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 ONL	
DATE RECEIVED AMO	JNT
\$ ALLOCATIO	N 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	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 ILLINOIS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MANUNIO ADDDEGG OF OWNED OF GARLE SYSTEM
		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)
	INSTE	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 ILLINOIS LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  CAPRON  IL	counting Period:	•	FORM SA1-2E. PAG
MEDIACOM ILLINOIS LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sid 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 kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CAPRON  STATE  CAPRON  IL  ARGYLE  CALEDONIA  CALEDONIA  CALEDONIA  CANDLEWICK LAKE  POPLAR GROVE  CHEMUNG  RINGWOOD  RICHMOND / SOLON MILLS  SPRING GROVE  GARDEN PRAIRIE  IL  SPRING GROVE  IL  GARDEN PRAIRIE  IL  IL  IL  IL  IL  IL  IL  IL  IL		LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CAPRON  BELVIDERE TOWNSHIP  ARGYLE  CALEDONIA  IL  CANDLEWICK LAKE  POPLAR GROVE  CHEMUNG  RINGWOOD  RICHMOND / SOLON MILLS  SPRING GROVE  GARDEN PRAIRIE  IL  CARDEN PRAIRIE  IL	Name	MEDIACOM ILLINOIS LLC	343
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CAPRON  IL  BELVIDERE TOWNSHIP  ARGYLE  CALEDONIA  CALEDONIA  CANDLEWICK LAKE  POPLAR GROVE  CHEMUNG  RINGWOOD  RICHMOND / SOLON MILLS  SPRING GROVE  GARDEN PRAIRIE  IL  CARDEN BIL  CARDEN PRAIRIE  IL			
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 knas the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  CAPRON IL  ARGYLE Ows as Necessary  CALEDONIA CANDLEWICK LAKE POPLAR GROVE CHEMUNG RINGWOOD RICHMOND / SOLON MILLS SPRING GROVE IL  GARDEN PRAIRIE  IL  GARDEN PRAIRIE	<b>D</b>		
Area Served  Area Served  CITY OR TOWN  First Ommunity  First OCAPRON  MAGYLE  CALEDONIA  CANDLEWICK LAKE  POPLAR GROVE  CHEMUNG  RINGWOOD  RICHMOND / SOLON MILLS  SPRING GROVE  GARDEN PRAIRIE  ARGALE  GARDEN PRAIRIE  ARGOVE  GARDEN PRAIRIE  ARGOVE  GARDEN PRAIRIE  ARGOVE  IL  IL  IL  IL  IL  IL  IL  IL  IL  I	ט		
Area Served  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN			
Served identified city.    City or town	A		
First CAPRON IL ommunity BELVIDERE TOWNSHIP IL OWS ARGYLE IL OWS ARGYLE IL CANDLEWICK LAKE IL POPLAR GROVE IL CHEMUNG IL RICHMOND / SOLON MILLS SPRING GROVE IL GARDEN PRAIRIE IL			
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First Ommunity Ommunity Description of the property of the pro			
ommunity BELVIDERE TOWNSHIP IL ARGYLE IL OWS AS NECESSARY CALEDONIA IL CANDLEWICK LAKE IL POPLAR GROVE IL CHEMUNG IL RINGWOOD IL RICHMOND / SOLON MILLS SPRING GROVE IL GARDEN PRAIRIE IL		CITY OR TOWN	STATE
ARGYLE IL  CALEDONIA IL  CANDLEWICK LAKE IL  POPLAR GROVE IL  CHEMUNG IL  RINGWOOD IL  RICHMOND / SOLON MILLS IL  SPRING GROVE IL  GARDEN PRAIRIE IL	First	CAPRON	IL
ARGYLE IL  CALEDONIA IL  CANDLEWICK LAKE IL  POPLAR GROVE IL  CHEMUNG IL  RINGWOOD IL  RICHMOND / SOLON MILLS IL  SPRING GROVE IL  GARDEN PRAIRIE IL	Community	BELVIDERE TOWNSHIP	IL
OWS AS NECESSARY  CALEDONIA  CANDLEWICK LAKE  POPLAR GROVE  IL  CHEMUNG  RINGWOOD  RICHMOND / SOLON MILLS  SPRING GROVE  GARDEN PRAIRIE  IL  IL  IL  IL  IL  IL  IL  IL  IL			
CANDLEWICK LAKE  POPLAR GROVE  IL  CHEMUNG  RINGWOOD  RICHMOND / SOLON MILLS  SPRING GROVE  GARDEN PRAIRIE  IL  IL  IL  IL  IL  IL  IL  IL  IL	Rows as Necessary		
POPLAR GROVE  CHEMUNG  RINGWOOD  RICHMOND / SOLON MILLS  SPRING GROVE  GARDEN PRAIRIE  IL  IL  IL  IL  IL  IL  IL  IL  IL	tows as recessary		
CHEMUNG IL RINGWOOD IL RICHMOND / SOLON MILLS SPRING GROVE IL GARDEN PRAIRIE IL			
RINGWOOD IL RICHMOND / SOLON MILLS IL SPRING GROVE IL GARDEN PRAIRIE IL			
RICHMOND / SOLON MILLS  SPRING GROVE  IL  GARDEN PRAIRIE  IL			
SPRING GROVE IL GARDEN PRAIRIE IL			
GARDEN PRAIRIE IL			
		HEBRON	<u>I</u> L

