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 COPYRIG	Return completed workbook by email to:					
		ansmissions by	DATE RECEIVED	AMOUNT					
Cable Syste	ems (Short Form)		\$	<u>coplicsoa@copyright.gov</u> For additional information,				
General instru	uctions	are located	3/1/21		contact the U.S. Copyright Office Licensing Division at:				
in the first tab of this workbook				ALLOCATION NUMBER	Tel: (202) 707-8150				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: ()	YYYY/(Period))					
			7						
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
			_						
			Barcode Data Filing Period (optiona						
Accounting Period			l						
		Instructions:							
В		Give the full legal name of the owner of t title of the subsidiary, not that of the pare		bsidiary of another corporation, give the full	corporate				
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 filin	g. If not, enter the system's ID numbe	er assigned by the Licensing Division.	61969				
	-								
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTE	М					
		Consolidated Communication	ns Enterprise Services						
		BUSINESS NAME(S) OF OWNER OI	•	NT)					
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
		121 S 17th Street (Number, street, rural route, apartment, or suite n	umber)						
		Mattoon, IL 61938-3987 (City, town, state, zip)							
С		RUCTIONS: In line 1, give any busir		entify the business and operation of t					
	name	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1	IDENTIFICATION OF CABLE SYSTEM:	ns Enterprise Services In	c. ; Crystal Communications In	<u>^</u>				
		MAILING ADDRESS OF CABLE SYSTEM			0.				
	2	221 E Hickory St							
	2	Number, street, rural route, apartment, or suite n Mankato, MN 56001 (City, town, state, zip code)	umber)						
		Itery, term, state, Lip todej							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM I
Name	Consolidated Communications Enterprise Services	619
	Instructions: List each separate community served by the cable system. A "communi	
	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	as the "first community." Please use it as the first community on all future filings.	
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	ELLENDALE	MN
Community	NEW RICHMIND	MN
	FARIBAULT	MN
Rows as Necessary	NICOLLET	MN
	ST. PETER	MN
	JANESVILLE	MN
	WASECA	MN
	ST. CLAIR	MN
	EAGLE LAKE	
	GARDEN CITY	MN
	MAPLETON	
	MANKATO	
		MN MN
		MN
		MN
	SOUTH BEND TOWNSHIP	MN
	VERNON CENTER	MN
	MADISON LAKE	MN
	GOOD THUNDER	MN
	SKYLINE	MN
	LAKE CRYSTAL	MN
	AMBOY	MN
	FARGO	ND
	SIOUX FALLS	SD

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY								
Name	Consolidated Communications Enterprise Services								
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and Rates	down by categories of secondar each category by counting the n	•				•			
Nutes	separately for the particular serv					•		onargea	
	Rate: Give the standard rate of								
	unit in which it is generally billed				ny standa	rd rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ion of oor	ondon transmi		ion that apple	
	systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to	addition	al sets would b	e include	d in the count ur	nder "Serv	ice to the	
	first set" and would be counted of							c	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					,		, 0	
	sufficient.		c ngnt-n					301 1100 13	
	BLO				BLOC				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:				0,111			000001102110	
	Service to first set	-	7,361	12.00					
	Service to additional set(s)		,						4
	• FM radio (if separate rate)								4
	Motel, hotel		11	15.00					
	Commercial		412	15.00					4
	Converter		714	15.00					4
	Residential								
	Non-residential								
	Non residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
F	In General: Space F calls for ra	•	'		•				
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services		,		0		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		2		C		0	
ransmissions:	Block 1: Give the standard rat								
Rates	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.								
								51.0.01/.0	
	CATEGORY OF SERVICE	BLO RATE	-	ORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:			tion: Non-res			0.1120		
	• Pay cable	12.00		el, hotel		99.99			
	• Pay cable—add'l channel	12.75		nmercial		99.99			
	Fire protection			cable					
	•Burglar protection		-	cable-add'l ch	annel				1
	Installation: Residential		-	protection	. = -				1
	• First set	99.00		glar protection					
	Additional set(s)	99.00		ervices:					4
	• FM radio (if separate rate)	55.00		onnect		30.00			4
	Converter		 Dier 	connect					
	• Converter			connect					
	• Converter		• Out	connect let relocation ve to new addre	255	30.00			

