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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2018/1								
Period									
Bowner	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 corpo rate title of the subsidiary, not that of the parent corporation 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 submi a single statement of account and royalty fee payment covering the entire accounting perioa 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								
				00660020181					
				006600 2018/1					
									
	ONE MEDIACOM WAY								
	MEDIACOM PARK, NY 10918								
	·								
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of								
System	, IDENTIFICATION OF CABLE SYSTEM:								
System	MEDIACOM ILLINOIS LLC								
	MAILING ADDRESS OF CABLE SYSTEM:								
	1102 N. Fourth Street, PO Box 334 2 (Number, street, rural route, apartment, or suite number)								
	Chillicothe, IL 61523								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.	,	,	P 9					
Served	CITY OR TOWN	STATE							
First	Streator	IL							
Community	Below is a sample for reporting communities if you report multiple cha	innel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
Campic	Alliance	MD	В	2					
	Gering	MD	В	3					

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 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 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 suffciency of the fling, a determination that would be made by a court of law.

FORINI SAJE. PAGE 10.			OVOTEN ID#	T			
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
MEDIACOM ILLINOIS LLC			006600				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known 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 hot below the identified city or town.	me parks should b	e reported in pare	ntheses				
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	the column blank. I	f you report any st	ations				
When reporting the carriage of television broadcast stations on a community-by-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) at (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	nd a subscriber gro						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
Streator	IL	AA	1	First			
Bruce Township	IL	AA	1	Community			
Eagle Township	IL	AA	1	-			
Kangley Village	IL	AA	1				
Otter Creek	IL	AA	1				
Reading Township	IL	AB	2	See instructions for			
				additional information			
				on alphabetization.			
				Add rows as necessary.			
	••••						
	••••						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC

SYSTEM ID#

006600

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.

BLO	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	2,979	29.95-48.54			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	5	29.95-48.54			
Converter					
Residential					
Non-residential					

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					
RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
	Installation: Non-residential				
PP	Motel, hotel		Family Cable	\$ 74.95	
PP	Commercial				
	• Pay cable				
	Pay cable-add'l channel				
	Fire protection				
\$ 99.99	Burglar protection				
15.00-29.00	Other services:				
	Reconnect	\$ 29.00			
\$ 10.50	Disconnect				
	Outlet relocation	15.00-29.00			
	Move to new address				
	PP PP PP 15.00-29.00	RATE CATEGORY OF SERVICE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection 15.00-29.00 Other services: • Reconnect • Disconnect • Outlet relocation	RATE CATEGORY OF SERVICE RATE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection \$ 99.99 • Burglar protection 15.00-29.00 Other services: • Reconnect • Outlet relocation • Move to new address	RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential PP • Motel, hotel PP • Commercial • Pay cable • Pay cable-add'l channel • Fire protection \$ 99.99 • Burglar protection 15.00-29.00 Other services: • Reconnect \$ 29.00 \$ 10.50 • Disconnect • Outlet relocation • Move to new address	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006600 MEDIACOM ILLINOIS 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 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) WBBM/WBBM (HI 12 N No Chicago, IL WCIU/WCIU (HD) Chicago, IL 27 ı No See instructions for additional information WCIU-DT2 The U 27.2 No Chicago, IL ı on alphabetization. 27.3 No WCIU-DT3 (MeTV ı Chicago, IL WCIU-DT4 Heros 1 No Chicago, IL 27.4 WCIU-DT5 (Bound 27.5 ı No Chicago, IL WCPX/WCPX (HD No Chicago, IL 38 ı WCPX-DT2 gubo 38.2 ı No Chicago, IL WCPX-DT3 ION L 38.3 ı No Chicago, IL WFLD/WFLD (HD) 31 ı No Chicago, IL WGBO/WGBO (HI 66 ı No Chicago, IL WGBO-DT2 Laff 66.2 No Chicago, IL ı Chicago, IL WGN/WGN (HD) C 19 I No WGN-DT2 (Anten 19.2 ı No Chicago, IL Chicago, IL WGN-DT3 This T\ 19.3 Τ No WLS/WLS (HD) A 7 Ν Chicago, IL No WLS-DT3 Laff Chicago, IL 7.3 ı No WLS-DT2 LIVE W 7.2 No Chicago, IL