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

MEDIACOM ILLINOIS LLC

34380

# 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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:	COBCONIBENC	TOTIL	SATESSIA OF SERVICE SOCIONALIA TATE		
Service to first set	1,887	29.95-48.54			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	4	29.95-48.54			
Converter					
Residential					
Non-residential					
	1	1	1 1		

# 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel			Family Cable	78.49
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial				
<ul> <li>Fire protection</li> </ul>		• Pay cable				
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		I		
Installation: Residential		Fire protection		Ī		
First set	99.99	Burglar protection		i		
<ul> <li>Additional set(s)</li> </ul>	15.00-29.00	Other services:		i		
• FM radio (if separate rate)		Reconnect	29.00	i		
Converter	10.50	Disconnect		i		
		Outlet relocation	15.00-29.00	i		
		<ul> <li>Move to new address</li> </ul>				

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34380

4. LOCATION OF STATION

CHICAGO, IL

#### MEDIACOM ILLINOIS LLC

1. CALL SIGN

WPWR/WPWR (HD) ( CW/MYI

G

Primary
Transmitters:
Television

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.

2. B'CAST CHANNEL NUMBER

WBBM/WBBM (HD) CBS 12 CHICAGO, IL WBBM-DT2 Decades 12.2 CHICAGO, IL WCIU/WCIU (HD) IND 27 CHICAGO, IL CHICAGO, IL 27.2 WCIU-DT2 (The U Too) 27.3 WCIU-DT3 (MeTV) CHICAGO, IL 27.4 WCIU-DT4 Heroes&Icons CHICAGO, IL 27.5 WCIU-DT5 Bounce TV CHICAGO, IL WCPX/WCPX (HD) ION 48 CHICAGO, IL 48.2 CHICAGO, IL WCPX-DT2 (Qubo) 48.3 WCPX-DT3 (ION Life) CHICAGO, IL CHICAGO, IL WFLD/WFLD (HD) FOX 31 WFLD-DT4 BUZZR 31.4 CHICAGO, IL WFLD-DT2 Movies! 31.2 CHICAGO, IL WGN/WGN (HD)/IND 19 CHICAGO, IL WGN-DT2 Antenna 19.2 CHICAGO, IL WGN-DT3 ThisTV 19.3 CHICAGO, IL WIFR/WIFR (HD) CBS 41 FREEPORT-ROCKFORD, IL WIFR-DT2 Antenna TV HD 41.2 N FREEPORT-ROCKFORD, IL WIFR-DT3 Justice Network H 41.3 Ν FREEPORT-ROCKFORD, IL WLS/WLS (HD) ABC Ν CHICAGO, IL WLS-DT2 Live LWN HD CHICAGO, IL 7.2 WLS-DT3 Laff 7.3 CHICAGO, IL WMAQ/WMAQ (HD) NBC 29 CHICAGO, IL N WMAQ-DT2 CoziTV 29.2 CHICAGO, IL

3. TYPE OF STATION

Add Rows as Necessary

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

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Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

\*\*SYSTEM ID#

#### MEDIACOM ILLINOIS LLC

G

Primary Transmitters: Television 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
NPWR-DT2 Movies	51.2	I	CHICAGO, IL
WPWR-DT4 Buzzr	51.3	l	CHICAGO, IL
NQRF/WQRF (HD) FOX	42	<u> </u>	ROCKFORD, IL
WQRF-DT2 Bounce TV	42.2	I	ROCKFORD, IL
WQRF-DT3 Escape	42.3	I	ROCKFORD, IL
WREX/WREX (HD) NBC	13	N	ROCKFORD, IL
WREX-DT2/WREX-DT2 (HD) (	13.2	l	ROCKFORD, IL
WREX-DT3 (Me TV)	13.3	I	ROCKFORD, IL
WTTW/WTTW (HD) PBS	47	E	CHICAGO, IL
WTTW-DT2 Prime	47.2	E	CHICAGO, IL
WTTW-DT3 Create	47.3	E	CHICAGO, IL
NTTW-DT4 V-Me	47.4	E	CHICAGO, IL
WTVO/WTVO (HD) ABC	16	N	ROCKFORD, IL
WTVO-DT2 (HD) Mynet	16.2	N	ROCKFORD, IL
WTVO-DT3 Laff	16.3	N	ROCKFORD, IL
WTVO-DT4 Grit	16.4	N	ROCKFORD, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **MEDIACOM ILLINOIS LLC**

