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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	14683
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Illinois, LLC (Altamont, IL)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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 Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

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	MCC Illinois, LLC (Altamont, IL)	1/683
		14683
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
-	CITY OR TOWN	STATE IL
First Community	Altamont Effingham County	
	Fayette County	
Add Rows as Necessar		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name	MCC Illinois, LLC (Altan							515	1468
		ioni, ill)							
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					,	,	
Rates	each category by counting the n								
	separately for the particular serv							-	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				y standai		5 Within a p		
	Block 1: In the left-hand block	in space E, the	e form li	sts the categorie					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca	ble service to a	addition	al sets would be	included				
	first set" and would be counted of Block 2: If your cable system					service that are	different f	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.						BLOC	( )	
	BLU	OCK 1 NO. OF	:				BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		564	29.95-48.54					
	Service to additional set(s)     EM radio (if concrete rate)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial		1	29.95-48.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC						tom'a conv	icco that word	
F	In General: Space F calls for rat not covered in space E, that is, t		,			• •			
	service for a single fee. There ar	e two exceptio	ns: you	do not need to g	give rate i	nformation cond	cerning (1)	services	
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any face		argeu on a vana	able hei-hi	ogram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip				ieu. List			ionn or a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-resid					
	• Pay cable	PP	• Mo	tel, hotel			Family	TV	78.4
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Co	mmercial					
	Fire protection		-	y cable					
	•Burglar protection		-	y cable-add'l cha	nnel				
	Installation: Residential	00.00		e protection					
	• First set	99.99		rglar protection services:					
	Additional cot(c)	15.00-29.00	Joners	301 11663.					
	Additional set(s)     EM radio (if separate rate)		• Po	connect		20.00			
	• FM radio (if separate rate)	10.50		connect connect		29.00			
		10.50	• Dis	connect connect tlet relocation		29.00 15.00-29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM
Name	MCC Illinois, LLC (Alt			146
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form.	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDNL/KDNL(HD) ABC	30	N	ST. LOUIS, MO
	KDNL-DT2 TBD	30.2	N	ST. LOUIS, MO
Rows as Necessary	KDNL-DT3 Charge	30.3	Ν	ST. LOUIS, MO
	KMOV/KMOV(HD) CBS	24	N	ST. LOUIS, MO
	KMOV-DT2 Cozi TV	24.2	N	ST. LOUIS, MO
	KMOV-DT3 MyNetworkTV	24.3	N	ST. LOUIS, MO
	KNLC/KNLC MeTV (HD)	14	l	St. Louis, MO
	KNLC-DT2 NLEC TV	14.2	I	St. Louis, MO
	KNLC-DT3 Heroes & Icons	14.3	I	St. Louis, MO
	KNLC-DT4 Movies!	14.4	I	St. Louis, MO
	KNLC-DT5 Decades	14.5	I	St. Louis, MO
	KPLR/KPLR(HD) CW 11	11	l	St. Louis, MO
	KPLR-DT2 This TV	11.2	I	St. Louis, MO
	KSDK/KSDK(HD) NBC	35	N	St. Louis, MO
	KSDK-DT2 BOUNCE TV	35.2	N	St. Louis, MO
	KTVI/KTVI(HD) FOX	2	I	ST. LOUIS, MO
	้งการการการการการการการการการการการการการก	•		
	KTVI-DT2 ANTENNA TV	2.2	I	ST. LOUIS, MO
	KTVI-DT2 ANTENNA TV WAND/WAND(HD) NBC	<u>2.2</u> 17	I N	ST. LOUIS, MO Decatur, IL
	WAND/WAND(HD) NBC		N	Decatur, IL
	WAND/WAND(HD) NBC WAND-DT2 COZI TV	17 17.2	N	Decatur, IL Decatur, IL
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW	17 17.2 22	N N I	Decatur, IL Decatur, IL Decatur, IL
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 THIS TV	17 17.2 22 22.2	N N I I	Decatur, IL Decatur, IL Decatur, IL Decatur, IL
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 THIS TV WBUI-DT3 Stadium	17 17.2 22 22.2 22.3	N N I I I	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL

