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 workboo 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	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			
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.	27486
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM ILLINOIS 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 s 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:	
	I	MEDIACOM ILLINOIS LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1102 North Fourth Street, P.O. Box 334	
	2	(Number, street, rural route, apartment, or suite number) Chillicothe, IL 61523	
		(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 fing, a determination that would be made by a court of law.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name	MEDIACOM ILLINOIS LLC	274
	Instructions: List each separate community served by the cable system. A "community	ZIA
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Kincaid	IL
Community	Buffalo	L
	Bulpitt	<u>IL</u>
d Rows as Necessary	Clear Lake Township	IL
	Clear Lake Village	IL
	Dawson	IL
	Edinburg	IL
	Harvel	IL
	Jeiseyville	IL
	Mechanicsburg	IL
	Morrisonville	IL
	Mt. Auburn	IL
	Palmer	IL
	River Oaks	IL
	Tovey	<u>і — і —</u> IL
	Sagamon CTY	IL
	Loami	
	New Berlin	L

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	MEDIACOM ILLINOIS LI								2748
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Fransmission	last day of the accounting period	(June 30 or D	ecembe	er 31, as the ca	ise may be	e).		-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the ne								
nuco	separately for the particular serv							onargea	
	Rate: Give the standard rate c								
	unit in which it is generally billed	· ·		,	ny standa	rd rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					a in the count ur	ider Servic	e lo lhe	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	nand block. A tv	vo- or thre	e-word descript	ion of the s	ervice is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIB	ERS	RATE	CAT	EGORT OF SE	RVICE	SUBSCRIBERS	RAI
	Service to first set		1,131	29.95-48.54					
	Service to additional set(s)		1,101	20.00-40.04					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.95-48.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-			-				
F	In General: Space F calls for rat not covered in space E, that is, t	(- , -			,,			
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ates are ch	narged on a vari	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ach of the a	applicable servi	ces listed.		
Rates	Block 2: List any services that	your cable sys	stem fu	rnished or offer	ed during	the accounting	period that		
	listed in block 1 and for which as				shed. List	these other ser	vices in the	form of a	
	brief (two- or three-word) descrip			ale for each.			1		
		BLO					0.175.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RAT
	Pay cable	PP		otel, hotel	luential		Family	Cable	78.4
	• Pay cable—add'l channel	PP		mmercial			i anny	Cable	70.
	ay cable—aud i chaimei	Fr		y cable					<u> </u>
	 Fire protection 			y cable-add'l ch	nannel				
	Fire protection Burglar protection			, ousie addi U					1
	•Burglar protection								
	•Burglar protection Installation: Residential	99.99	• Fin	e protection					
	•Burglar protection	99.99 15.00-29.00	• Fin • Bu						
	•Burglar protection Installation: Residential • First set		• Fir • Bu Other	e protection rglar protection		29.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fin • Bu Other • Re	e protection rglar protection services:		29.00			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	15.00-29.00	• Fin • Bu Other • Re • Dis	e protection rglar protection services: connect		29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM ILLINOIS	LLC		27
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	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 rul • Do <i>not</i> list the station here; station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su the 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 over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form.	time basis under rams [sections ations carried on a abstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAND/WAND(HD) NBC	17	N	Decatur, IL
	WAND-DT2 CoziTV	17.2	N	Decatur, IL
dd Rows as Necessary	WBUI/WBUI(HD) CW	22	I	Decatur, IL
	WBUI-DT2 This TV	22.2	I	Decatur, IL
	WBUI-DT3 Stadium	22.3	I	Decatur, IL
	WICS/WICS(HD) ABC	42	N	Springfield, IL
	WICS-DT2 Comet	42.2	N	Springfield, IL
	WICS-DT3 TBD	42.3	N	Springfield, IL
	WICS-DT4 Charge	42.4	Ν	Springfield, IL
	WILL/WILL(HD) PBS	9	E	Champaign, IL
	WILL-DT2 PBS World	9.2	E	Champaign, IL
	WILL-DT3 Create	9.3	E	Champaign, IL
	WRSP/WRSP(HD) FOX	44	l	Springfield, IL
	WRSP-DT2 MeTV	44.2	l	Springfield, IL
	WRSP-DT3 Antenna TV	44.3	I	Springfield, IL
	WSEC/WSEC (HD) (PBS)	15	E	JACKSONVILLE, IL
	WCIA/WCIA(HD) CBS	48	N	Champaign, IL
	WCIA-DT3 Bounce TV	48.3	N	Champaign, IL
				Champaign II
	WCIA-DT4 Grit	48.4	Ν	Champaign, IL
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD)	<u>48.4</u> 13.2	N I	Springfield, IL