34380

#### 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	d: 2018/1 LEGAL NAME OF OWNER OF	CADLE OVO	TENA:				FOR	M SA1-2E. PAGE 5.
Name	MEDIACOM ILLINOIS L		i Eivi.					SYSTEM ID# 34380
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant stat  Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substi clear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Can column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m."	E: SPECIA fy every nor counting pe ing that mus r CONCER iod, did you tion? f, leave the E PROGRA itute progra ce, please a of every nor distant stati gulations, or es like "mor Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the	nnetwork televiseriod, under spets be included in the included	sion program, broadcast be edific present and former For this log, see page (v) of the program, on a substitute base blank. If your answer is the line. Use abbreviations tows to the tables. It is is program ("substitute ur cable system substitutes. See page (v) of the getball." List specific program of "Yes." Otherwise enter isting the substitute program of the substitute program of the progra	by a distant state of CC rules, regulate he general instructions wherever pose a program") that the form titles, for example of the program. Use a station is lice a program. Use r cable system	lations, or au ructions in the ructions at, during the ruction of further ample, "I Locardo by the rutified). The rumerals, we have the ruction of the r	thorizations. e paper SA1 sion prograr YES e the progra r meaning is e accounting another sta r informatio ve Lucy" or FCC or, in with the more	em carried on a For a further -2 form.  NO m S G tion n.
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du our system wa	ring the accounting perions of the second second to delete under the second sec	od; enter the let der FCC rules a	tter "P" if the and regulation	listed progr ons in TUTE	ram
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		IMES TO	7. REASON FOR DELETION

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			(	SYSTEM ID# 34380
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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.	system's s ion of how	econdary trans to compute this	mission servi s amount, see \$ 36	ce
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	′,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that yo	ou must pay for	this six-month	I
	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 lin	nes 1 and 2		· · <u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				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 l	ess than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	362,118.38		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	98,318.38		
	4. Multiply line 3 by .01		\$	983.18	
	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 .		\$	2,302.18
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,302.18	
Due	Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,322.18
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		_		ghts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	VNER OF CABLE SYSTEM: NOIS LLC		SYSTEM ID# 34380
M Channels	1. Enter the total system carried to the total on which the carried to the total on which the carrier to the total on the carrier to the total on the carrier to the c	and (2) the cable system's total number umber of channels on which the cable elevision broadcast stations	on which the cable system carried television broadcast station r of activated channels during the accounting period.	55 
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORIOUT this statement of account.)	MATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Kenneth J. Kohrs	Telepho	ne <b>845-443-2762</b>
	Address	One Mediacom Way  Number, street, rural route, apartment, or suite	number)	
		Mediacom Park, NY 10918		
	Email	City, town, state, zip)  Copyrights@mediacomcc.	com Eav (antional)	
	Email		- Tax (Optorial)	
0	CERTIFICATION (	his statement of account must be certifi	ied and signed in accordance with Copyright Office regulation	s)
Certification	• I, the undersigned	hereby certify that (Check one, but only o	one, of the boxes.)	
	(Owner	other than corporation or partnership)	I am the owner of the cable system as identified in line 1 of space	eB; or
			nership) I am the duly authorized agent of the owner of the cable	system as identified
	. <u></u>	e 1 of space B and that the owner is not a or partner) I am an officer (if a corporation	a corporation or partnersnip; or on) or a partner (if a partnership) of the legal entity identified as o	wner of the cable system
		e 1 of space B.		
		and correct to the best of my knowledge,	are under penalty of law that all statements of fact contained here information, and belief, and are made in good faith.	п
		X	/s/ Kenneth J. Kohrs	_
			ectronic signature on the line above to certify this statement. iture using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name:	Kenneth J. Kohrs	
			esident, Financial Reporting held in corporation or partnership)	
		Date: <b>8/22/20</b> 1	18	

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 ILLINOIS LLC	34380
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 Name	
Mailing Address  Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	•
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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 \$	
(interest charge)	
* 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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