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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Consolidated Communications of Missouri Co (fka: FairPoint Communications 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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	•	
Privacy Act Notic	e: Sectior	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-26-21

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.

		FORM SA1-2E. PAG
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Consolidated Communications of Missouri Co (fka: FairPoint Com	631
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including sing
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the
Area Served	identified city.	
		STATE
First	Peculiar	MO
Community	Creighton	МО
	Cleveland	МО
Rows as Necessary	Drexel	МО
	East Lynne	МО
	Garden City	MO

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C							515	TEM II 631(
	Consolidated Commun	ications of I	Missour	i Co (fka:	FairPoi	nt Communi	cations		031	
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIB	ERS AND R	ATES					
E	In General: The information in s					ry transmission	service of	the cable		
	system, that is, the retransmiss									
Secondary Transmission	about other services (including last day of the accounting period				•		those exis	sting on the		
Service: Sub-	Number of Subscribers: Bot						able syster	n, broken		
scribers and	down by categories of secondar									
Rates	each category by counting the r		-	•••		•	-	s charged		
	separately for the particular service Rate: Give the standard rate of							rap and the		
	unit in which it is generally billed									
	category, but do not include dise	· ·	,		•			particular rate		
	Block 1: In the left-hand block			-		•				
	systems most commonly provid									
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted	once again und	der "Servio	ce to addition	nal set(s)."					
	Block 2: If your cable system	-		-						
	printed in block 1 (for example, with the number of subscribers					•				
	sufficient.		e ngnt-na			ee-word descrip		301110015		
		OCK 1	_				BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		3	43.95	IPTV E	xpanded		36	82.	
	 Service to additional set(s) 				IPTV U	ltimate		10	92.	
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	• Residential									
	 Non-residential 									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATE	S					
-	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were		
F	not covered in space E, that is,					•				
Services	service for a single fee. There a furnished at cost or (2) services		•		-			,		
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the	rate column.	-			-		-		
ransmissions:	Block 1: Give the standard ra			•						
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-	•			
		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.								
		BLO	CK 1					BLOCK 2		
		-		RY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
	CATEGORY OF SERVICE	RATE								
	CATEGORY OF SERVICE Continuing Services:	RATE	Installati	on: Non-res	idential					
		RATE		on: Non-res , hotel	idential		Ultimat	te Movie Pack	49.	
	Continuing Services:	RATE	• Mote		idential			te Movie Pack igital Suite	49. 18.	
	Continuing Services: • Pay cable	RATE	• Mote	, hotel nercial	idential		HBO D		18. 12.	
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	• Mote • Comr • Pay c	, hotel nercial			HBO D Cinema Starz/E	igital Suite ax Digital Suite incore Digital S	18. 12. 12.	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	• Mote • Comr • Pay c • Pay c	, hotel nercial able			HBO D Cinema Starz/E	igital Suite ax Digital Suite	18. 12. 12.	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	• Mote • Com • Pay c • Pay c • Fire p	, hotel nercial able able-add'l cl	nannel		HBO D Cinema Starz/E	igital Suite ax Digital Suite incore Digital S	18. 12. 12.	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential		• Mote • Com • Pay c • Pay c • Fire p	, hotel nercial able able-add'l cl protection ar protection	nannel		HBO D Cinema Starz/E	igital Suite ax Digital Suite incore Digital S	18. 12. 12.	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set		• Mote • Comr • Pay c • Pay c • Fire p • Burgl	, hotel nercial able able-add'l cl protection ar protection rvices:	nannel	30.00	HBO D Cinema Starz/E	igital Suite ax Digital Suite incore Digital S	18. 12. 12.	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)		• Mote • Com • Pay c • Pay c • Fire p • Burgl Other se	, hotel nercial able able-add'l cl protection ar protection rvices: nnect	nannel	30.00	HBO D Cinema Starz/E	igital Suite ax Digital Suite incore Digital S	18. 12. 12.	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Mote • Com • Pay c • Pay c • Fire p • Burgl Other se • Reco • Disco	, hotel nercial able able-add'l cl protection ar protection rvices: nnect	nannel	30.00	HBO D Cinema Starz/E	igital Suite ax Digital Suite incore Digital S	18. 12. 12.	

ccounting Period:	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
••••••		,	: FairPoint Communications	n 63104
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, 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 basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe 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	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrien n concerning substitute basis stations i's call sign. <i>Do not</i> report origination d with a station according to its over-th he form. el number the FCC assigned to the tel 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), rms, see page (iv) of the general insti- n of each station. For U.S. stations, list	g translator stations and low power tel of (1) stations carried only on a part-ti- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub (the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instructi program services such as HBO, ESP ne-air designation. For example, repor- levision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education ructions in the paper SA1-2 form. It he community to which the station the community with which the station	me basis under ms [sections ions carried on a ostitute program _og)—if the o on some other ons. N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDAF (FOX)			
	KCTV (CBS)	<u> </u>		Kansas City, MO Kansas City, MO
d Rows as Necessary	KMCI (The Spot)	7		Lawrence, KS
Rows as necessary	KMBC (ABC)	9	N	Kansas City, MO
	KSMO (MyNet)	10		Kansas City, MO
	KSHB (NBC)	12		Kansas City, MO
	KCWE (CW)	13		Kansas City, MO
	KPXE (ION)	16		Kansas City, MO
	KCPT (PBS)	19	E	Kansas City, MO

