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

			 Return completed workbool
STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	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))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Accounting Period			
		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	
В		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.	4026
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	
		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	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	less these
	name	es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	bace B.
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite number)	
		EXCELSIOR SPRINGS, MO 64024	
		(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 filing, a determination that would be made by a court of law.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Numo	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	4026
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	obile home parks should be reported in parentheses below the
-	CITY OR TOWN CARROLTON	MO
First Community	CARROLION	
-		
Add Rows as Necessary		

Name LEGAL MARE OF OWNER OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (CARROLLTON, MO) E Secondary Transmission Service: Sub- scription Secondary Impact Structure Secondary Impact Structure Secondary Secondary Secondary Service: Sub- Service: Sub- scription Secondary Impact Structure Secondary Impact Structure Structure Secondary Secondar	I SA1-2E. PAGE
F Secondary Transmission service is used to be a subscription of the vision and radio brackasses by your system to subscriptions of the cable and radio brackasses by your system to subscriptions. The vision 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 (une 30 or December 31, as the case may be). Services: Sub- scription: Sub- relation of the service of the cable system. The relation of the service is the cable system, that is, the retransmission service. In general, you can compute the number of subscripters in the cable system is and the service. In general, you can compute the number of subscripters in the cable system. The service is a subscription of the service is discussed by your system and the charge and the cable system. The service is discussed by cause and the term of subscriptions or anginations charged service. The service is discussed by cause any standard rate variations within a particular retering service. The service is discussed by the service is discussed by the service is discussed by system. The service is discussed by the service is discussed by the service is a subscripter in each applicable category. Und to not include discounts allowed for advance payment. Bick 1: In the left-hard block in space E, the from liss the categories of secondary transmission service that cable systems mole common youry system. Note: The service is advance payment. Bick 1: In the information is a secondary transmission service is a subscripters. The service is different from those the service is subscripters and rate for and your service is as subscripters. Give the mathematical setup of the service is subscripters. The service is different from those the service is different from those the service is subscriptere. The service is distributer of subscripters	402
E In General: The information in space E should cover all categories of secondary transmission exuber the cable system, that is, the retransmission or the levision and radio bradcastes by your system to subscribers. Give information about other services (induding pay cable) in space F, not here. All the facts you state must be those existing on the instances in the retransmission system. The information is pay cable) in space F, not here. All the facts you state must be those existing on the instances in the cable system. The retransmission system of Subscribers is the tobox is payee. E call for the number of subscribers in toxics in down by categories of secondary transmission existem. In general within the particular service. In general, you can compute the number of subscribers in each category, but do not include discounts allowed for advance payment. Bick 1: In the information provide to their subscribers. Give the number of subscribers and task categories is reacing service that fails under different categories, that apples to your system. Note: (Here and individual or organizations is reacing service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category is tapples to your system. Note: (Here and individual or organizations is reacing service that fails under different from those printed in block 1 (for example, ters 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. Bic/OCK 1 BLOCK 1 BLOCK 2 No. OF CATEGORY OF SERVICE No. OF CATEGORY OF SERVICE No. OF Services to additional set(s). ¹ No. OF Ser	
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Secondary Transmission Service: Sub service: Sub ser	
Transmission Reles Isst day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Soluborchers: Both blocks in space E call for the number of subscribers in 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 sets receiving service). Rate: Site 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 on on include discounts allowed for advance payment. Biot 1: In the left-hand block in space E. the form lists the categories of secondary transmission service that cable systems most commonity 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 fails under different categories. Inthe 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 attem." Service to first set Bio CK 1: BLOCK 1 BLOCK 2 NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS Residential Service to first set 314 29.95-47.54 Service to the services has the motify subscribers. Rate information stroking in the commoning provide stroked to insusualy billed. If	
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F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable • Pay cable • Fire protection • Pay cable • Burglar protection • Pay cable • Burglar protection • Pay cable • Fire protection	
Services Services for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE PP • Pay cable PP • Fire protection • Motel, hotel • Fire protection • Pay cable • Burglar protection • Pay cable • Fire protecti	
Services Other Than Secondary iransmissions: Rates furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Ontinuing Services: • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection • Fire protection • Fire set PPP • Output of the charge • Pay cable • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection • Burglar protection • Burglar protection	
Other Than Secondary ransmissions: Rates amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable PP • Pay cable PP • Fire protection • Pay cable • Burglar protection • Pay cable • First set 99.99	
Rates Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE PA • Pay cable • Motel, hotel • Motel, hotel <	
Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 BLOCK CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable PP Motel, hotel FAMILY FAMILY • Pay cable PP • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Fire protection • Pay cable • Pay cable • Pay cable • Fires test 99.99 • Burglar protection • Burglar protection • Burglar protection	
listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE PA OP of colspan="2">OP of colspan="2" OP of colspan=	
BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential FAMILY • Pay cable PP • Motel, hotel FAMILY • Pay cable PP • Commercial FAMILY • Fire protection • Pay cable • Pay cable • Burglar protection • Fire protection • Fire protection • First set 99.99 • Burglar protection • Burglar protection	
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERContinuing Services:Installation: Non-residentialFAMILY• Pay cablePP• Motel, hotelFAMILY• Pay cable—add'l channelPP• CommercialFAMILY• Fire protection• Pay cable• Pay cableInstallation: Non-residential• Fire protection• Pay cable• Pay cableInstallation: Residential• First set99.99• Burglar protection• Burglar protection	
Continuing Services: • Pay cableInstallation: Non-residential • Motel, hotelFAMILY• Pay cable—add'l channelPP• Motel, hotelFAMILY• Pay cable—add'l channelPP• CommercialFamily• Fire protection• Pay cable• Pay cable• Pay cable• Burglar protection• Pay cable-add'l channel• Fire protection• Fire protection• First set99.99• Burglar protection• Burglar protection• Burglar protection	2
• Pay cable PP • Motel, hotel Image: Commercial state stat	ICE RATI
• Pay cable—add'l channel PP • Commercial • Fire protection • Pay cable • Pay cable • Burglar protection • Pay cable-add'l channel • Pay cable-add'l channel • First set 99.99 • Burglar protection	
• Fire protection • Pay cable •Burglar protection • Pay cable-add'l channel Installation: Residential • Fire protection • First set 99.99	81.0
•Burglar protection •Pay cable-add'l channel Installation: Residential •Fire protection •First set 99.99	
Installation: Residential • Fire protection • First set 99.99	
First set 99.99 Burglar protection	
Additional set(s) 15.00-29.00 Other services: Perconnect 29.00	
• FM radio (if separate rate) • Converter 10.50 • Disconnect 29.00	
• Converter 10.50 • Disconnect • Outlet relocation 15.00-29.00	
• Outlet relocation 15.00-29.00 • Move to new address	

