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               |  |  |  |
| 3-1-22                        | \$ ALLOCATION NUMBER |  |  |  |
|                               |                      |  |  |  |

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

| Α                    | ACC   | ACCOUNTING 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<br>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.  | 61969 |  |  |  |  |  |
|                      |   |  |       |  |  |  |  |  |
|                      |   | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |       |  |  |  |  |  |
|                      |   | Consolidated Communications Enterprise Services  |       |  |  |  |  |  |
|                      |   | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)   |       |  |  |  |  |  |
|                      |   | MAILING ADDRESS OF OWNER OF CABLE SYSTEM   |       |  |  |  |  |  |
|                      |   | PO Box 455 (Number, street, rural route, apartment, or suite number)   |       |  |  |  |  |  |
|                      |   | Mattoon, IL 61938-3987   |       |  |  |  |  |  |
|                      |   | (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 unle<br>s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa |       |  |  |  |  |  |
| System               | 1   | IDENTIFICATION OF CABLE SYSTEM:  |       |  |  |  |  |  |
|                      | Consolidated Communications Enterprise Services, Inc. ;Formerly Crystal Communications Inc. |  |       |  |  |  |  |  |
|                      |   | MAILING ADDRESS OF CABLE SYSTEM:   |       |  |  |  |  |  |
|                      | 2   | 221 E Hickory St [Number, street, rural route, apartment, or suite number)   |       |  |  |  |  |  |
|                      |   | Mankato, MN 56001 (City, town, state, zip code)  |       |  |  |  |  |  |
| <u> </u>             | 1   | [Oity, Omit, State, AP GOO]  |       |  |  |  |  |  |

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.

| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 "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 ident city.  CITY OR TOWN  STATE  ELLENDALE  MN  NEW RICHMIND  FARIBAULT  MN  MN  MN  MN  MN  MN  MN  MN  MN  M   |                   | LEGAL NAME OF OWNER OF CABLE SYSTEM: | FORM SA1-2E. PAG SYSTEM                                     |
|--|-------------------|--------------------------------------|---|
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities) within unincorporated areas and including single, disc community." Please use it as the first community that you list will serve as a form of system identification hereafter known as the "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 ident city.  CITY OR TOWN STATE  ELLENDALE MNN NEW RICHMIND MNN FARIBAULT MNN NEW RICHMIND MNN FARIBAULT MNN NICOLLET MNN NICOLLET MNN NICOLLET MNN JANESVILLE MNN JANESVILLE MNN WASECA MNN ST. CLAIR MNN WASECA MNN ST. CLAIR MNN WASECA MNN ST. CLAIR MNN WASECA MNN CARDEN CITY MNN MAPLETON MNN MAPLETON MNN MAPLETON MNN MANKATO MNN MA | Name              |                                      |   |
| separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 "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 ident city.  CITY OR TOWN STATE  ELLENDALE  NEW RICHMIND  NEW RICHMIND  MN  FARIBAULT  NICOLLET  ST. PETER  JANESVILLE  MN  MN  MASSCA  ST. CLAIR  EAGLE LAKE  GARDEN CITY  MN  MAPLETON  MAPLETON  MANKATO  LIME TOWNSHIP  MANKATO  SOUTH BEND TOWNSHIP  MN  MANKATO TOWNSHIP  MN  MANKATO TOWNSHIP  MN  MANKATO TOWNSHIP  MN  MADISON LAKE  GOOD THUNDER  SKYLINE  LAKE CRYSTAL  MN  MN  FARGO  ND  |                   |                                      |   |
| 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 "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 ident city.  CITY OR TOWN STATE  ELLENDALE MN  NEW RICHMIND MN  FARIBAULT MN  NICOLLET MN  ST. PETER MN  JANESVILLE MN  WASECA MN  ST. CLAIR MN  GARDEN CITY MN  MAPLETON MN  MAPLETON MN  MAPLETON MN  MANKATO MN  LIME TOWNSHIP MN  MANKATO TOWNSHIP MN  MANKATO TOWNSHIP MN  MANKATO TOWNSHIP MN  MANKATO TOWNSHIP MN  MADISON LAKE MN  MADISON LAKE MN  MADISON LAKE MN  GOOD THUNDER  SKYLINE MN  LAKE CRYSTAL  AMBOY  FARGO ND   | _                 |                                      |   |
| 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 identicity.    CITY OR TOWN  | ט                 |                                      |   |
| Area Served  City.  City or town  ELLENDALE  NEW RICHMIND  FARIBAULT  NICOLLET  MIN  MIN  MIN  MIN  MIN  MIN  MIN  MI  |                   |                                      | ·   |
| CITY OR TOWN   | _                 |                                      | e parks should be reported in parentheses below the identi- |
| First ELLENDALE MN NEW RICHMIND MN FARIBAULT MN NOWS AS NECESSARY  |                   | city.                                |   |
| First   ELLENDALE  | Serveu            |                                      |   |
| First   ELLENDALE  |                   |                                      |   |
| NEW RICHMIND   |                   | CITY OR TOWN                         | STATE   |
| FARIBAULT  NICOLLET  ST. PETER  JANESVILLE  WASECA  MN  ST. CLAIR  EAGLE LAKE  GARDEN CITY  MAPLETON  MANKATO  LIME TOWNSHIP  MANKATO TOWNSHIP  NORTH MANKATO  SOUTH BEND TOWNSHIP  WADISON LAKE  GOOD THUNDER  MON  MADISON LAKE  GOOD THUNDER  MIN  MANKATO  LIME CRYSTAL  MIN  MIN  MANKATO  MIN  MIN  MANKATO  MIN  MIN  MIN  MIN  MIN  MIN  MIN  MI   | First             | ELLENDALE                            | MN  |
| NICOLLET  ST. PETER  JANESVILLE  MN  WASECA  ST. CLAIR  EAGLE LAKE  GARDEN CITY  MAPLETON  MANKATO  LIME TOWNSHIP  MANKATO TOWNSHIP  MANKATO TOWNSHIP  NORTH MANKATO  SOUTH BEND TOWNSHIP  MADISON LAKE  MADISON LAKE  MADISON LAKE  MORTH MANKATO  MIN  MANKATO  MIN  MORTH MANKATO  MIN  MORTH MANKATO  MIN  MORTH MANKATO  MIN  WERNON CENTER  MIN  MADISON LAKE  MIN  GOOD THUNDER  SKYLINE  LAKE CRYSTAL  AMBOY  FARGO  ND  | Community         | NEW RICHMIND                         | MN  |
| ST. PETER         MN           JANESVILLE         MN           WASECA         MN           ST. CLAIR         MN           EAGLE LAKE         MN           GARDEN CITY         MN           MAPLETON         MN           MANKATO         MN           LIME TOWNSHIP         MN           MANKATO TOWNSHIP         MN           NORTH MANKATO         MN           SOUTH BEND TOWNSHIP         MN           VERNON CENTER         MN           MADISON LAKE         MN           GOOD THUNDER         MN           SKYLINE         MN           LAKE CRYSTAL         MN           AMBOY         MN           FARGO         ND   |                   | FARIBAULT                            | MN  |
| JANESVILLE MIN WASECA MIN ST. CLAIR MIN EAGLE LAKE MIN GARDEN CITY MIN MAPLETON MIN MANKATO MIN LIME TOWNSHIP MIN NORTH MANKATO MIN SOUTH BEND TOWNSHIP MIN VERNON CENTER MIN MADISON LAKE MIN GOOD THUNDER MIN SKYLINE MIN LAKE CRYSTAL MIN AMBOY MIN ST. CLAIR MIN   | Rows as Necessary | NICOLLET                             | MN  |
