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	T 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
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	1716
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Missouri, LLC (Hermann, MO)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY	
		(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 ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	MCC Missouri, LLC (Hermann, MO)	1716
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ry" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Hermann	MO
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	MCC Missouri, LLC (He	rmann, MO)							171
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							harden a	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv	rice at the rate i	ndicate	d-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					i in the count un			
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	nand block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:		2.10		0.11			CODOCINDENC	
	Service to first set		211	29.95-48.74					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial			29.95-48.74					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NEMIS						
-	In General: Space F calls for rate	-				I your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t	•	,		•	• •			
0	service for a single fee. There and								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuany	blice. If any fa			abic per-pr	ograffi basis,	
ransmissions:	Block 1: Give the standard rat	te charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) description				sned. List	these other serv	lices in the	form of a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	PP	• Mc	otel, hotel			Family	тν	75.4
	• Pay cable—add'l channel	PP		mmercial			ñ		
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	, y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	First set	49.99		rglar protection					
	 Additional set(s) 	15.00-29.00		services:					
						00.00			
	• FM radio (if separate rate)		• Re	connect		29.00			
				connect sconnect		29.00			
	• FM radio (if separate rate)		• Dis			29.00			

unting Period: 2	-			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 1716
	MCC Missouri, LLC (H			
G Primary ransmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on ti Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in 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 in concerning substitute basis stations of 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, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also , see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDNL/KDNL(HD) ABC	31	N	St. Louis, MO
	KETC/KETC(HD) PBS	39	E	St. Louis, MO
ows as Necessary	KETC-DT4 PBS Create	39.4	E	St. Louis, MO
	KMIZ ABC	17	N	Columbia, MO
	KMIZ-DT2 (MeTv)	17.2	1	Columbia, MO
	KMOV/KMOV(HD)CBS	24	N	St. Louis, MO
	KOMU NBC	8	N	Columbia, MO
	KPLR CW	26	I	St. Louis, MO
	KRCG CBS		N	Jefferson City, MO
	KSDK/KSDK(HD) NBC	35	N	St. Louis, MO
	KTIV(HD) NBC	41	N	Sioux City, IA
	KTV((FOX)	2		St. Louis, MO
		۲		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		1		

EGAL NAME O								SYSTEM ID 171
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					171
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
ecceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	it is carried by monitoring, to ormation about rm. dentify the call State whether if the radio stat this by placing Sive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t 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 o ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
		-			-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MCC Missouri, LLC (H	ermann, l	NO)				1716
	SUBSTITUTE CARRIAGI				G		
1	In General: In space I, identi		-		-	ion that your cable s	etem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special	 During the accounting per 				s. anv nonnet	twork television proa	ram
Statement and	broadcast by a distant sta	-	···· , ···	,,, , ,	-,- ,	YES	X
Program Log	5					-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	'Yes," you mu	ist complete the proc	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meaning	g is
	clear. If you need more spa			ision program ("substitute	orogram") tha	t during the account	tina
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further informa	ition.
	Do not use general categor		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy"	or
	"NBA Basketball: 76ers vs.		least live onto	r "Vos " Othonwiso optor "N	lo."		
				r "Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC or,	in
	the case of Mexican or Can	adian static	ons, if any, the o	community with which the	station is iden	ntified).	
			when your sys	tem carried the substitute	orogram. Use	numerals, with the r	nonth
	first. Example: for May 7 giv		substituto pro	gram was carried by your	cablo system	List the times accur	atoly
	to the nearest five minutes.						alely
	stated as "6:00-6:30 p.m."		p g				
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976.		our system wa	s permitted to delete unde	I FUU TUIES a	nu regulations in	
					1.1		1
						N SUBSTITUTE	
	S		E PROGRAN			AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	MCC Missouri, LLC (Hermann, MO)		1716
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e , 890.67
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: LLC (Hermann, MO)			SYSTEM ID# 1716
M Channels	 to its subscribers 1. Enter the total system carried 2. Enter the total 	, and (2) the cable system's to number of channels on which television broadcast stations number of activated channels	5	he accounting period.	16
		able system carried television ast services	broadcast stations		65
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour	ER INFORMATION IS NEEDED (Identify it.)	an individual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 845-44	3-2762
	Address	One Mediacom Way (Number, street, rural route, aparte	ment, or suite number)		
		Mediacom Park, NY (City, town, state, zip)			
	Email	Copyrights@me	ediacomcc.com	Fax (optional)	
			ust be certified and signed in accordance v		
O Certification	X (Agent in li Office • I have examined	of owner other than corpora ine 1 of space B and that the o er or partner) I am an officer (if ine 1 of space B. the statement of account and I e, and correct to the best of my	artnership) I am the owner of the cable systetion or partnership) I am the duly authorize wner is not a corporation or partnership; or	d agent of the owner of the cable system as ic of the legal entity identified as owner of the ca tatements of fact contained herein	
		Typed or printed	Enter an electronic signature on the line abo Enter signature using an "/s/ signature" (e.g. name: Kenneth J. Kohrs		
		Title:	Vice President, Financial Repo fficial position held in corporation or partnership)	orting	
	1				

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
C Missouri, LLC (Hermann, MO)	171
 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 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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