EGAL NAME OF			/STEM:					SYSTEM I 274
	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 a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about m. tentify the call tate whether a 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 check n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved 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 he 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 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	
UNEL SIGIN		3/0	LOUATION OF STATION	UALL SIGN		3/0	LOUATION OF STATION	
		+						
						[
							 	

Name LEGAL NAME OF OWNER OF CALLE SYSTEM: SYSTEM INC 274.86 I SUBSITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOC In General: In space 1, identify youry nonserverk beinductor program. Incodents by a distart states, that your cale system carried on a subsitue basis during the accounting precised, under specific present and tomer FCO rules, regulations or antihorazions. For a turble regularities of the programming that must be inducted in this top see page (V) of the general instructions in the page SA1-2 form. Subsitute acquires in the page S1-1 form. SUBSITUTE PROGRAMS In General: List such subsitute program to a superstelling. If your answer is "Yes." you must complete the program togo in block 2. INO 2. Cool OF SUBSITUTE PROGRAMS In General: List such subsitute program to a superstelling. Use abbrowing program 'bind block 2. In General: List such subsitute program to a superstelling and (V) of the general instructions of the the information. Do not use general categories like. In our answer is "Yes." you must complete the program or the subsitute or top and in the information. Do not use general categories like. Information whenever possible. If their information. Do not use general categories like. Information whenever program togo in the subsitute or Canuma 5. Give the calls and on the your calle system call the subsitute program. The decade state on information. Commun 5. Give the calls and on the your calle system call the subsitute program. Commune the subsitute or the information. Do not use general categories like. In our and when the station is identified). Column 5. Give the calls and information bootcore and the usbitute program. Column 5. Give the call system was canded by your cable system. List the	Name MEDIACOM ILLINOIS LLC 27486 I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork felevision 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 a uthorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the pager SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? MC 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. I. OG 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. Column 1: Give the till of every nonnetwork television program. ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station. Under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. Use numerals, with the month first. Example: a fuely of the station blocation (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community which the station is licensed by the FCC or, i	Accounting Perio	od: 2018/1					FOF	RM SA1-2E. PAGE 5.
Substitute SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space 1, 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 • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • No 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. • Coor SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need for every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Gen vs. Bulls." Column 2: If the program was broadcast iting the substitute program. • Column 3: Give the title were when you system carried by substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 3: Give the month and day when your system carried by your cable system. List neets the month first. Example: a program carried by a system form 6:01:15 p.m. to 6:28:3	Substitute SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space 1, 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 • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • No 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. • Coor SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need for every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Gen vs. Bulls." Column 2: If the program was broadcast iting the substitute program. • Column 3: Give the title were when you system carried by substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 3: Give the month and day when your system carried by your cable system. List neets the month first. Example: a program carried by a system form 6:01:15 p.m. to 6:28:3	News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
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1. TITLE OF PROGRAM 2. LIVE. O. ONTONIO	1. TITLE OF PROGRAM 2. LIVE. O. ONTONIO								
Image: sector of the sector			1. TITLE OF PROGRAM			4. STATION'S LOCATION			
Image: second								—	
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ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE
Name	MEDIACOM ILLINOIS LLC				274
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form y all amounts (gross receipts) paid to your cable system by subscribers (as identified in space E) during the accounting period. For a further e page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission servi during the accounting period.	for the system explanation of l ice(s)	n's secondary tra how to compute t	nsmission servie his amount, see	ce
	IMPORTANT: You must complete a statement in space P concerning			(Amount of gr	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or • Use block 2 if the amount of gross receipts in space K is more than \$ • Use block 3 if the amount of gross receipts in space K is more than \$ \$25 see page (vi) of the general instructions located in the paper SA1-2 form for the space of the	137,100 but le 263,800 but le	ss than \$527,600		
	BLOCK 1: GROSS RECEIPTS C	DF \$137,100 (OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, th accounting period is \$52.00	ne royalty fee th	nat you must pay f	or this six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD	Add lines 1 a	nd 2	· · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800	OR LESS (bu	t more than \$13	7,100)	
	1. Base amount under statutory formula	\$	263,800.00)	
	2. Enter amount of gross receipts from space K	<u>\$</u>	225,414.02	2	
	3. Subtract line 2 from line 1	\$	38,385.98	3	
	4. Enter the amount of gross receipts from space K		\$	225,414.02	
	5. Enter the amount from line 3		\$	38,385.98	
	6. Subtract line 5 from line 4		\$	187,028.04	
	7. Multiply line 6 by .005 (enter figure here)			\$	935.14
	8. Interest charge. Enter the amount from line 4, space Q, page 8			·	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	d lines 7 and 8		\$	935.14
	BLOCK 3: GROSS RECEIPTS OF MORE THA	N \$263,800 (but less than \$5	27,600)	
	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 for	mula)	\$	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		-		
				··	
	FILING FEE AND TOTAL REMITTAN	CE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, abov	(e)	\$	935.14	
Total Remittance Due					
	2. Filing Fee (See the instructions for more information on filing fee calcul	ations)	· · · · Þ	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 ar	nd 3		\$	955.14
	Important: Your remittance must be in the form of an electror	nic navment n	avable to the Per	inter of Convei	nhtsl