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	Consolidated Communications Enterprise Services							
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary ansmitters: relevision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carrien in concerning substitute basis stations,	t (1) stations carried only on a part- he carriage of certain network progr. (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other				
	Column 1: List each station	's call sign. <i>Do not</i> report origination p with a station according to its over-the	program services such as HBO, ESI	PN, etc. Identify each				
	"WETA-2" as the same on t	ne form.						
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), of rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	a noncommercial endent), "I-M" ional multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WFTC	29	I	MSP				
	КТСА	2.1	E	MSP				
ows as Necessary	WCCO	4	Ν	MSP				
	KMSP	9	<u> </u>	MSP				
	KARE	11.1	Ν	MSP				
	KARE-2	11.2	N-M	MSP				
	KSTP	5.1	Ν	MSP				
	кѕтс	5.2	<u> </u>	MSP				
	KEYC	12.1	Ν	Mankato				
	WUCW	23	I	MSP				

EGAL NAME O			ns Enterprise Services					SYSTEM I 619
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) in the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call state whether t f the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C stem whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically processes k mark in the "S/D" column. on (the community to which the the community with which the	the system's he ystem's FM anten his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								
			·					

	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Consolidated Commu	nications	Enterprise	Services				61969
I	SUBSTITUTE CARRIAG	tify every no	nnetwork telev	<i>ision program,</i> broadcast by	/ a distant sta			
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did yo	ur cable syste	n carry, on a substitute ba	isis, any nonr	network te	levision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust comp	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if	their meanin	a is
	clear. If you need more spa					0331010, 11		9 13
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ries like "mo						
		m was broa		er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		censed by	the FCC or.	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).		
	Column 5: Give the mor first. Example: for May 7 gi		/ when your sy	stem carried the substitute	e program. U	se numera	als, with the r	month
	Column 6: State the tim	es when th		ogram was carried by you				
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	uired
	to delete under FCC rules							ogram
	was substituted for prograr effect on October 19, 1976		your system w	as permitted to delete und		anu regu		
					WHE	N SUBST	ITUTE	
	S	1	E PROGRAM	1	CARRI	AGE OCO	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No		4. STATION'S LOCATION		AGE OCO		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		

Accounting Period:	2020/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM IC
Name	Consolidated Communications Enterprise Services 6196
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 c 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, se 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.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month 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 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K \$ 473,173.25
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 3,412.73
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 \$ 3,432.73
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Communications Enterpris	se Services			SYSTEM ID# 61969
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the other 	You must give (1) the number of rs, and (2) the cable system's to al number of channels on which d television broadcast stations . al number of activated channels cable system carried television cast services	otal number of activated ch the cable 	annels during the ac	counting period.	10 198
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun		EDED (Identify an inc	lividual to whom	
for Further Information	Name	Julie Poon			Telephone	916-786-1034
	Address	211 Lincoln Street (Number, street, rural route, apartm Roseville, CA 95678 (City, town, state, zip)				
	Email	julie.poon@con	solidated.com		Fax (optional)	
O Certification	 I, the undersign (Own (Ager in (Affri in I have examine 	I (This statement of account mu ned, hereby certify that (Check o er other than corporation or p nt of owner other than corpora line 1 of space B and that the o cer or partner) I am an officer (i line 1 of space B. ed the statement of account and the, and correct to the best of my ion 1001(1986)]	artnership) I am the owner artnership) I am the owner ation or partnership) I am th wner is not a corporation or a corporation) or a partner hereby declare under penal knowledge, information, an X /s/Michael S	es.) of the cable system a he duly authorized ag partnership; or (if a partnership) of th ty of law that all state d belief, and are mad	is identified in line 1 of space ent of the owner of the cable he legal entity identified as ov ments of fact contained herei e in good faith.	system as identified vner of the cable system
		Typed or printed Title: (Title of of Date:	Enter an electronic signatur Enter signature using an "/s, name: Michael Shu VP Regulatory & P ficial position held in corporation	/ signature" (e.g., /s/ J ultz ublic Policy		

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	2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID
nsolidated Co	ommunications Enterprise Services	61969
The Satellite H lowing sentence "In dete service	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
made by satell	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
NO		
YES. Ente	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
You must com	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Ition of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter 1	he amount of late payment or underpayment	Interest Assessment
Line 2 Multipl	y line 1 by the interest rate* and enter the sum here	
Line 3 Multipl	y line 2 by the number of days late and enter the sum here	
	y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
	(interest charge) ne interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please ne Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is th	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
	wner, address, first community served, ID number, and accounting period as given in the original filing.	
	wner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the c Owner	wner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the o Owner Address		

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