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

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-		ansmissions by	DATE RECEIVED	AMOUNT	
-		Short Form)	2/1/21	\$	For additional information, contact the U.S. Copyright
General instru			3/1/21		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this	s workbook		ALLOCATION NUMBER	
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2020/2		· · · · · · · · · · · · · · · · · · ·	
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period			1		
		Instructions:			
В		Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full	corporate
Owner		List any other name or names under which	ch the owner conducts the business of	the cable system.	
		If there were different owners during the single statement of account and royalty f		n the last day of the accounting period shoul nting period.	d submit a
		Check here if this is the system's first filin			61992
		Γ			
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
		Consolidated Communications - TX	(
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	T)	
		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)	,		
	INST		ness or trade names used to ide	entify the business and operation of t	he system unless these
С				he system, if different from the addre	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		Consolidated Communications - TX			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	321 N 1st Street (Number, street, rural route, apartment, or suite n	umber)		
		Lufkin, TX 75901 (City, town, state, zip code)			
		· ·			
Delesson Ant Not	o				

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. PAG
Name	Consolidated Communications - TX	619
		n. A "community" is the same as a "community unit" as defined in FCC rul
D		ncorporated communities within unincorporated areas and including sing
D		unity that you list will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all f	
		ms, or mobile home parks should be reported in parentheses below the
Area	identified city.	
Served		
		A=1==
_	CITY OR TOWN	STATE
	ALTO	TX
Community	APPLE SPRINGS	TX
	DIBOLL	
d Rows as Necessary	ETOILE	TX
	HUDSON	ТХ
	HUNTINGTON	ТХ
	LUFKIN	TX
	POLLOCK	
	WELLS	
	WELLS	

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	
	Consolidated Communi	ications - T	X						6199
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	• • •			-				
Service: Sub-	Number of Subscribers: Both	•					2		
scribers and Rates	down by categories of secondary each category by counting the n	•		•		•			
Rates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service.	Include bo	oth the amount o	of the charg		
	unit in which it is generally billed			,	•	ard rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condarv transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different fi	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-l	hand block. A t	wo- or thre	e-word descript	ion of the s	Service is	
		DCK 1					BLOCK	2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		3,305	25.45					
	Service to additional set(s)		0,000	20.40					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		153	25.45					
	Converter								
	Residential	;	3,324	5.99					
	Non-residential		183	5.99					
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					all vour cable sv	stem's serv	ices that were	
F	not covered in space E, that is, t	•	,		-	• •			
	service for a single fee. There ar	•			0		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	billed. If ally fo		narged on a van	able pel-pi	ograffi basis,	
ransmissions:	Block 1: Give the standard rat			•					
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip				ISHEU. LISI	these other ser			
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	TUTE		ation: Non-res		TUTE	0/11200		
	• Pay cable	25.45	• Mo	tel, hotel					
	• Pay cable—add'l channel	12.00	• Co	mmercial					
	Fire protection		• Pa	y cable					
	 Burglar protection 		•Pa	y cable-add'l ch	nannel				
	Installation: Residential		• Fire	e protection					
	• First set	50.00	• Bu	rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	Converter	5.99							
			•Ou	tlet relocation					
				ve to new addr					

ounting Period: 2	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM II 6199
				0198
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c: lles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form.	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KPRC	2.1	N	HOUSTON, TX
	KIAH	39	I	HOUSTON, TX
N	KTRE	9.1	N	LUFKIN, TX
ows as Necessary	KIT	9.2	N	LUFKIN, TX
	KYXT	19	N	NACOGDOCHES, TX
	KLPN-LD	47	I	LONGVIEW, TX
	KUHT	8	E	HOUSTON, TX
	KFXK	51.1	-	LONGVIEW, TX
	KETK	56.1	N	JACKSONVILLE, TX
	KHOU	11	N	HOUSTON, TX
	КРХВ	49	۲۷ ۱	CONROE, TX
	КСЕВ	49 54.1	L	LONGVIEW, TX
	KXLN-DT	45	P	HOUSTON, TX
	KFTH-DT	45 67	I	HOUSTON, TX
	KLUF-LP		I	
		5		LUFKIN, TX