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER MEDIACOM ILLINOI				SYSTEM ID# 27486
M Channels	 to its subscribers, and it 1. Enter the total numb system carried televis 2. Enter the total numb on which the cable sy 	(2) the cable system's er of channels on whi ion broadcast station er of activated channel stem carried televisio	s total numb ich the cable is els on broadcast		s
N Individual to	INDIVIDUAL TO BE C we can contact about th			RMATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name Ken	neth J. Kohrs		Telephor	ne 845-443-2762
	(Numt	e Mediacom Way per, street, rural route, apa diacom Park, NY town, state, zip)	artment, or suit	e number)	
	Email	Copyrights@r	mediacomc	c.com Fax (optional)	
O Certification	I, the undersigned, here (Owner other (Agent of ow in line 1 c (Officer or p in line 1 c I have examined the sta	eby certify that (Check r than corporation or ner other than corpo of space B and that the artner) I am an officer of space B. atement of account and correct to the best of m	one, <i>but only</i> partnership ration or par owner is not (if a corpora d hereby dec	ified and signed in accordance with Copyright Office regulations (one, of the boxes.)) I am the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system as identified in line 1 of space (the owner of the cable system) (the owner of the cable system) (the owner of the cable system) (the owner of the owner of the owner	B; or system as identified wner of the cable system
		Typed or printe	Enter sigr	electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) Kenneth J. Kohrs	
		Title: (Title o		resident, Financial Reporting	
		Date:	8/22/20	018	

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
DIACOM ILLINOIS LLC		2748
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syst scribers and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the gene located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for s made by satellite carriers to satellite dish owners?	e system for the basic tem shall not include sub- rsuant to section 119." eral instructions	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 pa		
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
		Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in	the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x x x days - x 0.00274 -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x x x x x x x x x x x x x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x x x x x x x x x x x x x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x days - - x 0.00274 - - - (interest charge) - further assistance please -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x days - - x 0.00274 - - (interest charge) further assistance please - . Copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x days - - x 0.00274 - - (interest charge) further assistance please - . Copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x days - - x 0.00274 - - (interest charge) further assistance please - . Copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x days - - x 0.00274 - - (interest charge) further assistance please - . Copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x days - - x 0.00274 - - (interest charge) further assistance please - . Copyright Office, please	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x days - - x 0.00274 - - (interest charge) further assistance please - . Copyright Office, please	Q Interest Assessme

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