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							
2/28/24	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting	
Period	
	Instructions:
В	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.
_	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.  63886
	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)
	Consolidated Communications
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	2116 S 17th Street
	(Number, street, rural route, apartment, or suite number)
	Mattoon, IL 61938 (City, town, state, zip)
С	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	IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	IMAILING ADDRESS OF CADLE STOTEM.
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)
1	

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.

	T	FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	Consolidated Communications Enterprise Services, Ir	
		m. A "community" is the same as a "community unit" as defined in FCC rule
D		ncorporated communities within unincorporated areas and including single
		unity that you list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all f	
Area		ims, or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Portland	ME
Community	Bangor	ME
	Presque Isle	ME
		VT
Rows as Necessary	Burlington	
	Manchester	NH
	000000000000000000000000000000000000000	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63886

## Consolidated Communications Enterprise Services, Inc

# Ε

### 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>	63	69.44	IPTV Expanded	64	85.95	
<ul> <li>Service to additional set(s)</li> </ul>			IPTV Ultimate	96	95.95	
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

# 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		Motel, hotel		IPTV	52.99
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	na	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63886

### Consolidated Communications Enterprise Services, Inc

G

Primary Transmitters: Television 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
WMTW (ABC)	2	N	Portland, ME
WGME (CBS)	3	N	Portland, ME
WPFO (FOX)	4	<u> </u>	Portland, ME
WCSH (NBC)	5	N	Portland, ME
WPXT (CW)	21	<u>l</u>	Portland, ME
WIPL (ION)	23	<u>l</u>	Portland, ME
WCBB (PBS)	25	E	Portland, ME
WVII (ABC)	2	N	Bangor, ME
WABI (CBS)	3	N	Bangor, ME
WFVX (FOX)	4	<u>l</u>	Bangor, ME
WLBZ (NBC)	5	N	Bangor, ME
WABI (CW)	21	<u>l</u>	Bangor, ME
WLBZ (ION)	23	<u>l</u>	Bangor, ME
WMEB (PBS)	25	E	Bangor, ME
WAGM (CBS)	3	N	Presque Isle, ME
WAGM (FOX)	4	<u>l</u>	Presque Isle, ME
WAGM (CW)	21	<u> </u>	Presque Isle, ME
WMEM (PBS)	25	E	Presque Isle, ME
WVNY (ABC)	2	N	Burlington, VT
WCAX (CBS)	3	N	Burlington, VT
WFFF (FOX)	4	<u> </u>	Burlington, VT
WCAX (ION)	23	<u> </u>	Burlington, VT
WETK (PBS)	25	E	Colchester, VT
WCVB (ABC)	2	N	Boston, MA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63886

## Consolidated Communications Enterprise Services, Inc

G

Primary Transmitters: Television 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBZ (CBS)	3	N	Boston, MA
WFXT (FOX)	4	I	Boston, MA
WBTS (NBC)	5	N	Boston, MA
WLM (CW)	21	I	Boston, MA
WBPX (ION)	23	I	Boston, MA
WGBH (PBS)	25	E	Boston, MA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## Consolidated Communications Enterprise Services, Inc