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006600 MEDIACOM ILLINOIS LLC 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 specifc 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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AA Cont.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMAQ/WMAQ (H	29	N	No		Chicago, IL
WMAQ-DT2 Cozi	29.2	N	No		Chicago, IL
WPWR/WPWR (H	51	I	No		CHICAGO, IL
WSNS/WSNS (HD	44	ı	No		CHICAGO, IL
WSNS-DT2	44	I	No		CHICAGO, IL
WTTW/WTTW (HE	11	E	Yes	0	Chicago, IL
WTTW-DT2 (PRIM	11.2	E	Yes	0	Chicago, IL
WTTW-DT3 (CRE	11.3	E	Yes	0	Chicago, IL
WTTW-DT4 (V-ME	11.4	E	Yes	0	Chicago, IL
WWTO (REL)	35	ı	No		La Salle, IL
WYZZ (FOX)	28	I	No		Bloomington, IL
WEEK-DT2 ABC	25.2	N	No		Peoria, IL
WBBM-DT2 Deca	12	I	No		Chicago, IL
WFLD-DT2 Movie	31.2	I	No		Chicago, IL
WFLD-DT3 BUZZ	31.3	I	No		Chicago, IL
WGBO-DT3 Get T	66.3	I	No		Chicago, IL
WGBO-DT4 Justic	66.4	I	No		Chicago, IL
WGBO-DT5 Grit	66.5	I	No		Chicago, IL

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006600 MEDIACOM ILLINOIS 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 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	CHANNEL LINE-UP AB									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
WBBM/WBBM (HI	12	N	No		Chicago, IL					
WCIU/WCIU (HD)	27	I	Yes	0	Chicago, IL					
WCIU-DT2 The U	27.2	I	Yes	0	Chicago, IL					
WCIU-DT3 (MeTV)	27.3	I	Yes	0	Chicago, IL					
WCIU-DT4 Heros	27.4	I	Yes	0	Chicago, IL					
WCIU-DT5 (Bound	27.5	I	Yes	0	Chicago, IL					
WCPX/WCPX (HD	38	I	Yes	0	Chicago, IL					
WCPX-DT2 qubo	38.2	I	Yes	0	Chicago, IL					
WCPX-DT3 ION L	38.3	I	Yes	0	Chicago, IL					
WEEK-NBC	25	N	No		Peoria, IL					
WEEK-DT2 ABC	25.2	N	No		Peoria, IL					
WFLD/WFLD (HD)	31	I	Yes	0	Chicago, IL					
WGBO/WGBO (HI	66	I	Yes	0	Chicago, IL					
WGN/WGN (HD) C	19	I	No		Chicago, IL					
WGN-DT2 (Anteni	19.2	I	No		Chicago, IL					
WGN-DT3 This TV	19.3	I	No		Chicago, IL					
WLS/WLS (HD) A	7	N	No		Chicago, IL					
WLS-DT3 Laff	7.3	l	No		Chicago, IL					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC

SYSTEM ID#
Name
Name

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.

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Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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Column 6: 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. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB Cont.	_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLS-DT2 LIVE W	7.2	I	No		Chicago, IL
WMAQ/WMAQ (H	29	N	No		Chicago, IL
WMAQ-DT2 Cozi	29.2	N	No		Chicago, IL
WMBD CBS	31	N	No		Peoria, IL
WPWR/WPWR (H	51	I	No		CHICAGO, IL
WSNS/WSNS (HD	44	I	Yes	0	CHICAGO, IL
WSNS-DT2	44	I	Yes	0	CHICAGO, IL
WTTW/WTTW (HE	11	E	Yes	0	Chicago, IL
WTTW-DT2 (PRIM	11.2	E	Yes	0	Chicago, IL
WTTW-DT3 (CRE	11.3	E	Yes	0	Chicago, IL
WTTW-DT4 (V-ME	11.4	E	Yes	0	Chicago, IL
WWTO (REL)	35	I	No		La Salle, IL
WYZZ (FOX)	28	I	No		Bloomington, IL
WEEK-DT3 CW	25.3	I	No		Peoria, IL
WFLD-DT2 Movie	31.2	I	Yes	0	Chicago, IL
WFLD-DT3 BUZZ	31.3	I	Yes	0	Chicago, IL
WGBO-DT3 Get T	66.3	I	Yes	0	Chicago, IL
	T				