				OVOTEM
Name	LEGAL NAME OF OWNER OF			SYSTEM 146
	MCC Illinois, LLC (Alta			170
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.63 (s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination I with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
		dian stations, if any, give the name of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN WCIA/WCIA(HD) CBS	48	N	4. LOCATION OF STATION Champaign, IL
	WCIA/WCIA(HD) CBS	48	N	Champaign, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV	48 48.3	N	Champaign, IL Champaign, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV	48 48.3 48.4	N N N	Champaign, IL Champaign, IL Champaign, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD	48 48.3 48.4 13	N	Champaign, IL Champaign, IL Champaign, IL Springfield, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape	48 48.3 48.4 13 13.3	N	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff	48 48.3 48.4 13 13.3 13.4 50	N N N N I I I I I I I I I I I I I I I I	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS	48 48.3 48.4 13 13.3 13.4 50	N N N I I I E	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW	48 48.3 48.4 13 13.3 13.4 50 50.2	N N N I I I I E E	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC	48 48.3 48.4 13 13.3 13.4 50 50.2 42	N N N I I I E E E N	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT2 COMET	48 48.3 48.4 13 13.3 13.3 13.4 50 50.2 42 42 42.2	N N N N I I I E E N N N N N N N N N N N	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT2 COMET WICS-DT3 TBD	48 48.3 48.4 13 13.3 13.4 50 50.2 42 42.2 42.3	N N N I I I E E E N N N N	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL Springfield, IL Springfield, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT2 COMET WICS-DT3 TBD WICS-DT4 Charge	48 48.3 48.4 13 13.3 13.4 50 50.2 42 42 42.2 42.3 42.4	N N N N I I I I I N N N N N N N N N N N	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT2 COMET WICS-DT3 TBD WICS-DT4 Charge WILL/WILL(HD) PBS	48 48.3 48.4 13 13.3 13.4 50 50.2 42 42 42.2 42.3 42.4 9	N N N N I I I I I N N N N N N N N E	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Urbana, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT3 Bounce TV WCIX-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT3 TBD WICS-DT3 TBD WICS-DT4 Charge WILL/WILL(HD) PBS WILL-DT2 PBS WORLD	48 48.3 48.4 13 13.3 13.4 50 50.2 42 42.2 42.3 42.3 42.4 9 9.2	N N N N I I I E E R N N N N N N N R E E E E E E E E E	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Charleston, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Urbana, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT2 COMET WICS-DT3 TBD WICS-DT4 Charge WILL/WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE	48 48.3 48.4 13 13.3 13.4 50 50.2 42 42.2 42.3 42.4 9 9.2 9.3	N N N N I I I I I I I I I I I I I I I I	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Charleston, IL Springfield, IL Springfield, IL Springfield, IL Urbana, IL Urbana, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT3 Bounce TV WCIX-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT3 TBD WICS-DT3 TBD WICS-DT4 Charge WILL/WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WPXS Daystar Mt. Vernon	48 48.3 48.4 13 13.3 13.4 50 50.2 42 42.3 42.3 42.3 42.4 9 9.2 9.3 21	N N N N I I I I I I I I I I I I I I I I	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Urbana, IL Urbana, IL Urbana, IL
	WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT3 Bounce TV WCIX-DT4 Bounce TV WCIX/WCIX-DT MYNET HD WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT3 TBD WICS-DT4 Charge WILL/WILL(HD) PBS WILL-DT2 PBS WORLD WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WPXS Daystar Mt. Vernon WRBU/WRBU(HD) ION	48 48.3 48.4 13 13.3 13.4 50 50.2 42 42.3 42.4 9 9.2 9.3 21 46	N N N N I I I I I I I I I I I I I I I I	Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Charleston, IL Springfield, IL Springfield, IL Springfield, IL Urbana, IL Urbana, IL Urbana, IL St. Louis, MO