63886

### 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).

CALL CLOS	AM 67 EM	C/D	LOCATION OF STATION	CALL CICE	ΛM 6 " ΓΝ4	C/D	LOCATION OF STATION
CALL SIGN	AW OF FM	5/0	LOCATION OF STATION	CALL SIGN	AW OF FM	5/D	LOCATION OF STATION
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od: 2023/2						FOR	M SA1-2E. PAGE 5.
LEGAL NAME OF OWNER OF			_				SYSTEM ID#
Consolidated Communications Enterprise Services, Inc							63886
In General: In space I, iden substitute basis during the explanation of the programm  1. SPECIAL STATEMEN  • During the accounting per broadcast by a distant state.	atify every no accounting pring that multiple that multipl	nnetwork telev period, under sj list be included RNING SUBS ur cable syste	rision program, broadcast by pecific present and former F in this log, see page (v) of the STITUTE CARRIAGE m carry, on a substitute ba	a distant sta CC rules, reg he general ins	ulations, c structions network te	or authorization in the paper selevision prog	ons. For a further SA1-2 form.  gram  X  NO
In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r. Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 4: Give the cal Column 5: Give the mothe case of Mexican or Ca Column 5: Give the mother. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the left	stitute prograce, please of every not a distant state egulations, viries like "mo. Bulls." im was broad a sign of the badcast statination and day ive "5/7." nes when the Example:	am on a sepan add additional add additional connetwork teletion and that your authorization ovies" or "bask addast live, entitation broad on's location (ons, if any, they when your sy e substitute pra program car	al rows to the tables. evision program ("substitute vour cable system substitute vour cable system substitute vour cable system substitute vos. See page (v) of the generater "Yes." Otherwise enter decasting the substitute program the community to which the community with which the votem carried the substitute vogram was carried by your ried by a system from 6:01 m was substituted for program	e program") the for the program titles, for e "No." ram. e station is lide program. Use program. Trans. c station is ide program. Use program. Trans. c station is ide program. Trans. c station is ide program. Trans.	hat, during ogrammin ions for fuexample, decensed by entified). see numerous m. List the ci28:30 p.0	g the accour ig of another irther inform. "I Love Lucy" the FCC or als, with the etimes accu m. should be	ating station ation. or in in month rately
was substituted for progra effect on October 19, 1976	mming that S.  SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	vas permitted to delete und	WHE CARRI. 5. MONTH	N SUBSTAGE OC	Ilations in  ITUTE  CURRED  TIMES	7. REASON FOR DELETION
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the program  1. SPECIAL STATEMEN During the accounting per broadcast by a distant state Note: If your answer is "Noted in block 2.  2. LOG OF SUBSTITUT In General: List each substitute period, was broadcast by a under certain FCC rules, in Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the cal Column 4: Give the brothe case of Mexican or Ca Column 5: Give the modifirst. Example: for May 7 g Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the left to delete under FCC rules was substituted for prograeffect on October 19, 1976	SUBSTITUTE CARRIAGE: SPECIAIN General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mut.  1. SPECIAL STATEMENT CONCEIDED 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 PROGRAIN General: List each substitute progrelear. If you need more space, please Column 1: Give the title of every not period, was broadcast by a distant state under certain FCC rules, regulations, Do not use general categories like "me" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statist 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: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under sexplanation of the programming that must be included  1. SPECIAL STATEMENT CONCERNING SUBS During the accounting period, did your cable systee broadcast by a distant station?  Note: If your answer is "No", leave the rest of this period in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a sepant clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "base "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadd 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 systems. Example: for May 7 give "5/7."  Column 6: State the times when the substitute put to the nearest five minutes. Example: a program can stated 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 of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of t  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 substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute progra Column 4: Give the broadcast station's location (the community to which 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 you to the nearest five minutes. Example: a program carried by a system from 6:0' stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting perio was substituted for programming that your system was permitted to delete under effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. During the accounting period, did your cable system carry, on a substitute basis, any nonr broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever proclear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for e "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. Uffirst. Example: for May 7 give "57."  Column 6: State the times when the substitute program was 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 stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the I was substituted for programming that your system was permitted to delete	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, or explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to 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 com log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if 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, durin, period, was broadcast by a distant station and that your cable system substituted for the programmir under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fu Do not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls."  **Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 4: Give the broadcast station's location (the community to which the station is licensed by 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 numer 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 to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming t	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 sy substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatic explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper of the program ing that must be included in this log, see page (v) of the general instructions in the paper of the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program of the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program of an accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program of substitute program or a separate line. Use abbreviations wherever possible, if their meanir 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 account period, was broadcast by a distant station and that your cable system substituted program") that, during the account period, was broadcast by a distant station and that your cable system substituted program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "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. Use numerals, with the first. Example: for May 7 give "517."  Column 6: State the times when the substitute program was carr

	2023/2	CVCTEMI							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services, Inc	SYSTEM I							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	\$ 308,264.47 (Amount of gross receipts)							
L Copyright	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.	(Amount of gloss receipts)							
Royalty Fee	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$100.</li> <li>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.</li> </ul>	\$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 fo accounting period is \$52.00	r this six-mon							
	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	··· <u> </u>							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)							
	1. Base amount under statutory formula	_							
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1	_							
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)							
	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	- 444.64							
	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	1,763.64							
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and	4. Paught Fee Poughle for Associating Paried (form Plant 4.0 and 1.1)	1 762 64							
Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,763.64							
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	\$ 1,783.64							
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more informa								

Accounting Period:	2023/2						FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF Consolidated Commu		ise Servi	rices, Inc			SYSTEM ID: 6388
M Channels	CHANNELS Instructions: You must to its subscribers, and (2  1. Enter the total number system carried television	) the cable system's to	total numb	ber of activated	channels during the		6
	Enter the total number     on which the cable syst     and nonbroadcast servi	tem carried television	broadcas				248
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about this			ORMATION IS N	IEEDED (Identify an	individual to whom	
for Further Information		Poon /ernon St.				Telephone	916-786-1034
	(Numbe	r, street, rural route, apartr eville, CA 95678 wn, state, zip)		uite number)			
	Email	julie.poon@con	nsolidate	ed.com		Fax (optional)	
O Certification	Owner other f  (Agent of own in line 1 of s  X (Officer or pa in line 1 of s	oy certify that (Check of than corporation or p er other than corpora space B and that the o rtner) I am an officer ( space B.	partnersh ation or powner is n	nly one, of the boning) I am the own partnership) I am not a corporation or a partnership) or a partnership.	oxes.)  The record of the cable system  The duly authorized or partnership; or  The record of the partnership) of	th Copyright Office regulations)  m as identified in line 1 of space agent of the owner of the cable of the legal entity identified as over	system as identified vner of the cable system
	I have examined the stat are true, complete, and co [18 U.S.C., Section 1001()]	orrect to the best of my	y knowled			atements of fact contained herei nade in good faith.	n
						to certify this statement. s/ John Smith)	
		Typed or printed	d name:	Mike Shul	ltz		
		Title: (Title of of		President Le	egislative and F	Regulatory	
		Date:				2/28/2023	

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

Accounting Period: 2023/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63886 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 fol-"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** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** 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** 1% **0** days Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . 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@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

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 th 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.

Address

ID number

First community served Accounting period