EGAL NAME O								SYSTEM I 619
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					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: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s ne station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st 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	
		5,0		C. LE CICIT		5,5		
	l	<u> </u>	·					

counting Peric	LEGAL NAME OF OWNER OF	CABLE SYSTEM:								SYSTEM ID
Name	Consolidated Commu	nications - TX								6199
	SUBSTITUTE CARRIAG	E: SPECIAL ST		NT AND PROGRAM	LOG					
	In General: In space I, ident	tify every nonnetwo	ork televis	<i>sion program,</i> broadcas	st by a <i>distai</i>	nt statio	on, that y	our c	able sys	tem carried on
Substitute	substitute basis during the a explanation of the programm									
Carriage:	1. SPECIAL STATEMEN				<u> </u>				<u> </u>	
Special	During the accounting pe				e basis anv	nonne	etwork tel	evisi	ion proa	ram
tatement and	broadcast by a distant sta		e eyetem	roany, on a caponat	buolo, any	nonne			YES	NO
Program Log	Note: If your answer is "No		f this nor	ao blank if your answ	or is "Vos "	VOLUM	l ust.comr			
	log in block 2.		i uns pag	ge blatik. It your allsw	ens res,	you m	usi comp	lete	the prog	Jian
	In General: List each subsciear. If you need more space of the second se	ace, please add ac of every nonnetw a distant station an egulations, or auth ries like "movies" (. Bulls." m was broadcast I sign of the station adcast station's lo nadian stations, if nth and day when ive "5/7."	dditional ork telev d that yo orization or "baske ive, ente broadca cation (th any, the your sys titute pro	rows to the tables. vision program ("subst bur cable system subs is. See page (v) of the etball." List specific pro- er "Yes." Otherwise en asting the substitute p he community to which community with which stem carried the subst	itute progra stituted for the general insogram titles ter "No." rogram. h the station i the station itute progra your cable s	m") that ne prog structic , for ex n is lice n is ide m. Use system	at, during gramming ons for fui kample, "I ensed by ntified). e numera i. List the	the of a ther Lov the I Is, w	account another s informa re Lucy" FCC or, vith the n	ing station tion. or in nonth
	stated as "6:00–6:30 p.m." Column 7: Enter the left to delete under FCC rules was substituted for program	ter "R" if the listed and regulations in mming that your sy	program effect du	n was substituted for p uring the accounting p	orogramming period; enter	g that y r the le	your syste tter "P" if	the I	listed pro	
	Column 7: Enter the lett to delete under FCC rules	ter "R" if the listed and regulations in mming that your sy	program effect du	n was substituted for p uring the accounting p	programming period; enter under FCC	g that y the le rules a	your syste tter "P" if	the l atior	listed pro	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the listed and regulations in mming that your sy UBSTITUTE PRC	program effect du /stem wa	n was substituted for p uring the accounting p	orogramming period; enter under FCC	g that y rules a WHEN	your syste tter "P" if and regul	the l atior ITUT	listed pro ns in TE RED	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the listed and regulations in mming that your sy UBSTITUTE PR(2. LIVE? 3. ST/	program effect du /stem wa	n was substituted for p uring the accounting p	orogramming beriod; enter under FCC	g that y the le rules a WHEN ARRIA	your syste tter "P" if and regul	the l atior	listed pro ns in TE RED	ogram 7. REASON F
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Accounting Period:	2020/2 FORM SA1-2E. PA	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
	Consolidated Communications - TX 61	992
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.	
	COPYRIGHT ROYALTY FEE	
L 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	0
	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	0
		<u> </u>
	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 \$ 505,891.02	
	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)	
	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 \$ 3,739.9	1
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 3,739.91	
	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00	٦
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 3,759.9	1
	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: I Communications - TX	SYSTEM ID# 61992
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ars, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	15 212
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Julie Poon Telephone 916-	-786-1034
	Address	211 Lincoln Street (Number, street, rural route, apartment, or suite number) Roseville, CA 95678 (City, town, state, zip)	
	Email	julie.poon@consolidated.com Fax (optional)	
O Certification	 I, the undersig (Owr (Age ir X (Offi ir I have examinare true, completion 	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system n line 1 of space B and that the owner is not a corporation or partnership; or incer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	
		X /s/Michael 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: Michael Shultz Title: VP Regulatory & Public Policy (Title of official position held in corporation or partnership)	
		Date: 2/25/2021	

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

	2020/2	FORM SA1-2E. PAGE
AL NAME OF OW	/NER OF CABLE SYSTEM:	SYSTEM ID
nsolidated C	ommunications - TX	6199
The Satellite H lowing sentend "In dete service	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining 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- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
	mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
made by satel	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
NO		
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	-
INTEREST	ASSESSMENT	
	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explana		Q Interest Assessmen
For an explana	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
For an explana	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter 1 Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment the amount of late payment or underpayment x y line 1 by the interest rate* and enter the sum here x x x x x x x x x x x	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact th	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter 1 Line 2 Multipl Line 3 Multipl in space * To view t contact th ** This is th NOTE: If you a	the amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter 1 Line 2 Multipl Line 3 Multipl in space * To view t contact th ** This is th NOTE: If you a	the amount of late payment or underpayment	Q Interest Assessmen

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