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM SOUTHE/	AST LLC (CARROLLTON, MO))	40
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: 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 th Column 2: Give the channer of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of iles, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carried on concerning substitute basis stations o's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network rring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instri- n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also s, see page (v) of the general instructio program services such as HBO, ESPN ne-air designation. For example, repor- levision station for broadcasting over th a station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. at the community to which the station is the community with 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
	KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO
	KCPT-DT2 PBS Encore	18.2	E	KANSAS CITY, MO
Rows as Necessary	KCPT-DT3 PBS Create	18.3	E	KANSAS CITY, MO
NOW5 651.2.	KCPT-DT4 PBS Kids	18.4	E	KANSAS CITY, MO
	KCTV/KCTV(HD)CBS	24	N	KANSAS CITY, MO
	KCIVICIVICIUCES	31	н 	KANSAS CITT, MO
	KMBC/KMBC(HD)ABC	31 29	N	KANSAS CITY, MO
	KMBC/KMBC(HD)ABC	29	N	KANSAS CITY, MO
		41		LAWRENCE, KS
	KMCI-DT2 BOUNCE TV	41.2	-	LAWRENCE, KS
	KMOS PBS	15	E	SEDALIA, MO
	KPXE ION/KPXE ION HD	51	1	KANSAS CITY, MO
	KQTV ABC	7	N	ST JOSEPH, MO
	KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO
	KSHB-DT2 COZITV	42.2	N	KANSAS CITY, MO
	KSHB-DT3 LAFF	42.3	N	KANSAS CITY, MO
	KSMO/KSMO (HD) MYNET	47	l	KANSAS CITY, MO
	WDAF/WDAF(HD) FOX	34	1	KANSAS CITY, MO
	WDAF-DT2 ANTENNA TV	34.2	1	KANSAS CITY, MO
	KCTV-DT2 COMET	24.2	N	KANSAS CITY, MO
	KCWE-DT2 MOVIES	31.2	I	KANSAS CITY, MO
	KMCI-DT3 ESCAPE	41.3	I	LAWRENCE, KS
	KMCI-DT4 GRIT	41.4	1	LAWRENCE, KS
	KPXE-DT2 qubo	51.2	I	KANSAS CITY, MO

ccounting Period:	: 2018/1			FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:
Name	MEDIACOM SOUTHE	AST LLC (CARROLLTON, MO)		4026
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations:)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	carried by your cable system on a subs	ons carried on a
			the Special Statement and Program Lo	pg)—if the
	station was carried only on		· · · · · ·	
	basis. For further informatio	n concerning substitute basis stations	ed both on a substitute basis and also on , see page (v) of the general instruction program services such as HBO, ESPN	ns.
	multicast stream associated	with a station according to its over-th	e-air designation. For example, report	
	"WETA-2" as the same on the		evision station for brandonating ever th	
		RC is channel 4 in Washington, D.C.	evision station for broadcasting over th	e air in its community
			station, an independent station, or a n	oncommercial
		0	(for network multicast), "I" (for indepen	· · ·
		"E" (for noncommercial educational), rms, see page (iv) of the general instr	or "E-M" (for noncommercial education	nal multicast).
	0		t the community to which the station is	licensed by the
			the community with which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDAF-DT3 ThisTV	34.3	I	KANSAS CITY, MO

