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						
08/28/2020	\$ 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

_	ı	
A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/1 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.
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 (fka: Exop of Missouri Inc)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Consolidated Communications
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		121 S 17th Street (Number, street, rural route, apartment, or suite number)
		Mattoon, IL 61938
		(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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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.

		FORM SA1-2E. PAGE
Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IC
Name	Consolidated Communications Enterprise Services, Inc (fk	a: Exop 6261
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future to Note: Entities and properties such as hotels, apartments, condominiums, or	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter know filings.
Area Served	identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Kearney	MO
ommunity	Platte City	MO
ows as Necessary		

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 62615

Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2						
	NO. OF			NO. OF					
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE				
Residential:									
Service to first set	10	43.95	IPTV Expanded	90	82.95				
 Service to additional set(s) 			IPTV Ultimate	164	92.95				
• FM radio (if separate rate)									
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		Ultimate Movie Pack	45.00
 Pay cable—add'l channel 		Commercial		HBO Digital Suite	17.00
Fire protection		• Pay cable		Cinemax Digital Suite	12.00
Burglar protection		Pay cable-add'l channel		Starz/Encore Digital S	12.00
Installation: Residential		Fire protection		Showtime/TMC Digital	15.00
• First set	50.00	Burglar protection			
 Additional set(s) 	50.00	Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	50.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 62615

Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri II

G

Primary Transmitters: Television

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

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WDAF (FOX)	4	<u> </u>	Kansas City, MO
KCTV (CBS)	5	N	Kansas City, MO
KMCI (The Spot)	7	<u>l</u>	Kansas City, MO
KMBC (ABC)	9	N	Kansas City, MO
KSMO (MyNet)	10	<u> </u>	Kansas City, MO
KSHB (NBC)	12	N	Kansas City, MO
KCWE (CW)	13	<u> </u>	Kansas City, MO
KPXE (ION)	16	<u>l</u>	Kansas City, MO
KCPT (PBS)	19	E	Kansas City, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri Inc)

62615

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 SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
3				5 5. 5. 5. 1		_,_	
							

Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1 01	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Consolidated Commu			Services, Inc (fka: Ex	cop of Mis	souri In	c)	62615
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G			
ı	In General: In space I, iden	_	-			tion that	our cable sv	stem carried on a
_	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of the	ne general ins	structions	in the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did yo	ur cable systei	m carry, on a substitute ba	sis, any nonr	network te	elevision pro	gr <u>am</u>
Program Log	broadcast by a distant sta	ition?					YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the pro	gram
	log in block 2.	E DDOOD	1 M C					
	2. LOG OF SUBSTITUT			rate line. I lse abbreviations	: wherever n	neeihla if	their meanin	n ie
	clear. If you need more spa				wilelevel p	ossibie, ii	tileli illealiii	ly 13
				vision program ("substitute	program") tl	hat, durin	g the accoun	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	m titles, for e	example,	"I Love Lucy	or
			dcast live. ent	er "Yes." Otherwise enter "	No."			
				casting the substitute progr				
	Column 4: Give the bro	adcast stati	on's location (the community to which the	e station is li	censed by	the FCC or	, in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	program. U	se numer	als, with the	month
	first. Example: for May 7 gi		e cubetitute pr	ogram was carried by you	cable evete	m lietth	a times accur	rately
	to the nearest five minutes							
	stated as "6:00-6:30 p.m."	. Lampio.	a program oar	nod by a dyolom nom o.o i	. 10 p to 0	20.00 р.	iii. Gilodid bo	
		ter "R" if the	e listed progran	n was substituted for progr	ramming that	your sys	tem was <i>req</i>	uired
	to delete under FCC rules							rogram
	was substituted for prograr	•	your system w	as permitted to delete und	er FCC rules	and regu	ulations in	
	effect on October 19, 1976							
					WHE	N SUBS	TITUTE	
	S	UBSTITUT	E PROGRAM	1		_	CURRED	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
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					erprise Se	ervices,	Inc (fka:	Exop of	f Missouri	i Inc)		SYSTEM 626
all amo (as ide page (v	ctions: The ounts (gro ntified in a vii) of the	ne figure yo ss receipts) space E) du general ins) paid to y uring the tructions	your cab accounti located	ole system ing period. in the pape	by subsci For a fur er SA1-2	ibers for th ther explant form.	e system's ation of ho	secondary	transmi	ission servi	ce
du	iring the a	accounting p	period									176,568.67 of gross receipts)
Instruction Complete Use blood Use blood Use blood Use blood	ons: To dete block ock 1 if the ock 2 if the ock 3 if the	compute the 1, block 2, e amount o e amount o e amount o	e royalty f or block of gross re of gross re of gross re	3. eceipts in eceipts in eceipts in	n space Ki n space Ki n space Ki	s more the	ıan \$137,10 ıan \$263,80	00 but less	than \$527,6		263,800	
				BLOCK	1: GROS	S RECEI	PTS OF \$	137,100 O	R LESS			
			em with g	jross rec	eipts of \$13	37,100 or	less, the roy	alty fee tha	at you must p	pay for t	this six-mon	İ
Line 1.	Royalty fe	ee for accou	ınting per	riod								
Line 2.	Interest c	harge. Ente	er the am	ount fron	n line 4, spa	ace Q, pa	ge 8					0.00
Line 3.	TOTAL R	OYALTY F	EE PAY	ABLE FO	OR ACCOU	NTING P	ERIOD Add	d lines 1 an	d 2		•	
		BLO	CK 2: GF	ROSS R	RECEIPTS	OF \$263	3,800 OR L	ESS (but	more than	\$137,1	00)	
1. Base	e amount	under statut	ory formu	лlа				\$	263,80	00.00		
2. Ente	r amount	of gross rec	eipts fron	n space l	K			\$	176,56	68.67		
3. Subt	ract line 2	from line 1						\$	87,23	31.33		
4. Ente	r the amo	unt of gross	receipts	from spa	ace K				\$	1	76,568.67	<u>7_</u>
5. Ente	r the amo	unt from line	∍3						\$		87,231.33	3_
6. Subt	ract line 5	from line 4							\$		89,337.34	<u>1</u>
7. Multi	iply line 6	by .005 (enf	ter figure	here)							\$	446.69
8. Inter	est charge	e. Enter the	amount	from line	4, space C), page 8						0.00
9. TOT .	AL ROYA	LTY FEE P	AYABLE	E FOR A	CCOUNTIN	IG PERIC	D. Add line	s 7 and 8 .			\$	446.69
		BLOC	K 3: GR	OSS RE	CEIPTS (OF MOR	E THAN \$2	263,800 (b	ut less thar	n \$527,	600)	
1. Ente	r the amo	unt of gross	receipts	from spa	ace K			<u></u>				
2. Base	e amount	under statut	ory formu	ula				\$	263,80	00.00		
		-									1.319.00)
	_											<u>-</u>
			FILIN	NG FFF	AND TOT	AI REM	ITTANCE	OHE		•		
			I ILII	TOTEL	AND TOT	AL INLIVI	TITITUL	JOL				
1. Roya	alty Fee P	ayable for A	ccountin	g Period	(from Block	< 1, 2, or 3	3, above)		\$		446.69	<u>) </u>
	g Fee (Se	e the instruc	tions for	more infe	ormation or	n filing fee	calculation	s)	\$		20.00	<u>)</u>
3. TOT	AL AMOU	JNT DUE F	OR ACC	OUNTIN	G PERIOD	Add line	es 2 and 3				\$	466.69
1												-
	Consileration of the consilera	GROSS RECE Instructions: The all amounts (gro (as identified in page (vii) of the Gross receil during the at IMPORTANT: Y COPYRIGHT RO Instructions: To complete block 1 if the Use block 3 if the Use block 1 if the Use block 1 if the Use block 3 if the Use block 1 if the Use block 1 if the Use block 2 if the Use block 2 if the Use block 1 if the Use block 1 if the Use block 1 if the Use block 2 if the Use block 3 if the Use block 1 if the Use block 3 if the Use block 4 if the Use block 4 if the Use block 5 if the Use block 1 if the Use block 5 if the Use 5 if the Us	GROSS RECEIPTS Instructions: The figure yo all amounts (gross receipts' (as identified in space E) du page (vii) of the general ins Gross receipts from su during the accounting page (viii) of the general ins Gross receipts from su during the accounting page (viii) of the general ins Gross receipts from su during the accounting page (viii) of the general ins COPYRIGHT ROYALTY FE Instructions: To compute the Complete block 1, block 2, Use block 1 if the amount of Use block 3 if the amount of Use block 3 if the amount of See page (viii) of the general ins Instructions: As a cable syste accounting period is \$52.00 Line 1. Royalty fee for accounting period is \$52.00 Line 2. Interest charge. Enter Line 3. TOTAL ROYALTY FINDED FOR The Section of the S	GROSS RECEIPTS Instructions: The figure you give in all amounts (gross receipts) paid to (as identified in space E) during the page (vii) of the general instructions Gross receipts from subscribers during the accounting period. IMPORTANT: You must complete a COPYRIGHT ROYALTY FEE Instructions: To compute the royalty of Complete block 1, block 2, or block 1. Use block 1 if the amount of gross receipts block 2 if the amount of gross receipts block 3 if the amount of gross receipts of the general instructions. Instructions: As a cable system with graceounting period is \$52.00 Line 1. Royalty fee for accounting period is \$52.00 Line 2. Interest charge. Enter the amount of gross receipts of the general instructions accounting period is \$52.00 Line 3. TOTAL ROYALTY FEE PAYABLE of the amount of gross receipts from 3. Subtract line 2 from line 1	GROSS RECEIPTS Instructions: The figure you give in this spa all amounts (gross receipts) paid to your cab (as identified in space E) during the account page (vii) of the general instructions located Gross receipts from subscribers for sec during the accounting period	GROSS RECEIPTS Instructions: The figure you give in this space determing all amounts (gross receipts) paid to your cable system (as identified in space E) during the accounting period, page (vii) of the general instructions located in the pape Gross receipts from subscribers for secondary transfuring the accounting period. IMPORTANT: You must complete a statement in space COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 3 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is Use block 2 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts of \$13 accounting period is \$52.00 Line 1. Royalty fee for accounting period	