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	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.
		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)
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MEDIACOM MINNESOTA LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1504 Second Street, S.E. (Number, street, rural route, apartment, or suite number)
		Waseca, MN 56093 (City, town, state, zip code)
		(City, town, state, 21) Gode

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.								
Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	MEDIACOM MINNESOTA LLC	28411								
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules:								
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete 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.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known								
Area Served	lote: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the dentified city.									
	CITY OR TOWN	STATE								
First	Lake City	MN								
Community										
Add Rows as Necessary										
rida nows as recessary										

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

LOVE WINE OF OWNER OF GREEK OF OFFI

MEDIACOM MINNESOTA LLC

31EM 1D# 28411

Ε

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.

OCK 1		BLOCK 2			
NO. OF	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
OODOONIDENO	TOTTE	OMESSIC STREET			
578	29.95-47.54				
1	29.95-47.54				
	NO. OF SUBSCRIBERS 578	NO. OF SUBSCRIBERS RATE 578 29.95-47.54 1 29.95-47.54			

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						
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE		
Continuing Services:		Installation: Non-residential					
Pay cable	PP	Motel, hotel		Family Cable	77.49		
 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.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28411

MEDIACOM MINNESOTA LLC PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KARE/KARE (HD) NBC	11	N	Minneapolis, MN
KARE-DT2 WeatherNow	11.2	N	Minneapolis, MN
KARE-DT3 Justice Network	11.3	N	Minneapolis, MN
KMSP/KMSP (HD) FOX	9	I	Minneapolis, MN
KMSP-DT4 BUZZR	9.4	l	Minneapolis, MN
KSTC/KSTC (HD) (IND)	45	I	MINNEAPOLIS, MN
KSTC-DT2 Antenna	45.2	I	MINNEAPOLIS, MN
KSTC-DT3 MeTV	45.3	I	MINNEAPOLIS, MN
KSTC-DT4 ThisTV	45.4	I	MINNEAPOLIS, MN
KSTP/KSTP (HD) ABC	35	N	St. Paul, MN
KSTP-DT2 Heros and Icons	35.2	N	St. Paul, MN
KTCA-DT PBS TPT 2/ KTCA F	34	E	St. Paul, MN
KTCA-DT2 PBS KIDS HD	34.2	E	St. Paul, MN
KTCA-DT3 PBS TPT NOW HD	34.3	E	St. Paul, MN
KTCI PBS TPT Life	22.4	E	St. Paul, MN
KTCI-DT2 PBS TPT MN (HD)	23.2	E	St. Paul, MN
WCCO/WCCO(HD) CBS	32	N	Minneapolis, MN
WCCO-DT2 Decades	32.2	N	Minneapolis, MN
WFTC/WFTC (HD) (MyNET)	29	l	Minneapolis, MN
WFTC-DT4 Movies	29.4	l	Minneapolis, MN
WHLA (PBS)	30	E	LA CROSSE, WI
WKBT (CBS)	8	N	La Crosse, WI
WUCW/WUCW(HD) CW	22	l	MINNEAPOLIS, MN
WUCW-DT2 Comet	22.2	l	MINNEAPOLIS, MN
WUCW-DT3 Charge!	22.3	I	MINNEAPOLIS, MN

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 28411 MEDIACOM MINNESOTA LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 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 Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

28411

MEDIACOM MINNESOTA LLC 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. SYSTEM ID#			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	MEDIACOM MINNESO	TA LLC						28411			
					_						
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	uthorizations.	For a further			
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special					sis any nonne	twork televi	sion program	n			
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Program Log	broadcast by a distant sta	uon?				L	YES	NO			
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	e the prograi	m			
	log in block 2.										
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of 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 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 titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was separated to delete under FCC rules and regulations in										
	effect on October 19, 1976.										
					\/\HE	EN SUBST	ITLITE				
	9	LIBSTITLIT	TE PROGRAM	1	CARRIAGE OCCURRED 7. REASON FOR						
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION			
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			— то				
											