Accounting F	Period: 2018	/1					FORM	M SA1-2E. PAGE 4.
								SYSTEM ID#
MEDIACOM	SOUTHEA	SILLO	C (CARROLLTON, MO)					4026
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo	t every radio s whose signals ctions Conce it is carried b monitoring, to ormation abou rm.	station ca were ge rning Al y the system be recent at the Co	arried on a separate and disconnerally receivable by your cal I-Band FM Carriage: Under Stem whenever it is received a lived at the headend, with the opyright Office regulations on each station carried.	ble system durin Copyright Office at the system's h system's FM an	g the accountir regulations, an neadend, and (2 tenna, during c	ng perioo n FM sig 2) it can ærtain s	d. Inal is generally be expected, tated intervals.	H Primary Transmitters: Radio
Column 3: If signal, indicate Column 4: G	f the radio stat this by placing Give the station	tion's sig g a chec n's locati	on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which t the community with which the	he station is lice	nsed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		UNEL OIGN		5,0		
		+						

Accounting Perio	od: 2018/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (CARROLLT	ON, MO)			4026
	SUBSTITUTE CARRIAGE				2		
1	In General: In space I, identi					ion that your cable syste	am carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television prograr	
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is '	'Yes." vou mu	ist complete the progra	m
	log in block 2.	,		,	, , , , , , , , , , , , , , , , , , ,	,	
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meaning is	6
	clear. If you need more spa			ows to the tables. sion program ("substitute p	orogram") tha	t during the accounting	
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informatio	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."		
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.		
	Column 4: Give the broat the case of Mexican or Can			e community to which the			
				tem carried the substitute			nth
	first. Example: for May 7 giv	ve "5/7."		·	-		
				gram was carried by your o			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program cam	ed by a system nom 6.01.	15 p.m. to 6.2	o.so p.m. should be	
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a						ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	FCC fulles a	nu regulations in	
	,				1		1
			E PROGRAM	I		IN SUBSTITUTE	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	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 SOUTHEAST LLC (CARROLLTON, MO)	S	*STEM ID 4026
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 trans (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 service s amount, see	e 5,147.39
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		
	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 \$ 263,800.00		
	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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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		OWNER OF CABLE SYSTEM: SOUTHEAST LLC (CARROL	LLTON, MO)	SYSTEM ID# 4026
M		U ()	of channels on which the cable system carried television broad total number of activated channels during the accounting period	
		tal number of channels on which ad television broadcast stations	h the cable	35
	on which the	tal number of activated channels cable system carried television dcast services		69
N Individual to Be Contacted		TO BE CONTACTED IF FURTH t about this statement of accour	IER INFORMATION IS NEEDED (Identify an individual to when the indivi	om
for Further Information	Name	Kenneth J. Kohrs		Telephone 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apart	ment, or suite number)	
		Mediacom Park, NY (City, town, state, zip)	10918	
	Email	Copyrights@mo	ediacomcc.com Fax (option	al)
_	CERTIFICATIO	N (This statement of account m	ust be certified and signed in accordance with Copyright Offic	e regulations)
O Certification	• I, the undersig	ned, hereby certify that (Check or	ne, <i>but only one</i> , of the boxes.)	
	(Own	ner other than corporation or pa	artnership) I am the owner of the cable system as identified in li	ne 1 of space B; or
			tion or partnership) I am the duly authorized agent of the owne wner is not a corporation or partnership; or	r of the cable system as identified
		icer or partner) I am an officer (i in line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity ic	lentified as owner of the cable system
	are true, comple		hereby declare under penalty of law that all statements of fact co knowledge, information, and belief, and are made in good faith.	ntained herein
			X /s/ Kenneth J. Kohrs	
			Enter an electronic signature on the line above to certify this stat Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ement.
		Typed or printed	name: Kenneth J. Kohrs	
		Title: (Title of c	Vice President, Financial Reporting	
		Date:		

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 t 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

nting Period: 2018/1	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
IACOM SOUTHEAST LLC (CARROLLTON, MO)	402
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 Statement Concerning Gross Receipts Exclusion
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 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 Interest Assessme
	Q Interest Assessme
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
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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