Consolidated Communications Enterprise Services, GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) gaid to your cable system by subsort (as identified in space E) during the accounting period. For a furing page (vii) of the general instructions located in the paper SA1-2 Gross receipts from subsoribers for secondary transmission during the accounting period. IMPORTANT: You must complete a statement in space P conce COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 2 if the amount of gross receipts in space K is more the Use block 2 if the amount of gross receipts in space K is more the Use block 2 if the amount of gross receipts in space K is more the Use block 2 if the amount of gross receipts in space K is more the Use block 2 if the amount of gross receipts in space K is more the Use block 3 if the general instructions located in the paper SA1-2 for BLOCK 1: GROSS RECEI Instructions: As a cable system with gross receipts of \$137,100 or accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, path and the paper SA1-2 for BLOCK 2: GROSS RECEIPTS OF \$263 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 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIO BLOCK 3: GROSS RECEIPTS OF MORI 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 3 by .01 5. Royalty due on the first \$263,800 of gross receipts (under statut 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIO FILING FEE AND TOTAL REM 1. Ro	Consolidated Communications Enterprise Services, Inc (fka: GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for th (as identified in space E) during the accounting period. For a further explanage (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. MPORTANT: You must complete a statement in space P concerning gross to subscribers. 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 1 if the amount of gross receipts in space K is more than \$263.8 (See page (vi) of the general instructions located in the paper SA1-2 form for more than 5137,100 or less, the roy accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L 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 4. 7. Multiply line 6 by .005 (enter figure here). 8. Interest charge. Enter the amount from line 4, space Q, page 8. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2 1. Enter the amount of gross receipts from space K. 2. Base amount under statutory formula 3. Subtract line 2 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. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2 1. Enter the amount of gross receipts from space K. 2. Base amount under statutory formula 3. Subtract line 2 from	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the at all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho page (iii) 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. 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 more than \$137,100 but less to 3 block 3 if the amount of gross receipts in space K is more than \$263,800 but less to 3 block 3 if the amount of gross receipts in space K is more than \$263,800 but less expage (vi) of the general instructions located in the paper SA1-2 form for more informate accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 an BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula \$ 8. 2. Enter amount of gross receipts from space K \$ 3. Subtract line 2 from line 1 \$ 4. Enter the amount form line 4 \$ 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 \$ 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but should be a subtract line 2 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 \$ 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but should be a subtract line 2 from line 1 \$ 9. Royalty due on the first \$263,800 of gross re	CONSOLIDATED TO THE PROPRIES SERVICES, INC (fixa: Exop of Missour GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you gail amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space b) during the accounting period. For a further explanation of how to comput page (see the legister of the subscribers) of the space of the page of the page of the common of the page of t	Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri Inc) GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified the special instructions in the paper SA 1-2 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 fithe amount of gross receipts in space K is \$137,100 or less Use block 1 fithe amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 to 80 to 8	GOSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total 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. Gross receipts from subscribers for secondary transmission services (as identified in space E) during the accounting period. MIPORTARTY You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royally fee you owe: - Complete block, 1 if the amount of gross receipts in space K is more than \$137,100 or less - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less - Use block 1 if the amount of gross receipts in space K is more than \$137,100 or less - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less than or equal to \$283,800 - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less than or equal to \$283,800 - Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less than or equal to \$283,800 - Use block 2 if the amount of gross receipts of \$137,100 or less, the royally fee that you must pay for this six-mon accounting period is \$32,00 Line 1, Royalty fee for accounting period . Line 2, Interest charge. Enter the amount from line 4, space Q, page 8 Line 3, TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$283,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula S 263,800.00 2. Enter amount of gross receipts from space K \$ 176,588.67 3. Subtract line 2 from line 1 \$ 87,231.33 4. Enter the amount from line 3 \$ 87,231.33 5. Enter the amount of gross receipts from space K \$ 176,588.67 5. Enter the amount of gross receipts from space K \$ 176,588.67 5. Enter the amount of gross receipts from space K \$ 176,588.67 5. Enter the amount of gross receipts from spac

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri Inc)	SYSTEM ID# 62615
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	
	Enter the total number of channels on which the cable system carried television broadcast stations	9
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	107
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Jana Manterola Telephone 509-962-0	272
	Address 305 N Ruby Street (Number, street, rural route, apartment, or suite number)	
	Ellensburg, WA 98926 (City, town, state, zip)	
	Email jana.manterola@consolidated.com Fax (optional) 509-933-7453	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned, hereby certify that (Check one, 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	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as ide in line 1 of space B and that the owner is not a corporation or partnership; or	ntified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cal in line 1 of space B.	ole system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Mike Shultz	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Mike Shultz	
	Title: Vice President Legislative and Regulatory (Title of official position held in corporation or partnership)	
	Date: 8/28/2020	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nsolidated Communications Enterprise Services, Inc (fka: Exop of Missouri I	62615
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 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?	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (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@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served Accounting period	

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