This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/28/22	\$ 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

Α	ACC	OUNTING 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 Enterprise Services, Inc. (fka: Orwell Cable Television Co)						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		Consolidated Communications						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		2116 S 17th Street ((Number, street, rural route, apartment, or suite number)						
		Mattoon, IL 61938 (City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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	(Wumber, 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.

Accounting Period:	2021/2	FORM SA1-2E. PAGE 1b.									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	Consolidated Communications Enterprise Services, Inc. (fka: Orwe										
	Instructions: List each separate community served by the cable system. A "community served by the cable system."										
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the										
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holidentified city.	ome parks should be reported in parentheses below the									
	CITY OR TOWN	STATE									
First	Leipsic	OH									
Community	Continental	ОН									
	West Leipsic	ОН									
Add Rows as Necessary		ОН									
•	Pandora	ОН									
	Miller City	ОН									
	Gilboa	ОН									
	Melrose	ОН									
	Liberty	ОН									

Accounting Period: 2021/2 FORM SA1-2E. PAGE 2 SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

30897

Consolidated Communications Enterprise Services, Inc. (fka: Orwell Cable Telev

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	205	41.75	Rural	15	71.95	
 Service to additional set(s) 			Standard Analog	206	85.50	
• FM radio (if separate rate)			Digital Standard	415	95.95	
Motel, hotel			Group	1	#####	
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 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Starz/Encore	10.00
 Pay cable—add'l channel 		Commercial		НВО	16.25
Fire protection		• Pay cable		Cinemax	10.00
•Burglar protection		 Pay cable-add'l channel 		Showtime	14.75
Installation: Residential		Fire protection		Ultimate Movie Pack	43.50
First set	75.00	Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 	25.00		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Consolidated Communications Enterprise Services, Inc. (fka: Orwell Cable Telev

30897

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTLW (IND)	4	l	Lima, OH
WLIO (NBC)	5	N	Lima, OH
WBGU (PBS)	6	E	Bowling Green, OH
WOHL (ABC)	7	N	Lima, OH
WLIO (FOX)	8	<u> </u>	Lima, OH
WOHL (CBS)	9	N	Lima, OH
WBOH3 (CW)	10	<u> </u>	Lima, OH
WTOL (CBS)	11	N	Toledo, OH
WNWO (NBC)	12	N	Toledo, OH
WTVG (ABC)	13	N	Toledo, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Consolidated Communications Enterprise Services, Inc. (fka: Orwell Cable Television Co)

30897

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
							
							
	 						
							
	 						
							
	 						
	 						
	 						
							
							
							
							
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	od: 2021/2						FOR	M SA1-2E. PAGE 5.		
Name	Consolidated Commu			Services, Inc. (fka: O	rwell Cable	e Televis	ion Co)	SYSTEM ID# 30897		
1	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a	tify every no	nnetwork telev eriod, under sp	ision program, broadcast by pecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatio	ns. For a further		
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant sta	•	ur cable systel	m carry, on a substitute ba	sis, any nonr	network te	YES	X NO		
0 0	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	must comp	olete the pro			
	log in block 2.									
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute prograce, please of every not distant stategulations, or ries like "mo Bulls." m was broasign of the addast statinath and day ve "5/7." les when th . Example: ter "R" if the and regulatemming that	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask dcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pro a program car e listed program ions in effect of	I rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the general instance of the second of the substitute program was carried by your ried by a system from 6:01 on was substituted for program wa	e program") the dofor the program instruct am titles, for each of the station is like a station is id a program. Using the cable system in the station is the cable system in the station is the cable system in the station is the station in the sta	hat, during ogramming ions for fu example, " censed by entified). se numera m. List the 1:28:30 p.n.	the accoung of another rither information in the FCC or, als, with the rithmes accurate, should be the mas required.	ting station ation. or in month rately		
	effect on October 19, 1976	-			WHE	N SUBST	TITUTE			
	S	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION		
		 								
		 						··· 		
		 								
		<u> </u>					_			
										
							_			

Accounting Period:	2021/2			FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc. (fka: 0	Orwell C	able Televisi	-	SYSTEM ID 3089
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the state (as identified in space E) during the accounting period. For a further explanation 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.	system's s on of how	econdary trans to compute this	mission servi s amount, see \$ 49	ce
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that	you must pay fo	or this six-mor	itl
	Line 1. Royalty fee for accounting period			· · <u></u>	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add li	nes 1 and	2	· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	7,600)	
	Enter the amount of gross receipts from space K	\$	492,595.67		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	228,795.67		
	4. Multiply line 3 by .01		. \$	2,287.96	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	4, 5, and 6		\$	3,606.96
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,606.96	
Due	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			\$	3,626.96
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		ights!

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7.						
Name		OWNER OF CABLE SYSTEM: Communications Enterprise Services, Inc. (fka: Orwell Cable Television Co)	SYSTEM ID# 30897						
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations.								
	Enter the total on which the ca	al number of activated channels cable system carried television broadcast stations cast services	76						
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom 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 undersigner	ned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owne	er 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 as iden line 1 of space B and that the owner is not a corporation or partnership; or	ntified						
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cabl line 1 of space B.	le system						
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 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: 2/25/22							

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 30897 Consolidated Communications Enterprise Services, Inc. (fka: Orwell Cable Televi 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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Concerning Gross **Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment x = 0.00274Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served

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Accounting period