| WASECA         MN           ST. CLAIR         MN           EAGLE LAKE         MN           GARDEN CITY         MN           MAPLETON         MN           MANKATO         MN           LIME TOWNSHIP         MN           MANKATO TOWNSHIP         MN           NORTH MANKATO         MN           SOUTH BEND TOWNSHIP         MN           VERNON CENTER         MN           MADISON LAKE         MN           GOOD THUNDER         MN           SKYLINE         MN           LAKE CRYSTAL         MN           AMBOY         MN           FARGO         ND  |                   | ST. PETER                            | MN  |
| WASECA         MN           ST. CLAIR         MN           EAGLE LAKE         MN           GARDEN CITY         MN           MAPLETON         MN           MANKATO         MN           LIME TOWNSHIP         MN           MANKATO TOWNSHIP         MN           NORTH MANKATO         MN           SOUTH BEND TOWNSHIP         MN           VERNON CENTER         MN           MADISON LAKE         MN           GOOD THUNDER         MN           SKYLINE         MN           LAKE CRYSTAL         MN           AMBOY         MN           FARGO         ND  |                   | JANESVILLE                           | MN  |
| ST. CLAIR       MN         EAGLE LAKE       MN         GARDEN CITY       MN         MAPLETON       MN         MANKATO       MN         LIME TOWNSHIP       MN         MANKATO TOWNSHIP       MN         NORTH MANKATO       MN         SOUTH BEND TOWNSHIP       MN         VERNON CENTER       MN         MADISON LAKE       MN         GOOD THUNDER       MN         SKYLINE       MN         LAKE CRYSTAL       MN         AMBOY       MN         FARGO       ND  |                   |                                      |   |
| EAGLE LAKE       MN         GARDEN CITY       MN         MAPLETON       MN         MANKATO       MN         LIME TOWNSHIP       MN         MANKATO TOWNSHIP       MN         NORTH MANKATO       MN         SOUTH BEND TOWNSHIP       MN         VERNON CENTER       MN         MADISON LAKE       MN         GOOD THUNDER       MN         SKYLINE       MN         LAKE CRYSTAL       MN         AMBOY       MN         FARGO       ND   |                   |                                      |   |
| GARDEN CITY         MN           MAPLETON         MN           MANKATO         MN           LIME TOWNSHIP         MN           MANKATO TOWNSHIP         MN           NORTH MANKATO         MN           SOUTH BEND TOWNSHIP         MN           VERNON CENTER         MN           MADISON LAKE         MN           GOOD THUNDER         MN           SKYLINE         MN           LAKE CRYSTAL         MN           AMBOY         MN           FARGO         ND   |                   |                                      |   |
| MAPLETON MN MANKATO MN LIME TOWNSHIP MN MANKATO TOWNSHIP MN NORTH MANKATO MN SOUTH BEND TOWNSHIP MN VERNON CENTER MN MADISON LAKE MN GOOD THUNDER MN SKYLINE MN LAKE CRYSTAL MN AMBOY MN FARGO ND  |                   |                                      |   |
| MANKATO MN LIME TOWNSHIP MN MANKATO TOWNSHIP MN NORTH MANKATO MN SOUTH BEND TOWNSHIP MN VERNON CENTER MN MADISON LAKE MN GOOD THUNDER MN SKYLINE MN LAKE CRYSTAL MN AMBOY MN FARGO ND  |                   |                                      |   |
| LIME TOWNSHIP  MANKATO TOWNSHIP  MN  NORTH MANKATO  MN  SOUTH BEND TOWNSHIP  VERNON CENTER  MN  MADISON LAKE  GOOD THUNDER  SKYLINE  LAKE CRYSTAL  AMBOY  FARGO  MN  MN  MN  MN  MN  MN  MN  MN  MN  M   |                   |                                      |   |
| MANKATO TOWNSHIP  NORTH MANKATO  SOUTH BEND TOWNSHIP  VERNON CENTER  MN  MADISON LAKE  GOOD THUNDER  SKYLINE  LAKE CRYSTAL  AMBOY  FARGO  MN  MN  MN  MN  MN  MN  MN  MN  MN  M  |                   |                                      |   |
| NORTH MANKATO MN SOUTH BEND TOWNSHIP MN VERNON CENTER MN MADISON LAKE MN GOOD THUNDER MN SKYLINE MN LAKE CRYSTAL MN AMBOY MN FARGO ND  |                   |                                      |   |
| SOUTH BEND TOWNSHIP  VERNON CENTER  MADISON LAKE  GOOD THUNDER  SKYLINE  LAKE CRYSTAL  AMBOY  FARGO  MN  MN  MN  MN  MN  MN  MN  MN  MN  M   |                   |                                      |   |
| VERNON CENTER MN MADISON LAKE MN GOOD THUNDER MN SKYLINE MN LAKE CRYSTAL MN AMBOY MN FARGO ND  |                   |                                      |   |
| MADISON LAKE MN GOOD THUNDER MN SKYLINE MN LAKE CRYSTAL MN AMBOY MN FARGO ND   |                   |                                      |   |
| GOOD THUNDER  SKYLINE  LAKE CRYSTAL  AMBOY  FARGO  MN  MN  MN  MN  MN  MN  |                   |                                      |   |
| SKYLINE MN LAKE CRYSTAL MN AMBOY MN FARGO ND   |                   |                                      |   |
| LAKE CRYSTAL MN AMBOY MN FARGO ND  |                   |                                      |   |
| AMBOY MN<br>FARGO ND   |                   |                                      |   |
| FARGO ND   |                   |                                      |   |
|  |                   |                                      |   |
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|  |                   | SIOUX FALLS                          | 30  |
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Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61969

