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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	62991
		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 unlist 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:	
		Consolidated Communications - TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	350 S Loop 336 West (Number, street, rural route, apartment, or suite number)	
		Conroe, TX 77304 (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. PAG SYSTEM
Name	Consolidated Communications Enterprise Services, Inc	
		m. A "community" is the same as a "community unit" as defined in FCC rules: "a
_		orporated communities within unincorporated areas and including single, discr
D		t you list will serve as a form of system identification hereafter known as the "f
	community." Please use it as the first community on all future filings.	
		ms, or mobile home parks should be reported in parentheses below the identi
Area	city.	
Served		
	CITY OR TOWN	STATE
First	CONROE	TX
Community	MONTGOMERY	TX
	DOBBIN	TX
Rows as Necessary	PLANTERSVILLE	TX
,	SPRING	TX
	EGYPT	TX
	BEASLEY	ТХ
	BROOKSHIRE	TX
	DAMON	TX
	CYPRESS	TX
	GUY	TX
	NEEDVILLE	TX
	RICHMOND	TX
	ROSENBURG	TX
	WALLER	TX
	KATY	TX
	IVALI	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

62991

F

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Consolidated Communications Enterprise Services, Inc.

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	3,368	36.75			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	242	36.75			
Converter					
Residential	5,206	5.99			
Non-residential	457	5.99			
		T		T	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 RAT	E
Continuing Services:		Installation: Non-residential			
Pay cable	29.99	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	8.00	Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		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# 62991

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

**KPRC** 2.1 Ν HOUSTON, TX **KIAH** 39 ī HOUSTON, TX KTXH ı 20 HOUSTON, TX **KZJL** 61 Т HOUSTON, TX **KUBE** ı **BAYTOWN, TX** 57 KYAZ 51 Т KATY, TX **KUHT** 8 Ε HOUSTON, TX **KRIV** 26 ı HOUSTON, TX **KETH** 14 ı HOUSTON, TX **KHOU** 11 Ν HOUSTON, TX **KPXB** 49 ī CONROE, TX **KTRK** 13 Ν HOUSTON, TX **KXLN** 45 Ν **ROSENBERG, TX KTMD** 48 Ν HOUSTON, TX **KFTH** 67 ī HOUSTON, TX

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Consolidated Communications Enterprise Services, Inc

62991

#### 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>

nd: 2023/2					FO	RM SA1-2E. PAGE 5.		
LEGAL NAME OF OWNER OF			Services, Inc			SYSTEM ID# 62991		
SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 ft  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  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 statio 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						m X NO am is g ation on. r		
Column 7: Enter the let to delete under FCC rules was substituted for prograt effect on October 19, 1976	ter "R" if the and regulati mming that y	ons in effect du vour system wa	ring the accounting period is permitted to delete unde	; enter the letter FCC rules a	ter "P" if the listed proc and regulations in N SUBSTITUTE			
	SUBSTITUTE CARRIAGING General: In space I, identically substitute basis during the aexplanation of the programm 1. SPECIAL STATEMEN.  • During the accounting perported broadcast by a distant state of the programm 1. SPECIAL STATEMEN.  • During the accounting perported broadcast by a distant state of the programm 1. Give the title period, was broadcast by a under certain FCC rules, redumn 1. Give the title period, was broadcast by a under certain FCC rules, redumn 2. If the program Column 3. Give the call Column 4. Give the broadcast of Mexican or Calumn 5. Give the mofirst. Example: for May 7 gincolumn 6. State the time to the nearest five minutes stated as "6:00–6:30 p.m."  Column 7. Enter the let to delete under FCC rules was substituted for programe effect on October 19, 1976	Consolidated Communications  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus  1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant stat under certain FCC rules, regulations, of Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the se Column 4: Give the broadcast static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	Consolidated Communications Enterprise S  SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in  1. SPECIAL STATEMENT CONCERNING SUBSTI During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this paging in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separaclear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televity period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your systinst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto the nearest five minutes. Example: a program carristated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	Consolidated Communications Enterprise Services, Inc  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a substitute basis during the accounting period, under specific present and former FC explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute bas broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the gen-Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "N 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 the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01: stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for progration delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete under effect on October 19, 1976.	Consolidated Communications Enterprise Services, Inc  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant statio substitute basis during the accounting period, under specific present and former FCC rules, regule explanation of the programming that must be included in this log, see page (v) of the general instru.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnet broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you mulog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever postear. 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 period, was broadcast by a distant station and that your cable system substituted for the program (and certain FCC rules, regulations, or authorizations. See page (v) of the general instruction Do not use general categories like "movies" or "basketball." List specific program titles, for ex: "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 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7."  Column 5: Give the month and day when your system carried by your cable system. to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:2 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 permitted to delete under FCC rules a effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services, Inc  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prograte broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progration block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning it 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 stunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" o "NBA Basketball: 76ers vs. Bulls."  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 location by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is location by the them of the state of the state of the s		

Accounting Period:	2023/2			FORM	SA1-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services, Inc				SYSTEM ID 6299		
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	system's son of how	secondary transm to compute this a	nission service amount, see			
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less t	han \$527,600	263,800			
	BLOCK 1: GROSS RECEIPTS OF \$137 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00			his six-month			
	Line 1. Royalty fee for accounting period				0.00		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				0.00		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	nore than \$137,1	100)			
	Base amount under statutory formula	\$	263,800.00				
	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						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263						
	BEGGR G. GROOCHEGER TO OF MORE THAN \$250	5,000 (bu	t less than ψ527	,000)			
	Enter the amount of gross receipts from space K	\$	513,882.94	•			
	Base amount under statutory formula	\$	263,800.00	<u>.</u>			
	3. Subtract line 2 from line 1	\$	250,082.94	<u>.</u>			
	4. Multiply line 3 by .01		\$	2,500.83			
	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		\$	3,819.83		
	FILING FEE AND TOTAL REMITTANCE DU	E					
Filler Freeze							
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,819.83			
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,839.83		
	EFT Trace # or TRANSACTION ID #						
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the						

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.					
Name		WNER OF CABLE SYSTEM: communications Enterpris	se Services, Inc		SYSTEM ID# 62991					
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	15								
	•	system carried television broadcast stations								
	on which the	I number of activated channe cable system carried televisio dcast services			212					
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (Identify an int.)	individual to whom						
for Further	Name	Julie Poon		Telephone	916-786-1034					
Information		244 Lincoln Street								
	Address	211 Lincoln Street (Number, street, rural route, apartr	ment, or suite number)							
		Roseville, CA 95678 (City, town, state, zip)								
	Email	julie.poon@con	isolidated.com	Fax (optional						
	CERTIFICATION (	This statement of account mu	ust be certified and signed in accordance with	Copyright Office regulations)						
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, but only one, 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									
			ation or partnership) I am the duly authorized a e owner is not a corporation or partnership; or	gent of the owner of the cable s	system as identified					
		e <b>r or partner)</b> I am an officer (i in line 1 of space B.	if a corporation) or a partner (if a partnership) of	the legal entity identified as own	ner 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)]									
	l		X /s/Michael Shultz		-					
			Enter an electronic signature on the line above t Enter signature using an "/s/ signature" (e.g., /s							
		Typed or printed	name: Michael Shultz							
		Title:	VP Regulatory & Public Policy tle of official position held in corporation or partnership)							
		Date:	- Solpedan S. pattering)	2/27/2024						

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 fling, a determination that would be made by a court of law.

FORM SA1-2E. PAGE 8 Accounting Period: 2023/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62991 **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? X 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 . . . . . . \* 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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