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				
08/28/2018	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM MINNESOTA LLC
		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 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM MINNESOTA LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1504 2nd Street SE, P.O. Box 110 (Number, street, rural route, apartment, or suite number)
		Waseca, MN 56093
	<u> </u>	(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.

Accounting Period:	2018/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name								
	MEDIACOM MINNESOTA LLC	27464						
	Instructions: List each separate community served by the cable system. A "c							
D	"a separate and distinct community or municipal entity (including unincorpo							
	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 know							
	as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Served	identified city.							
00.704								
	CITY OR TOWN	STATE						
First	PAYNESVILLE	MN						
Community	PAYNESVILLE TOWNSHIP							
Community		MN						
	ATWATER	MN						
Add Rows as Necessary	GROVE CITY	MN						
	CLARA CITY	MN						
	MAYNARD	MN						
	COSMOS	MN						
	GRANITE FALLS	MN						

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

MEDIACOM MINNESOTA LLC

27464

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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
 Service to first set 	1,664	29.95-47.54			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	3	29.95-47.54			
Converter					
Residential					
Non-residential					
		T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1				BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RAT
Continuing Services:		Installation: Non-residential		
 Pay cable 	PP	Motel, hotel		Family Cable 77.4
 Pay cable—add'l channel 	PP	Commercial		
 Fire protection 		Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	99.99	Burglar protection		
 Additional set(s) 	15.00-29.00	Other services:		
 FM radio (if separate rate) 		Reconnect	29.00	
Converter	10.50	Disconnect		
		Outlet relocation	15.00-29.00	
		Move to new address		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3 EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID: Name 27464 MEDIAÇOM MINNESOTA LLC In General: In space G. identify every television station (including translator stations and low power television stations) G in arried 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 Primary Transmitters: Television substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program pasis 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 nulticast 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-N" (for network multicast), "I" (for independent), "I-N" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial), "E" (for noncommercial) 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. 2. B'CAST CHANNEL NUMBER 1. CALL SIGN 3. TYPE OF STATION 4. LOCATION OF STATION KARE/KARE(HD) NBC 11 Minneapolis, MN KARE-DT2 WeatherNation Minneapolis, MN KARE-DT3 Justice Network Minneapolis, MN (MSP/KMSP(HD) FOX Minneapolis, MN (MSP-DT4 BUZZER Minneapolis, MN KPXM (ION) ST CLOUD, MN KSTC/KSTC(HD) IND MINNEAPOLIS,MN STC-DT2 MeTV 45.2 MINNEAPOLIS,MN (STC-DT3 Antenna 45.3 MINNEAPOLIS,MN (STC-DT4 ThisTV MINNEAPOLIS,MN (STP/KSTP(HD) ABC KSTP-DT2 Heroes&Icons 35.2 St. Paul, MN KTCA PBS TPT 2 (HD) 34.3 St. Paul, MN KTCA-DT PBS TPT 2 St. Paul, MN KTCA-DT2 PBS Kids (HD) 34.2 St. Paul, MN KTCI PBS TPT Life St. Paul, MN KWCM/KWCM(HD) PBS 10 APPLETON, MN KWCM-DT2 PBS Create 10.2 APPLETON, MN APPLETON, MN KWCM-DT3 PBS MN Chan 10.3 APPLETON, MN KWCM-DT4 PBS World 10.4 WCCO/WCCO(HD) CBS Minneapolis, MN 32 WCCO-DT2 Decades 32.2 Minneapolis, MN WFTC/WFTC (HD) (MyNET) Minneapolis, MN WFTC-DT4 Movies 29.4 Minneapolis, MN WUCW/WUCW(HD) CW 22 MINNEAPOLIS, MN WUCW-DT2 Comet 22.2 MINNEAPOLIS, MN

MINNEAPOLIS, MN

WUCW-DT3 Charge

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM MINNESOTA LLC

27464

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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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESO		TEM:					SYSTEM ID# 27464
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant stat Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTI In General: List each subsiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Carriers."	TA LLC E: SPECIA ify every non ccounting point that mus T CONCER iod, did you tion? ", leave the E PROGRA titute progra ice, please a of every no distant stati gulations, o ies like "mo Bulls." In was broad sign of the se adcast static addian static addian static and day we "5/7."	AL STATEMEI nnetwork televis eriod, under spe st be included in RNING SUBST r cable system rest of this pag MMS and additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (the ons, if any, the owhen your system AL STATEMEI RNING SUBST ROWNING RO	sion program, broadcast be ecific present and former For this log, see page (v) of the ITITUTE CARRIAGE carry, on a substitute base blank. If your answer is the line. Use abbreviations rows to the tables. It is is program ("substitute and the substitute substitute is a See page (v) of the general section of the substitute program of the substitute program of the substitute program is the substitute program the community with which the term carried the substitute the	y a distant state CC rules, regular general instant size general instant size, any nonner six "Yes," you must wherever possible program") the ed for the properal instruction titles, for example, station is lice estation is idea program. Us	nt station, that your cable system carried on a regulations, or authorizations. For a further al instructions in the paper SA1-2 form. The paper SA1-2 form. Tyes X NO Tou must complete the program Tyes X NO Ty		em carried on a For a further -2 form. NO m
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	er "R" if the and regulation nming that y	listed program ons in effect du our system wa	was substituted for progring the accounting perios permitted to delete und	ramming that d; enter the le er FCC rules	your system tter "P" if the and regulatio	was require e listed progr ons in	am
	S	UBSTITUT	E PROGRAM		CARF	RIAGE OCC	URRED	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. 7 FROM	TIMES — TO	DELETION

Accounting Period:	2018/1 FORM SA1-2E. PAG	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC 274	I ID# 464
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. (Amount of gross receipts)	
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 \$263,800 • 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.	
	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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	_ 0_
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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	
	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
	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)	
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	3
_	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	3
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.	

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER MEDIACOM MINNES				SYSTEM ID# 27464
M Channels	to its subscribers, and (: 1. Enter the total number system carried televisions.) 2. Enter the total number system.	2) the cable system's ter of channels on which ion broadcast stations er of activated channel		ing period.	35
	on which the cable sys and nonbroadcast ser				75
N Individual to Be Contacted	INDIVIDUAL TO BE CO		R INFORMATION IS NEEDED (Identify an individua)	il to whom	
for Further Information	Name Ken	neth J. Kohrs		Telephone 845-443-2	2762
		Mediacom Way er, street, rural route, apart	nt, or suite number)		
	I	liacom Park, NY own, state, zip)	0918		
	Email	Copyrights@m	liacomcc.com Fax	(optional)	
0	CERTIFICATION (This st	tatement of account m	t be certified and signed in accordance with Copyrig	ght Office regulations)	
O Certification	• I, the undersigned, here	by certify that (Check or	, but only one, of the boxes.)		
	(Owner other	than corporation or p	tnership) I am the owner of the cable system as identif	fied in line 1 of space B; or	
			on or partnership) I am the duly authorized agent of the ris not a corporation or partnership; or	ne owner of the cable system as ident	tified
	(Officer or pa		corporation) or a partner (if a partnership) of the legal	entity identified as owner of the cable	e system
		correct to the best of my	reby declare under penalty of law that all statements of nowledge, information, and belief, and are made in goo		
			X /s/ Kenneth J. Kohrs	this statement.	
			Enter signature using an "/s/ signature" (e.g., /s/ John Sn		
		Typed or printed	name: Kenneth J. Kohrs		***************************************
		Title:	Vice President, Financial Reporting		
		Date:	8/22/2018		

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counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM MINNESOTA LLC	27464
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 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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@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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