# Consolidated Communications Enterprise Services

## Ε

#### 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.

| BLG                           | OCK 1       |       | BLOCK               | (2          |      |
|-------------------------------|-------------|-------|---------------------|-------------|------|
|                               | NO. OF      |       |                     | NO. OF      |      |
| CATEGORY OF SERVICE           | SUBSCRIBERS | RATE  | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |
| Residential:                  |             |       |                     |             |      |
| Service to first set          | 5,926       | 12.00 |                     |             |      |
| Service to additional set(s)  |             |       |                     |             |      |
| • FM radio (if separate rate) |             |       |                     |             |      |
| Motel, hotel                  | 11          | 15.00 |                     |             |      |
| Commercial                    | 264         | 15.00 |                     |             |      |
| Converter                     |             |       |                     |             |      |
| Residential                   |             |       |                     |             |      |
| Non-residential               |             |       |                     |             |      |

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

|   | BLOCK 2 |                               |       |                     |      |
|---|---------|-------------------------------|-------|---------------------|------|
| CATEGORY OF SERVICE                         | RATE    | CATEGORY OF SERVICE           | RATE  | CATEGORY OF SERVICE | RATE |
| Continuing Services:                        |         | Installation: Non-residential |       |                     |      |
| Pay cable                                   | 12.00   | Motel, hotel                  | 99.99 |                     |      |
| <ul> <li>Pay cable—add'l channel</li> </ul> | 12.75   | Commercial                    | 99.99 |                     |      |
| Fire protection                             |         | Pay cable                     |       |                     |      |
| •Burglar protection                         |         | Pay cable-add'l channel       |       |                     |      |
| Installation: Residential                   |         | Fire protection               |       |                     |      |
| • First set                                 | 99.00   | Burglar protection            |       |                     |      |
| <ul> <li>Additional set(s)</li> </ul>       | 99.00   | Other services:               |       |                     |      |
| • FM radio (if separate rate)               |         | Reconnect                     | 30.00 |                     |      |
| Converter                                   |         | Disconnect                    |       |                     |      |
|   |         | Outlet relocation             |       |                     |      |
|   |         | Move to new address           | 30.00 |                     |      |
|   |         |                               |       |                     |      |

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Consolidated Communications Enterprise Services** 

SYSTEM ID# 61969

# 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 |
|--------------|--------------------------|--------------------|------------------------|
| WFTC         | 29                       | l                  | MSP                    |
| KTCA         | 2.1                      | E                  | MSP                    |
| wcco         | 4                        | N                  | MSP                    |
| KMSP         | 9                        | <u> </u>           | MSP                    |
| KARE         | 11.1                     | N                  | MSP                    |
| KARE-2       | 11.2                     | N-M                | MSP                    |
| KSTP         | 5.1                      | N                  | MSP                    |
| KSTC         | 5.2                      | l                  | MSP                    |
| KEYC         | 12.1                     | N                  | Mankato                |
| WUCW         | 23                       | l                  | MSP                    |
|              |                          |                    |                        |
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61969

