This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

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

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
l			
		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.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM WISCONSIN LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
1		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С		s 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	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM WISCONSIN LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)	
		Waseca, MN 56093	
ļ		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MEDIACOM WISCONSIN LLC	34183
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	or mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	STODDARD	WI
Community	CHASEBURG	
	FERRYVILLE	WI
dd Rows as Necessary		

								FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF C/ MEDIACOM WISCONSIN							313	3418
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecembe	er 31, as the cas	se may be	e).		0	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the ne								
Nales	separately for the particular serv							chargeu	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standa	rd rate variations	s within a p	articular rate	
	category, but do not include disc				ion of oon	ondon <i>u</i> tronomia	aion oon <i>i</i> io	that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	ited as	a subscriber in	each appl	licable category.	Example:	a residential	
	subscriber who pays extra for ca					t in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				1		51.0.01		
	BLC	DCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		76	29.95-48.54					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial			29.95-48.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemie						
-	In General: Space F calls for rat	-				ll your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the					,	,		
0	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usuany	billed. If dify fd				gram basis,	
ransmissions:									
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other serv	lices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			0,11200		
	• Pay cable	PP	• Mo	tel, hotel			Family	тν	78.4
	Pay cable—add'l channel	PP	• Co	mmercial					
			• Pa	y cable					
	 Fire protection 								
	 Fire protection Burglar protection 		• Pa	y cable-add'l ch	annel				
	•		-	y cable-add'l ch e protection	annel				
	•Burglar protection	99.99	• Fire	•	annel				
	•Burglar protection Installation: Residential	99.99 15.00-29.00	• Fire • Bui	e protection	annel				
	•Burglar protection Installation: Residential • First set		• Fire • Bui Other	e protection rglar protection	annel	29.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bui • Bui • Ree	e protection rglar protection services:	annel	29.00			
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	15.00-29.00	• Fire • Bui • Bui • Bui • Rei • Dis	e protection rglar protection services: connect	annel	29.00			

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	MEDIACOM WISCONS	SIN LLC		34183
	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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel 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	also in space I, if the station was carrie n concerning substitute basis stations s's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections 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
	WEAU/WEAU (HD) NBC	38	N	Eau Claire WI
	WHLA/WHLA (HD) PBS	30	E	La Crosse WI
Add Rows as Necessary	WHLA-DT2 PBS	30.2	E	La Crosse WI
,	WHLA-DT3 Create	30.3	E	La Crosse WI
	WHLA-DT4 PBS KIDS	30.4	E	La Crosse WI
	WKBT/WKBT (HD) CBS	8	Ν	La Crosse WI
	WKBT-DT2 (MYNET)	8.2	Ν	La Crosse WI
	WLAX/WLAX (HD) FOX	17	I	La Crosse WI
	WLAX-DT2 MeTV	17.2	I	La Crosse WI
	WXOW/WXOW (HD) ABC	48	N	La Crosse WI
	WXOW-DT2/ WXOW DT2 (HD	48.2	I	La Crosse WI
	WXOW-DT3 ThisTV	48.3	I	La Crosse WI

EGAL NAME OF			STEM:					SYSTEM I 341
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of the 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 < 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 licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
	t							
	·							

Accounting Perio	od: 2018/1					FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM WISCONS	IN LLC					34183
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I	In General: In space I, identi substitute basis during the a	ify every noi	nnetwork televis	sion program, broadcast by	a distant stat		
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				Ŭ	• •	
Special	 During the accounting per 				s, any nonne	twork television prograi	m
Statement and Program Log	broadcast by a distant sta	tion?				YES	XNO
Program Log	Note: If your answer is "No		root of this pas	a blank. If your anower in '	"Voo " vou mi	_	
	-	, leave the	rest of this pag	je bialik. Il your allswel is	res, you mu	ist complete the progra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning is	S
	clear. If you need more spa	ce, please a	add additional i	rows to the tables.		-	
	Column 1: Give the title period, was broadcast by a			ision program ("substitute			
	under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.		deast live onto	r "Vas " Othanwisa optar "N	lo."		
				r "Yes." Otherwise enter "N Isting the substitute progra			
	Column 4: Give the broa	adcast static	on's location (th	ne community to which the	station is lice		
	the case of Mexican or Can						nth
	first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Use	numerais, with the mo	nun
			e substitute pro	gram was carried by your	cable system.	List the times accurate	ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system was <i>require</i>	ed
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	"
					·		
						_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	S	*STEM ID# 34183
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 transs (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 7,604.08
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	<u> </u>	
	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		0.00
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance 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	LEGAL NAME OF OWNER MEDIACOM WISCON					SYSTEM ID 34183
M Channels	 to its subscribers, and (2 1. Enter the total number system carried televisition 2. Enter the total number on which the cable system 	2) the cable system's er of channels on white on broadcast stations er of activated channels stem carried televisio	total numl ch the cab s els n broadcas			18 63
N Individual to	INDIVIDUAL TO BE CC we can contact about th			RMATION IS NEEDED (Identify an individual to whom	1	
Be Contacted for Further Information	Name Ken	neth J. Kohrs			Telephone 8	45-443-2762
	(Number Med	Mediacom Way er, street, rural route, apa iacom Park, NY own, state, zip)	irtment, or su	te number)		
	Email	Copyrights@r	nediacom	Fax (optional))	
O Certification	I, the undersigned, here (Owner other (Agent of owr in line 1 of (Officer or pa in line 1 of I have examined the sta	by certify that (Check than corporation or er other than corpor space B and that the ertner) I am an officer space B. tement of account and orrect to the best of m	one, <i>but on</i> partnershi ration or pr owner is no (if a corpor d hereby de y knowledg	tified and signed in accordance with Copyright Office is y one, of the boxes.) b) I am the owner of the cable system as identified in line intnership) I am the duly authorized agent of the owner of a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity iden clare under penalty of law that all statements of fact conta e, information, and belief, and are made in good faith. /s/ Kenneth J. Kohrs electronic signature on the line above to certify this statem nature using an "/s/ signature" (e.g., /s/ John Smith)	1 of space B; or of the cable syste ntified as owner of ained herein	em as identified
		Typed or printe	Vice f	Kenneth J. Kohrs President, Financial Reporting		
		(Title of Date:	f official posit	on held in corporation or partnership) 018		

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nting Period: 2018/1	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
IACOM WISCONSIN LLC	3418
 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? NO 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for these revealty perments submitted as a result of a lote perment or undergovernent	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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