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.								
		'STEM:			SYSTEM ID#	Name		
MEDIACOM ILL	INOIS LLC				006600			
carried the distant stati	on on a part-tir	ne basis beca	ause of lack of a	ctivated channel c	capacity.			
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.							
		CHANN	EL LINE-UP	AC				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	••••••							

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006600 MEDIACOM ILLINOIS LLC PRIMARY TRANSMITTERS: RADIO Н 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	3 PERIOD: 2018/1	
LEGAL NAME OF OWNER OF		ГЕМ:				SYSTEM ID#	Name	
MEDIACOM ILLINOIS LLC 006600								
SUBSTITUTE CARRIAGE							ı	
In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authorizations	For a further	Substitute	
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.								
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE m was broad addeast static addian static at and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	am on a separa attach additional nnetwork televition and that your authorization of the separation of	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute program to community to which the community with which the stem carried the substitute purpose of the system from 6:01:10 was substituted for programing the accounting period.	rogram) that, of for the program of the program of the program of the program. Use the program of the program o	during the accounting ramming of another stans located in the paper List specific program need by the FCC or, in tified). numerals, with the mount of the times accurate 8:30 p.m. should be our system was require ter "P" if the listed pro	nth ely		
					EN SUBSTITUTE	7. REASON		
1. TITLE OF PROGRAM	2. LIVE?	TE PROGRAM 3. STATION'S		5. MONTH	6. TIMES	FOR DELETION		
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
					<u> </u>			
					_			
					_			
	 							
					<u> </u>			
					_			
					_			
					<u> </u>			
					_			

ACCOUNTING PERIOD: 2018/1 FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006600 MEDIACOM ILLINOIS LLC PART-TIME CARRIAGE LOG J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama					
ME	DIACOM ILLINOIS LLC	006600	Name					
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amour mounts (gross receipts) paid to your cable system by subscribers for the system's sec identified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	condary transmission service compute this amount, see \$ 689,896.59	K Gross Receipts					
IIVIF	ORTANT: Four must complete a statement in space in concerning gross receipts.	(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ok 3 below.	be entered on line 1 of						
	to 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2 in block						
	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	ould be entered on line						
	block 4 below.	odia de cincipa di inic						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	ee is 1.064 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 689,896.59						
	Enter the result here. This is your minimum fee.	\$ 7,340.50						
	,	-						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colu "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule. No—Leave block 3 below blank and of the stations of the	mn 4, you must check						
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 11,289.95						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	2,583.37						
	Line 3. Add lines 1 and 2 and enter here	\$ 13,873.32						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 13,873.32	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		submitting additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 14,598.32	form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the						