### **Consolidated Communications Enterprise Services**

#### 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 |
|-----------|----------|--------------|---------------------|-----------|----------|----------------|---------------------|
|           |          | ,_           |                     |           | 27.7.7   |                |                     |
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| Accounting Perio | Inting Period: 2021/2 FORM SA1-2E. PAGE 5  LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:  |                          |                           |                              |          |              |                 |         |                           |                     |
|------------------|---|--------------------------|---------------------------|------------------------------|----------|--------------|-----------------|---------|---------------------------|---------------------|
| Name             | Consolidated Commur   |                          |                           | Services                     |          |              |                 |         |                           | SYSTEM ID#<br>61969 |
|                  | SUBSTITUTE CARRIAGE   | : SPECIA                 | L STATEMEN                | T AND PROGRAM LO             | G        |              |                 |         |                           |                     |
| Substitute       | In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. |                          |                           |                              |          |              |                 |         |                           |                     |
| Carriage:        | 1. SPECIAL STATEMENT  | CONCER                   | NING SUBST                | ITUTE CARRIAGE               |          |              |                 |         |                           |                     |
| Special          |   |                          |                           |                              | sis aı   | nv nonne     | twork telev     | isior   | n program                 | 1                   |
| Statement and    |   |                          |                           |                              |          |              |                 |         | V                         |                     |
| Program Log      | Note: If your answer is "No"  |                          | rest of this pag          | je blank. If your answer is  | s "Yes   | s," you mu   | ıst comple      | te th   | J <b>YES</b><br>e prograr |                     |
|                  | log in block 2.   |                          |                           | ,                            |          |              | •               |         | . 0                       |                     |
|                  | 2. LOG OF SUBSTITUTE  |                          |                           | to line. Llee abbreviation   | , who    | rover per    | aible if the    | oir m   | ooning io                 |                     |
|                  | In General: List each subst<br>clear. If you need more space  |                          |                           |                              | s wne    | rever pos    | isible, ii trie | 311 111 | eaning is                 |                     |
|                  | Column 1: Give the title  |                          |                           |                              | prog     | ram") tha    | it, during th   | ne ad   | counting                  |                     |
|                  | period, was broadcast by a  |                          |                           |                              |          |              |                 |         |                           |                     |
|                  | under certain FCC rules, reg  |                          |                           |                              |          |              |                 |         |                           | ٦.                  |
|                  | Do not use general categori   |                          | vies" or "baske           | tball." List specific progra | am title | es, for ex   | ample, "I L     | .ove    | Lucy" or                  |                     |
|                  | "NBA Basketball: 76ers vs.  |                          | Jacot live anto           | r "Vaa " Othamuiaa antar     | "NI~ "   |              |                 |         |                           |                     |
|                  | Column 2: If the program Column 3: Give the call s  |                          |                           |                              |          |              |                 |         |                           |                     |
|                  | Column 4: Give the broa   | •                        |                           |                              |          | ion is lice  | nsed by th      | e FC    | CC or, in                 |                     |
|                  | the case of Mexican or Can  |                          |                           |                              |          |              |                 |         | ,                         |                     |
|                  | Column 5: Give the mon  | ,                        | when your syst            | tem carried the substitute   | prog     | ıram. Use    | numerals        | , with  | n the mor                 | nth                 |
|                  | first. Example: for May 7 giv   |                          |                           |                              |          |              | 1               |         |                           | 1                   |
|                  | Column 6: State the time to the nearest five minutes.   |                          | •                         |                              |          | •            |                 |         |                           | ly                  |
|                  | stated as "6:00–6:30 p.m."  | шхантрі <del>с</del> . а | i program cam             | ed by a system nom o.o       | . 13 p   | .111. 10 0.2 | .o.30 p.iii.    | 51100   | iid be                    |                     |
|                  | Column 7: Enter the lette   | er "R" if the            | listed program            | was substituted for prog     | ramm     | ing that y   | our system      | า wa    | s require                 | d                   |
|                  | to delete under FCC rules a   |                          |                           |                              |          |              |                 |         |                           | am                  |
|                  | was substituted for program   | ming that y              | our system wa             | s permitted to delete und    | ler FC   | CC rules a   | ınd regulat     | ions    | in                        |                     |
|                  | effect on October 19, 1976.   |                          |                           |                              |          |              |                 |         |                           |                     |
|                  |   |                          |                           |                              |          | \//HE        | N SUBST         | ITLI    | TF                        |                     |
|                  | s   | UBSTITUT                 | E PROGRAM                 |                              |          |              | AGE OCC         |         |                           | 7. REASON FOR       |
|                  | 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No    | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION        |          | . MONTH      | 6.<br>FROM      | TIME    | S<br>TO                   | DELETION            |
|                  |   |                          |                           |                              |          |              |                 |         |                           |                     |
|                  |   |                          |                           |                              |          |              |                 |         |                           |                     |
|                  |   |                          |                           |                              |          |              |                 |         |                           |                     |
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|                  |   |                          |                           |                              |          |              |                 |         |                           |                     |
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|                  |   |                          |                           |                              |          |              |                 |         |                           |                     |