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ccounting Period:	LEGAL NAME OF OWNER O	F CABLE SYSTEM:						A1-2E. PAGE YSTEM II	
Name	MEDIACOM MINN							2841	
K Gross Receipts	· ·	eipts) paid to you E) during the acc al instructions loc m subscribers for	r cable system be counting period. Fated in the paper recondary trans	y subscribers for the For a further explar r SA1-2 form. Smission service(s)	e system' ation of h	s secondary trar ow to compute th	ismission servici nis amount, see	ce	
	IMPORTANT: You mu			P concerning gros			\$ 14 (Amount of gr	8,352.10 oss receipts)	
Copyright Royalty Fee	COPYRIGHT ROYALT Instructions: To compu • Complete block 1, bloo • Use block 1 if the amo • Use block 2 if the amo • Use block 3 if the amo See page (vi) of the general	te the royalty fee ck 2, or block 3. unt of gross rece unt of gross receunt of gross receunt of gross rece	ipts in space K is ipts in space K is ipts in space K is	more than \$137,1 more than \$263,8	00 but les	s than \$527,600	o \$263,800		
		BLO	CK 1: GROSS I	RECEIPTS OF \$1	37,100 O	R LESS			
	Instructions: As a cable accounting period is \$5		receipts of \$137,	,100 or less, the roy	alty fee tha	at you must pay fo	r this six-month		
	Line 1. Royalty fee for a	accounting period.							
	Line 2. Interest charge.	Enter the amount	from line 4, spac	e Q, page 8				0.00	
	Line 3. TOTAL ROYAL			TING PERIOD Add			-		
					,	·	,		
	1. Base amount under statutory formula						_		
	3. Subtract line 2 from l	ine 1			\$	115,447.90			
	4. Enter the amount of	gross receipts fron	n space K			\$	148,352.10		
	5. Enter the amount fro	m line 3				\$	115,447.90		
	6. Subtract line 5 from I	ine 4				\$	32,904.20		
	7. Multiply line 6 by .00	5 (enter figure here	e)				\$	164.52	
	8. Interest charge. Enter	er the amount from	line 4, space Q,	page 8				0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	Bl	OCK 3: GROSS	RECEIPTS OF	MORE THAN \$2	63,800 (b	out less than \$52	27,600)		
	1. Enter the amount of	gross receipts fron	n space K				<u>_</u>		
	2. Base amount under	statutory formula .			\$	263,800.00	<u> </u>		
	3. Subtract line 2 from l	ine 1					_		
	4. Multiply line 3 by .01					· · · <u> </u>			
	5. Royalty due on the fi	rst \$263,800 of gro	oss receipts (unde	er statutory formula)		\$	1,319.00		
	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								
		FILING F	EE AND TOTAL	REMITTANCE D	UE				
Filing For and									
Filing Fee and Fotal Remittance Due	Royalty Fee Payable	for Accounting Pe	eriod (from Block 1	1, 2, or 3, above)		\$	164.52		
Due	2. Filing Fee (See the in	structions for mor	e information on f	iling fee calculations	5)	\$	20.00		
	3. TOTAL AMOUNT D	JE FOR ACCOUN	ITING PERIOD.	Add lines 2 and 3 .			\$	184.52	
	Important: You	ır remittance mus	st be in the form	of an electronic pa	yment pa	yable to the Reg	ister of Copyrig	ghts!	
	s	ee page i of the g	general instruction	ons in the paper S	1-2 form	for more informa	ation.		

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESOT					SYSTEM ID# 28411
M Channels	to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's to of channels on which broadcast stations of activated channels in carried television	otal number on the cables broadcast sta	n which the cable system carried to of activated channels during the ac	counting period.	72
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name Kenne	eth J. Kohrs			Telephone	845-443-2762
	(Number,	lediacom Way street, rural route, aparti		ımber)		
		n, state, zip)	10918			
	Email	Copyrights@me	ediacomcc.co	om	Fax (optional)	
O Certification	• I, the undersigned, hereby	certify that (Check or	ne, <i>but only on</i> e	d and signed in accordance with C e, of the boxes.) am the owner of the cable system as		or
	(Officer or parting in line 1 of sp.) (Officer or parting in line 1 of sp.) I have examined the stater	pace B and that the o ner) I am an officer (in pace B. ment of account and I rect to the best of my	wner is not a c f a corporation	ership) I am the duly authorized age corporation or partnership; or a partner (if a partnership) of the under penalty of law that all statem formation, and belief, and are made	e legal entity identified as owne ents of fact contained herein	
			Enter an elect	s/ Kenneth J. Kohrs tronic signature on the line above to are using an "/s/ signature" (e.g., /s/ J	•	
		Typed or printed Title: (Title of o	Vice Pres	Senneth J. Kohrs sident, Financial Reportin	g	
		Date:	8/22/2018	3		

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 telephon 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 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

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM MINNESOTA LLC	28411
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	

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.