Accounting F	Period: 2020	/2					FORM	M SA1-2E. PAGE 4.
LEGAL NAME O	F OWNER OF	CABLE S	YSTEM:					SYSTEM ID#
Consolidate	ed Commur	nicatio	ns of Missouri Co (fka:	FairPoint Co	ommunicati	ons M	issouri, Inc.)	63104
PRIMARY TRA			arried on a separate and discr	oto basis and lis	t those FM sta	tions of	rried on an	н
	-		nerally receivable by your cat					••
Special Instrue	ctions Conce	rning Al	I-Band FM Carriage: Under (Copyright Office	regulations, ar	n FM sig	nal is generally	Primary
			stem whenever it is received a ived at the headend, with the					Transmitters: Radio
	-		opyright Office regulations on		-			
paper SA1-2 fo Column 1: lo		sign of	each station carried.					
			on is AM or FM.	ad by the coble	aveter as a a	oporata	and discrete	
		-	nal was electronically process k mark in the "S/D" column.	sed by the cable	system as a s	eparate		
Column 4: G	Give the station	n's locati	ion (the community to which th		-	C or, in	the case of	
Mexican or Car	nadian station	s, if any,	the community with which the	e station is identi	fied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						-		
		-			+	-		
						-		
		-				·		
						·		
					+			
					+			
						-		
						·		
		-						
	I	1			1	i i		

Accounting Perio	d: 2020/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Consolidated Commu	nications o	of Missouri	Co (fka: FairPoint C	communica	tions Mis	souri, Inc	.) 63104
	SUBSTITUTE CARRIAGE		STATEME		G			
						tion that wa	ur achla auch	
	In General: In space I, identi substitute basis during the a				•	•	•	
Substitute	explanation of the programm	• •		•	-			
Carriage:	1. SPECIAL STATEMEN	-			general me			
Special						otwork tok		iom.
Statement and	 During the accounting per 		cable system	T carry, on a substitute ba	asis, any noni			X
Program Log	broadcast by a distant sta					L	YES	NO
	Note: If your answer is "No	", leave the r	rest of this pa	ge blank. If your answer i	s "Yes," you r	nust compl	lete the prog	ram
	log in block 2.		10					
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Lise abbreviation	s whorever p	ossible if th	hair maaning	n ie
	clear. If you need more spa				s wherever p			J 15
				ision program ("substitut	e program") tl	hat, during	the accounti	ing
	period, was broadcast by a			•	•	•		
	under certain FCC rules, re	•						
	Do not use general categor "NBA Basketball: 76ers vs.		les" or "bask	etball." List specific progr	am titles, for e	example, "I	Love Lucy"	or
			cast live, ente	er "Yes." Otherwise enter	"No."			
	Column 3 : Give the call							
			,	he community to which th		•	the FCC or,	in
	the case of Mexican or Car						a solution at a second	11-
	first. Example: for May 7 give		when your sys	stem carried the substitut	e program. Us	se numeral	is, with the m	nonth
			substitute pro	ogram was carried by you	ır cable svster	m. List the	times accura	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program	0		0 01				ogram
	effect on October 19, 1976.		our system w	as permitted to delete unit		and regula		
	, , ,				 			
	SI	IBSTITUTE	E PROGRAM	l		N SUBSTI AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? 3	3. STATION'S		5. MONTH	6. T	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							<u> </u>	
							_	
							_	
]			
					·- 			
					·- 			
							_	
							_	

Accounting Period:	: 2020/2 FOR	M SA1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications of Missouri Co (fka: FairPoint Communications Missou	SYSTEM ID# 63104					
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (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.	vice					
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 \$263,800 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. 						
	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-mont accounting period is \$52.00	h					
	Line 1. Royalty fee for accounting period\$	52.00					
	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 \$	52.00					
	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 \$527,600)						
	1. Enter the amount of gross receipts from space K						
	2. Base amount under statutory formula \$ 263,800.00						
	3. Subtract line 2 from line 1						
	4. Multiply line 3 by .01						

0.00	
	-
\$ 52.00 \$ 15.00	-
\$	67.00
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Communications of Missouri Co (fka: FairPoint Communications Missouri, Inc.)	SYSTEM ID# 63104
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	9 107
N Individual to		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
Be Contacted for Further Information	Name	Jana Manterola Telephone 5	509-962-0272
	Address 	305 N Ruby Street (Number, street, rural route, apartment, or suite number) Ellensburg, WA 98926 (City, town, state, zip) jana.manterola@consolidated.com Fax (optional) 509-933-7453	
O Certification		(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Agent in I X (Offic in I • I have examined	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; to f owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner ine 1 of space B. I the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.	stem as identified

	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
	Vice President Legislative and Regulatory icial position held in corporation or partnership)
Date:	2/25/20

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.

Inting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
solidated Communications of Missouri Co (fka: FairPoint Communications N	6310
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- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusior
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 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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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Line 1 Enter the amount of late payment or underpayment	
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Line 1 Enter the amount of late payment or underpayment	

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.