MCC Illinois	, LLC (Alta	CABLE SY <b>mont, I</b>						SYSTEM I 146
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AN4 514	0/5			AN4 514	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2018/1						FOR	M SA1-2E. PAGE 5
N	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MCC Illinois, LLC (Alta	amont, IL)						14683
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LOO	G			
1	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or auth	norizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	•	r cable system	carry, on a substitute basi	s, any nonnet	work televisi	on progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	ist complete	the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their	meaning is	i
	clear. If you need more spa Column 1: Give the title			sion program ("substitute p	program") tha	t during the	accounting	1
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further	information	า.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
			dcast live, ente	" "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			-CC or, in	
				tem carried the substitute p			ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sno	buid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulation	is in	
								•
	s	UBSTITUT			WHE	N SUBSTIT	UTE	
		000011101	EPROGRAM		CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM			4. STATION'S LOCATION			MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	
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ccounting Period:		L NAME O	FOWNE	R OF CAE	3LE SYS	STEM:												1-2E. PAGI
Name	MC	C Illino	is, LL	.C (Alta	amon	nt, IL)												146
<b>K</b> Gross Receipts	Inst all a (as i page	mounts dentified e (vii) of Gross re	s: The f (gross r d in spa the ger eceipts	figure yo receipts ace E) du neral ins from su	s) paid uring ti structio ubscrib	to you the acc ons loc bers for	ur cabl countii cated i or seco	le syster ng perio in the pa ondary tr	n by su d. For per SA ansmis	ubscrib a furthe 1-2 foi ssion se	ers for t er expla m. ervice(s	he sy: nation )	stem's 1 of ho	mount yo seconda w to com	ry tran pute th	smission	servicent, see	
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L Copyright Royalty Fee	Instru • Com • Use • Use • Use	block 2 block 3	To com ock 1, b if the a if the a if the a	npute the block 2, mount c mount c mount c	e royal or blo of gros of gros of gros	ock 3. ss rece ss rece ss rece	eipts in eipts in eipts in	n space l n space l	≺ is mo ≺ is mo	ore that	n \$137,′ n \$263,8	100 bi 300 bi	ut less	than or e than \$52 ion.		) \$263,80	00	
						BLC	DCK 1	: GROS	S RE	CEIPT	S OF \$	137,1	00 OF	RLESS				
		uctions: J			em with	h gross	s recei	ipts of \$1	37,100	) or less	, the roy	alty fe	e that	you must	t pay fo	r this six-	month	
	Line	1 Roval	itv fee fr	or accou	intina r	period												
		,	,		0.													0.00
	Line	2. Intere	st charg	je. Ente	er the a	amouni	tirom	line 4, s	ace Q	, page	5							0.00
	Line	3. <b>TOTA</b>	L ROY	ALTY F	EE PA	YABL	E FOF	R ACCO	UNTIN	G PER	OD Add	d lines	1 and	2		· · · <u> </u>		
				BLOC	CK 2: (	GROS	3S RE	CEIPT	3 OF \$	263,80	00 OR I	ESS	(but n	nore thai	n \$137	,100)		
	1. Ba	ise amoi	unt unde	er statut	ory for	rmula .						\$		263,8	00.00	-		
	2. Er	iter amo	unt of g	ross rec	eipts fi	rom sp	ace K	<b>.</b>				\$		137,6	34.29	-		
	3. Sı	ıbtract lir	ne 2 froi	m line 1							• • •	\$		126,1	65.71	-		
				-										. \$		137,634	.29	
														. \$		126,165	5.71	
														\$		11,468		
	7. M	ultiply lin	e 6 by .	005 (ent	ter figu	ure here	e)									\$		57.34
	8. In	erest ch	arge. E	Enter the	amou	unt from	n line 4	4, space	Q, pag	e8						·		0.00
	9. <b>T</b> (	)TAL RO	OYALT	Y FEE P	'AYAB	3LE FO	OR AC	COUNT	NG PE	RIOD.	Add line	s 7 an	d 8			\$		57.34
				BLOCK	K 3: G	ROSS	3 REC	EIPTS	OF M	ORE T	HAN \$2	263,8	00 (bu	t less that	an \$52	7,600)		
	1. Er	iter the a	amount	of aross	receir	ots fron	n spac	се К										
				-											00.00	_		
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	5. R	oyalty du	e on the	e first \$2	263,80(	0 of gro	oss re	ceipts (u	nder st	atutory	formula	)		. \$		1,319	9.00	
	6. In	erest ch	arge. E	Enter the	e amou	unt from	n line 4	4, space	Q, pag	e 8						(	0.00	
					FIL	ING F	·EE A	ND TO	AL R	EMILI	ANCE	DUE						
Filing Fee and	1. R	ovaltv Fe	e Pava	ble for A	Accoun	ntina Pe	eriod (1	from Blo	ck 1. 2.	or 3. a	bove)			. \$		57	7.34	
Total Remittance Due			-			-		rmation of									0.00	
	2.11	ing i ee	(000 11)	emstruc	,00151		e moi	mation	// ming		culation	3)		Ψ				
	3. то	TAL AP	NOUNT	DUE F	OR AC	COUN	NTING	PERIO	). Add	l lines 2	2 and 3					\$		77.34

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER MCC Illinois, LLC (A					SYSTEM ID# 14683
<b>M</b> Channels	<ul> <li>to its subscribers, and (</li> <li>1. Enter the total numb- system carried televis</li> <li>2. Enter the total numb- on which the cable sy</li> </ul>	(2) the cable system's er of channels on whi ion broadcast station er of activated channel stem carried televisio	s total numt ich the cabl is els on broadcas		stations	61 70
N Individual to Be Contacted	INDIVIDUAL TO BE C			RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name Ken	neth J. Kohrs		Τε	elephone 845-4	43-2762
	(Numt	e Mediacom Way ber, street, rural route, apa diacom Park, NY	artment, or su	te number)		
	Email	Copyrights@r	mediacom	Cc.com Fax (optional)		
O Certification	I, the undersigned, here     (Owner other     (Agent of ow     in line 1 o     (Officer or p     in line 1 o     · I have examined the sta	eby certify that (Check than corporation or ner other than corpor f space B and that the artner) I am an officer f space B. atement of account and correct to the best of m	one, <i>but on</i> <b>partnershi</b> <b>ration or pa</b> cowner is no (if a corpor- d hereby de hy knowledg	b) I am the owner of the cable system as identified in line 1 of <b>artnership)</b> I am the duly authorized agent of the owner of the at a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identifie clare under penalty of law that all statements of fact container e, information, and belief, and are made in good faith.	f space B; or e cable system as d as owner of the	
				/S/ Kenneth J. Kohrs electronic signature on the line above to certify this statement nature using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or printe		Kenneth J. Kohrs President, Financial Reporting		
				on held in corporation or partnership)		

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 the 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 telephol 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 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 t 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 lav

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
C Illinois, LLC (Altamont, IL)	1468
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." 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 general did the pable surface available environment of general did the pable surface.	P Special Statemen Concerning Gross Receipts Exclusio
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	
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.	0
	<u>v</u>
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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