| ccounting Period:                         | 2021/2   |                       |                                     | FORM S                         | SA1-2E. PAGE |
|---|--|-----------------------|-------------------------------------|--------------------------------|--------------|
| Name                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services  |                       |                                     | •                              | SYSTEM ID    |
| <b>K</b><br>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 (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 son of how t | econdary transm<br>o compute this a | nission service<br>amount, see |              |
| _   | COPYRIGHT ROYALTY FEE  |                       |                                     |                                |              |
| Copyright<br>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 in  | but less th           | an \$527,600                        | 263,800                        |              |
|   | BLOCK 1: GROSS RECEIPTS OF \$13  | 7,100 OR              | LESS                                |                                |              |
|   | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00  | y fee that y          | ou must pay for t                   | his six-month                  |              |
|   | Line 1. Royalty fee for accounting period  |                       |                                     |                                |              |
|   | 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 lin   | nes 1 and 2           | 2                                   |                                |              |
|   | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE   | SS (but m             | ore than \$137,1                    | 00)                            |              |
|   | Base amount under statutory formula  | \$                    | 263,800.00                          | -                              |              |
|   | Enter amount of gross receipts from space K  |                       |                                     | <u>-</u>                       |              |
|   | 3. Subtract line 2 from line 1   |                       |                                     | <u>-</u>                       |              |
|   | 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 \$26:   | 3,800 (but            | less than \$527                     | ,600)                          |              |
|   | Enter the amount of gross receipts from space K  | \$                    | 446,213.41                          |                                |              |
|   | Base amount under statutory formula  | \$                    | 263,800.00                          | •                              |              |
|   | 3. Subtract line 2 from line 1   |                       | 182,413.41                          |                                |              |
|   | 4. Multiply line 3 by .01  |                       | •                                   | 1,824.13                       |              |
|   | Novalty due on the first \$263,800 of gross receipts (under statutory formula)   |                       |                                     | 1,319.00                       |              |
|   |  |                       |                                     | 0.00                           |              |
|   | Interest charge. Enter the amount from line 4, space Q, page 8      TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4   |                       |                                     |                                | 3,143.13     |
|   | FILING FEE AND TOTAL REMITTANCE DU   | IF                    |                                     |                                |              |
|   | TILING EL MAD TOTAL NEWITTANGE DE  | _                     |                                     |                                |              |
| Filing Fee and<br>Total Remittance<br>Due | Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)   |                       | . \$                                | 3,143.13                       |              |
| 200                                       | 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   |                       |                                     | \$                             | 3,163.13     |
|   | EFT Trace # or TRANSACTION ID #  |                       |                                     |                                |              |
|   | Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the  |                       |                                     |                                |              |

| Accounting Period:           | 2021/2  | FORM SA1-2E. PAGE 7.    |
|------------------------------|---|-------------------------|
| Name                         | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Consolidated Communications Enterprise Services   | SYSTEM ID#<br>61969     |
| <b>M</b><br>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 | 10                      |
|                              | system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services   | 198                     |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  |                         |
| for Further<br>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_  |                         |
| 0                            | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  |                         |
| Certification                | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  |                         |
|                              | (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I   | 3; or                   |
|                              | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or   |                         |
|                              | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.   | ner of the cable system |
|                              | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]                          |                         |
|                              | X /s/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: 2/28/2022   |                         |

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.