Name	LEGAL NAME OF OWNER OF CA		SYSTEM ID#							
Italiic	MEDIACOM ILLINOIS	LLC	006600							
	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
Channels	to its subscribers and (2)	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	Channels 1. Enter the total number of channels on which the cable system carried television broadcast stations									
	system carried television	on broadcast stations								
	2. Enter the total number	r of activated channels								
	•	tem carried television broadcast stations	77							
	and nonbroadcast serv	ices								
N	INDIVIDUAL TO BE CO	NTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
	we can contact about thi	· · · · · · · · · · · · · · · · · · ·								
Individual to Be Contacted										
for Further	Name Kenneth J	. Kohrs Telephone 84:	5-443-2762							
Information										
	Address One Media	acom Way rural route, apartment, or suite number)								
		Park, NY 10918								
	(City, town, state,									
	Email Co	ppyrights@mediacomcc.com Fax (optional)								
		Tax (optional)								
	CERTIFICATION (This sta	atement of account must be certifed and signed in accordance with Copyright Office regula	tions.							
0	()									
Certifcation	• I, the undersigned, hereb	by certify that (Check one, but only one, of the boxes.)								
	(Owner other than co	rporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or							
	(Comor carer analises		J.							
		r than corporation or partnership) I am the duly authorized agent of the owner of the cable sy	stem as identified							
	in line 1 of space B	3 and that the owner is not a corporation or partnership; or								
	(Officer or partner) I in line 1 of space B	am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owne 3.	r of the cable system							
			h arain							
		ement of account and hereby declare under penalty of law that all statements of fact contained l orrect to the best of my knowledge, information, and belief, and are made in good faith.	herein							
	[18 U.S.C., Section 1001(1986)]								
		X /s/ Kenneth J. Kohrs								
	Ent	ter an electronic signature on the line above using an "/s/" signature to certify this statement.								
	(e.g	g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in t button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus co								
			pausty coun.gc.							
	Туј	ped or printed name: Kenneth J. Kohrs								
	Tin	Wice President Financial Paperting								
	Titl	le: Vice President, Financial Reporting (Title of official position held in corporation or partnership)								
	Da	te: 8/23/2018								

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 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 telephor 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 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 SYSTEM 006	Namo
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 in the paper SA3 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? X NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS 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 in the paper SA3 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	<u>-</u> /S
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<u>- </u>
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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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 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 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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1)

calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within ε television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located ir
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE
 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
3	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

		40,0000			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs .	1.083	DSEs .	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABLE S	SYSTEM:			S	YSTEM ID#
ı	MEDIACOM ILLINOIS LLO					006600
	SUM OF DSEs OF CATEGORY	"O" STATION	S:			
	Add the DSEs of each station.					
	Enter the sum here and in line 1	of part 5 of this	schedule.	<u> </u>	16.00	
	Unatrustiana					1
2	Instructions: In the column headed "Call Signature of the column headed"	gn": list the cal	signs of all distant station	ons identified by th	ne letter "O" in column 5	
	of space G (page 3).	_	_	-		
Computation	In the column headed "DSE":	for each indepe	endent station, give the D	OSE as "1.0"; for ϵ	each network or noncom-	
of DSEs for	mercial educational station, give	the DSE as ".2		IONO: DOEs		
Category "O"	CALL SIGN	DOE	CALL SIGN		CALL SIGN	Dec
Stations		DSE 4 000	CALL SIGN	DSE	CALL SIGN	DSE
	WCIU/WCIU (HD) IND	1.000				
	WCIU-DT3 (MeTV)	1.000				
	WCIU-DT4 Heros & Icon	1.000				ļ
	WCIU-DT5 (BounceTV)	1.000				
Add rows as	WCPX/WCPX (HD) ION	1.000		<u></u>		
necessary.	WCPX-DT2 qubo	1.000				<u> </u>
Remember to copy	WCPX-DT3 ION Life	1.000				<u> </u>
all formula into new	WFLD/WFLD (HD) FOX	1.000				
rows.	WGBO/WGBO (HD) UNI	1.000				
	WSNS/WSNS (HD) TELE	1.000				
	WTTW/WTTW (HD) PBS	0.250				
	WTTW-DT2 (PRIME)	0.250				
	WTTW-DT3 (CREATE)	0.250				
	WTTW-DT4 (V-ME)	0.250				
	WCIU-DT2 The U Too	1.000				
	WSNS-DT2	1.000				
	WFLD-DT2 Movies	1.000				
	WFLD-DT3 BUZZR	1.000				
	WGBO-DT3 Get TV	1.000				
						(
				·····		(
						(
						{·······
						{
						·····
						
						
						

