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								
8/28/2020	\$								
	ALLOCATION NUMBER								
	i								

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	ACCC	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 Enterprise Services, Inc (fka: Exop of 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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 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.

Consolidated Communications Enterprise Services, Inc (fka: Exop Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city. CITY OR TOWN STATE Kearney MO Platte City MO		LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I									
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city. CITY OR TOWN STATE Kearney MO Platte City MO	Name											
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city. CITY OR TOWN STATE Kearney MO Platte City MO		Consolidated Communications Enterprise Services, inc (ik										
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Kearney MO Community Platte City MO	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										
CITY OR TOWN STATE First Kearney MO Community Platte City MO		Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the										
First Kearney MO Community Platte City MO	Corved											
Community Platte City MO												
Total a Normal State of the Control	Community	Platte City	MO									
Roce in Note the Note that is a second or a												
	dd Rows as Necessary											

Accounting Period: 2019/2
FORM SA1-2F_PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62615

Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri II

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					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	11	43.95	IPTV Expanded	92	82.95		
 Service to additional set(s) 			IPTV Ultimate	182	92.95		
• FM radio (if separate rate)							
Motel, hotel							
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel		Ultimate Movie Pack	45.00
 Pay cable—add'l channel 		Commercial		HBO Digital Suite	17.00
 Fire protection 		Pay cable		Cinemax Digital Suite	12.00
 Burglar protection 		Pay cable-add'l channel		Starz/Encore Digital St	12.00
Installation: Residential		Fire protection		Showtime/TMC Digital	15.00
 First set 	50.00	Burglar protection			
 Additional set(s) 	50.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
 Converter 		Disconnect			
		Outlet relocation			
		Move to new address	50.00		

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62615

Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri Ir

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
WDAF (FOX)	4	<u> </u>	Kansas City, MO
KCTV (CBS)	5	N	Kansas City, MO
KMCI (The Spot)	7	<u> </u>	Kansas City, MO
KMBC (ABC)	9	N	Kansas City, MO
KSMO (MyNet)	10	<u> </u>	Kansas City, MO
KSHB (NBC)	12	N	Kansas City, MO
KCWE (CW)	13	1	Kansas City, MO
KPXE (ION)	16	<u> </u>	Kansas City, MO
KCPT (PBS)	19	E	Kansas City, MO
	•		
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Consolidated Communications Enterprise Services, Inc (fka: Exop of Missouri Inc)

62615

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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	1 2010/2												
Accounting Perio	d: 2019/2 LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#					
Name	Consolidated Commun			Services, Inc (fka: E	xop of Miss	ouri Inc)		62615					
Substitute Carriage:	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
Special Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.												
	period, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Canto Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in											
	S 1. TITLE OF PROGRAM	UBSTITUT	E PROGRAM	1		EN SUBSTITIAGE OCCU	IRRED	7. REASON FOR DELETION					
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO						

