enter the sum here . . . . . . . . . . 0 days 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 . . . . . . (interest charge) \* 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@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

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