Name	MEDIACOM ILL	IER OF CABLE SYSTEM: LINOIS LLC					S'	906600 006600		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity		С	ATEGORY LAC	STATIONS: 0	COMPUTATI	ON OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. NI JRS O ED BY S	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	E		
						x		•••••		
			÷			<u>X</u>	<u>-</u>			
						x x				
			÷	=		x	=			
			÷	=		x	=			
			÷ ÷			X X				
	Add the DSEs of e	F CATEGORY LAC Seach station. here and in line 2 of page		<u>,</u>		0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect controls. Broadcast one space I). Column 2: For at your option. This Column 3: Enterest Column 4: Divi	your system in substion October 19, 1976 (a or more live, nonnetwore each station give the sfigure should correser the number of days ide the figure in column	itution for a program as shown by the lett ork programs during number of live, non spond with the informs in the calendar yearn 2 by the figure in a	that your system er "P" in column 7 that optional carrie network programs nation in space I. r: 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by a carried in substance I leap year. The the result in control of the space I leap year.	rograms) if that station: o delete under FCC rules i the word "Yes" in column 2 titution for programs that blumn 4. Round to no less he general instructions in	of were deleted s than the third	m).		
	1	SUI	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	TION OF DSEs	T			
	SIGN	NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷				÷		=		
		÷				÷		=		
		· · · · · · · · · · · · · · · · · · ·				÷		=		
		÷		=		÷		=		
	Add the DSEs of e	SUBSTITUTE-BASI each station. here and in line 3 of pa) ,	>	0.00				
5 Total Number of DSEs	number of DSEs ap 1. Number of DS 2. Number of DS	OF DSEs: Give the amplicable to your system SEs from part 2 ● SEs from part 3 ● SEs from part 4 ●		in parts 2, 3, and	4 of this schedule	e and add them to provide	16.00 0.00 0.00			
	TOTAL NUMBER C	OF DSEs						16.00		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 006600	Name
Instructions: Bloc In block A: • If your answer if "		•	part 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	ırt 8, (page 16) of	the	6
schedule. • If your answer if '	'No." complete blo	ocks B and C	below.						
									Computation of
I =	1981?	schedule—l	•	ller markets as de			FCC rules and reç	gulations in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Jur edule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitte	ed stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursu. *F A station pre	ules and regued pursuant on as define tal education described by the station of t	ulations cited be to the FCC man d in 76.5(kk) (7 al station [76.55 65) (see parag dule). ual waiver of Fi ed on a part-tim vithin grade-B o	ne or substitute ba contour, [76.59(d)(se in effect of 6.57, 76.59(b) e)(1), 76.63(a) referring bstitution of g	n June 24, 198 p), 76.61(b)(c), 76.61(b)(c), 76.61(d) p) referring to 76,61(d) p) randfathered s p) une 25, 198	76.63(a) referring 6.61(e)(1 tations in the		
Column 3:	List the DSE for (*(Note: For those this schedule to compare)	e stations ide	entified by the le	parts 2, 3, and 4 etter "F" in column	of the schedu 2, you must	ule. complete the w	orksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WCIU/WCIL	D	1.00	WSNS/WS	В	1.00	WCPX-DT2	M	1.00	
WCIU-DT3	D	1.00	WTTW/WT	С	0.25	WCPX-DT3	М	1.00	
WCIU-DT4	D	1.00	WTTW-DT2	С	0.25	WSNS-DT2	М	1.00	
WCIU-DT5	D	1.00	WTTW-DT:	С	0.25	WGBO-DT	М	1.00	
WFLD/WFL	D	1.00	WTTW-DT4	С	0.25	WFLD-DT2	М	1.00	
WGBO/WG	В	1.00	WCIU-DT2	D	1.00	WFLD-DT3	M	1.00	
								15.00	
		E	SLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	·		•						
Line 3: Subtract (If zero, le				of DSEs subject of this schedu		rate.			
Line 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter s	um here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter he	re and on line	2, block 3, space	e L (page 7)			0.00	