Nama			WNER OF CA										S	YSTEM IC
Name	Cons	olidate	l Commi	unicat	ions En	terprise	Servi	ces, In	c (fka:	Ехор о	f Missour	Inc)		6261
K Gross Receipts	Instru all am (as ide page G	ounts (greentified in (vii) of the Gross recently the control of t	he figure yoss receipt space E) general ir ipts from s	ts) paid during t nstructic subscrib g period	I to your of the accou ons locate bers for se	cable systements of the systeme of the system of the syste	em by s iod. For paper Sa transmi	ubscribe a furthe A1-2 fori ssion se	ers for the r explana n. rvice(s)	e system's	amount you s secondary ow to compu	transmis te this ar	ssion servi mount, see	8,295.67
	IMPO	RIANI:	rou must o	complet	le a state	ment in sp	pace P	concerni	ng gross	receipts.			(Amount of g	ross receipts)
Copyright Royalty Fee	InstructCompUse bUse bUse b	tions: To lete block lock 1 if the lock 2 if the lock 3 if the		the royal 2, <i>or</i> blo t of gros t of gros t of gros	ock 3. ss receipt ss receipt ss receipt	s in space s in space s in space	e K is m e K is m	ore than ore than	\$137,10 \$263,80	0 but less	s than or eq s than \$527, tion.		63,800	
					BLOC	K 1: GRC	SS RE	CEIPTS	OF \$13	37,100 O	R LESS			
			a cable sys od is \$52.00		:h gross re	eceipts of	\$137,10	0 or less	the roya	lty fee tha	t you must p	ay for this	s six-month	
	Line 1	. Royalty f	ee for acco	ounting p	period									
		Line 1. Royalty fee for accounting period												
	Line 3	. TOTAL I	ROYALTY	FEE PA	AYABLE I	FOR ACC	OUNTIN	IG PERIO	DD Add I	ines 1 and	d 2	<u>_</u>		
			BLC	OCK 2: (GROSS	RECEIP	TS OF	\$263,80	0 OR LE	SS (but	more than	3137,100))	
	1. Bas	e amount	under statı	utory for	rmula					\$	263,800	0.00		
	2. Ente	er amount	of gross re	eceipts f	irom spac	e K				\$	188,29	5.67		
	3. Sub	tract line	2 from line	1						\$	75,504	1.33		
			_								<u>\$</u>		,295.67	
											\$,504.33	
											\$			
														563.96
	8. Inte	rest charg	e. Enter th	he amou	ınt from lir	ne 4, spac	e Q, pag	ge 8						0.00
	9. TO	TAL ROY	ALTY FEE	PAYAB	3LE FOR	ACCOUN	TING PI	ERIOD. A	Add lines	7 and 8		<u>\$</u>		563.96
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)													
	1. Ente	er the amo	ount of gros	ss receip	pts from s	pace K								
			under statı									0.00		
	4. Mul	tiply line 3	by .01											
	5. Roy	alty due c	n the first \$	\$263,800	0 of gross	receipts ((under s	tatutory f	ormula) .		\$	1	,319.00	
	6. Inte	rest charg	e. Enter th	he amou	ınt from liı	ne 4, spac	e Q, pag	ge 8					0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6													
				FIL	ING FEE	E AND TO	OTAL R	EMITTA	ANCE D	UE				
Filing Fee and	1. Roy	alty Fee F	Payable for	Accoun	ntina Peric	od (from B	lock 1. 2	, or 3. ah	ove),.		\$		563.96	
otal Remittance Due		-	e the instru		-	•							20.00	
				EOD AC								\$		583.96
	3. TO		UNI DUE	FUR AL	COUNT	NG PERIO	DD. Add	d lines 7	and 3			-11		

Accounting Period:	2019/2									FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: Communications Enterpris	se Servi	ices, Ind	c (fka: Exop	of Missouri	i Inc)			SYSTEM ID# 62615
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. 9 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 107									
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account		ORMATIC	ON IS NEEDEC	(Identify an i	ndividual to wh	nom		
for Further Information	Name	Jana Manterola						Telephone	509-962-027	72
	Address	305 N Ruby Street (Number, street, rural route, apartm Ellensburg, WA 9892 (City, town, state, zip)		uite numbe)					
	Email	jana.manterola@	@consoli	lidated.c	om		Fax (option	nal) <u>509-933-745</u>	3	
O Certification	I, the undersigne (Owner (Agent in I X (Office in I) I have examined	Typed or printed Title:	artnership artnership attion or pa where is no f a corpora hereby dec knowledge Enter an e Enter sign d name:	ip) I am the artnership of a corporation) or a corporation or corporation or corporation or corporation or corporation or cor	the boxes.) ne owner of the p) I am the duly oration or partner (if a partner the partner than the partner	authorized agrship; or artnership) of the withat all states f, and are made the line above to the control of th	as identified in ligent of the own the legal entity is ments of fact or lie in good faith.	line 1 of space B er of the cable sy identified as own ontained herein	stem as identified	
		Date:					2/26/2	2020		

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counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
onsolidated Communications Enterprise Services, Inc (fka: Exop of Missouri In	62615
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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
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 Accounting period	

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