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61969 **Consolidated Communications Enterprise Services** 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-P 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-**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? NO 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. O For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment \$ 0 days Line 4 Multiply line 3 by 0.00274\*\* and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . \* 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@copyright.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

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.

First community served Accounting period

CONTROL #: REMITTANCE #:

☐Letter sent

 $\square \mathsf{Accepted}$ 

 $\square$  Accepted

Space H Primary Transmitters: Radio

| C                                   | Cable<br>Worksheet                   | Total amount of remittance | Number of SAs re           | c'd Initials    |  |  |
|-------------------------------------|--------------------------------------|----------------------------|----------------------------|-----------------|--|--|
|                                     |                                      | Date of remittance         | Check □EFT                 | ☐FILING FEES    |  |  |
| Cable ID#                           |                                      |                            |                            | Amount Initials |  |  |
| Examined by                         | Reviewed by                          | Date examination completed | Allocation number          |                 |  |  |
| Space A<br>Accounting<br>Period     |                                      |                            |                            |                 |  |  |
|                                     | ☐ January 1 - June 30, 2017          | [                          | July 1 - December 31, 2017 |                 |  |  |
|                                     | ☐ Letter sent                        | ]                          | Information received       |                 |  |  |
|                                     | □Accepted                            | ]                          | Phone call/Date/Contact    |                 |  |  |
| Space B<br>Owner                    |                                      |                            |                            |                 |  |  |
|                                     | Letter sent                          | ]                          | ☐Information received      |                 |  |  |
|                                     | □Accepted                            | ]                          | Phone call/Date/Contact    |                 |  |  |
| Space D<br>Area Served              |                                      |                            |                            |                 |  |  |
|                                     | ☐ Letter sent                        | ]                          | ☐ Information received     |                 |  |  |
|                                     | □Accepted                            | ]                          | Phone call/Date/Contact    |                 |  |  |
| Space E<br>Secondary<br>Transission |                                      |                            |                            |                 |  |  |
| Service<br>Subscribers:             | □ Letter sent □ Information received |                            |                            |                 |  |  |
| and Rates                           | □Accepted                            | [                          | ☐Phone call/Date/Contact   |                 |  |  |
| Space G<br>Primary<br>Transmitters: |                                      |                            |                            |                 |  |  |
| Television                          |                                      |                            |                            |                 |  |  |

 $\ \ \, \square \\ \ \, Information \ received$ 

☐ Phone call/Date/Contact

 $\square$ Phone call/Date/Contact

|                        |                           | Space I<br>Substitute<br>Carriage               |
|------------------------|---------------------------|---|
| ☐Letter sent           | ☐Information received     |   |
| □Accepted              | ☐Phone call/Date/Contact  |   |
|                        |                           | Space J Part-time Carriage Log                  |
| ☑Letter sent           | ☐Information received     | (SA3 only)                                      |
| □Accepted              | ☐Phone call/Date/Contact  |   |
|                        |                           | Space K<br>Gross Receipts                       |
| ☐ Letter sent          | ☐Information received     |   |
| ☐ Letter sent          | ☐Phone call/Date/Contact  |   |
|                        |                           | Space L<br>Copyright Filing<br>and Royalty Fees |
| ☐Royalty Fee should be | ☐Refund request to fiscal |   |
| ☐Letter sent           | ☐Information received     |   |
| □Accepted              | ☐Phoe call/Date/Contact   |   |
|                        |                           | Space M<br>Channels                             |
| ☐Letter sent           | ☐ Information received    |   |
| □Accepted              | ☐Phone call/Date/Contact  |   |
|                        |                           | Space O<br>Certification                        |
| ☐ Letter sent          | ☐ Information received    |   |
| □Accepted              | ☐Phone call/Date/Contact  |   |
|                        |                           | Space P<br>Statement of<br>Gross Receipts       |
| ☐ Letter sent          | ☐ Information received    |   |
| □Accepted              | ☐Phone call/Date/Contact  |   |
|                        |                           | Space Q<br>Interest<br>Assessment               |
| ☐ Letter sent          | ☐Info/add'l fee received  |   |
| □Accepted              | ☐Phone call/Date/Contact  |   |