		OWNER OF CABLE							O06600	Name
BLOCK A: TELEVISION MARKETS (CONTINUED)									_	
	. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
									•••••	
•••••									•••••	
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Name	LEGAL NAME OF OWN MEDIACOM ILL								S	YSTEM ID# 006600
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters									
				TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
	01014	DOL		LINOD		OARTHAGE		JOL		DOL
							••••••			
									•••••	
7 Computation of the Syndicated		"Yes," comple	ete blocks B and C ocks B and C blan	k and complete		rt 8 of the DSE schedu				
Exclusivity			BLOCI	A: MAJOR	1 =	ELEVISION MARK	EI			
Surcharge	Is any portion of the or	cable system w	rithin a top 100 majo	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	Yes—Complete	blocks B and	C .			X No—Proceed to	part 8			
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations		BLOCK	C: Compu	ıtation of Exem	npt DSE:	3
	Is any station listed in commercial VHF stati or in part, over the ca	on that places			Ш	Was any station listed nity served by the cab to former FCC rule 76	le system p			
	Yes—List each s X No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each sta			ate permi	itted DSE
								DSE		
				ļ						
		 								
		<u> </u>	TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 006600	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	689,896.59	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
	SECTION 4: SECOND 50 TELEVISION MARKET	•	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			STEM ID# 006600
	ľ	MEDIACOM ILLINOIS LLC	006600
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
	Instruc	ctions:	
8	You mi	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part	
		checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	• If you	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	• If you blank	ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Bass Rats . 55		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	_
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
<u> </u>	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	
		(the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here	
 -		and in block 3, line 1, space L (page 7)	0.00
 -		Base Rate Fee	<u></u>

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/1

	AME OF OWNER OF CABLE SYSTEM: ACOM ILLINOIS LLC	SYSTEM ID# 006600	Name
	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1)		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		Dase Nate i ee
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadc	ast signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann G.	el line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
	on, you must:		Base Rate Fee
station DSEs a	bivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determined the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a detail of the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a detail of the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a detail of the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a detail of the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for the portion of your system's gross receipts attributable to the group, and calculate a separate base rate fee for the group of the portion of your system's gross receipts attributable to the group of the	e the number of	Syndicated Exclusivity Surcharge
-	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in	part 7 you must	for
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B beable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	ation you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were let the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups.	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	stem's subscriber	
	y the communities/areas represented by each subscriber group.		
subscri	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a pers in the group.	II of the	
• lf: 1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it	in parts 2, 3,	
2) any p	f this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in 6 of this schedule.	block B,	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
page. I	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the that group's complement of stations and total gross receipts from the subscribers in that group). You do not ne	nat is, the total	

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006600 **MEDIACOM ILLINOIS LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNER MEDIACOM ILLINO		E SYSTEM:				S	O06600	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	IP		SECOND	SUBSCRIBER GROU	IP	•
,	All Othe	er Communities		COMMUNITY/ AREA				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WTTW/WTTW (HD)	0.25			WCIU/WCIU (HD) I	1.00	WGBO-DT3 (1.00	Base Rate Fee
WTTW-DT2 (PRIME	0.25			WCIU-DT3 (MeTV)	1.00	WSNS-DT2	1.00	and
WTTW-DT3 (CREA	0.25			WCIU-DT4 Heros	1.00	WFLD-DT2 N	1.00	Syndicated
WTTW-DT4 (V-ME)	0.25			WCIU-DT5 (Bound	1.00	WFLD-DT3 E	1.00	Exclusivity
				WFLD/WFLD (HD)		WTTW-DT4 (0.25	Surcharge
			***************************************	WGBO/WGBO (HD				for
			***************************************	WSNS/WSNS (HD)	1.00			Partially
			***************************************	WTTW/WTTW (HD				Distant
				WTTW-DT2 (PRIM	0.25			Stations
			+	WTTW-DT3 (CREA			···	Gtations
			+	WITTE OTO (OILE	0.20			
				WCIII DT2 Tho II	1 00		····	
				WCDV DT2 cube	1.00		····	
				WCPX-DT2 qubo	1.00			
				WCPX-DT3 ION Li	1.00			
Total DSEs			1.00	Total DSEs			15.00	
						-		
Gross Receipts First Gro	oup	\$ 621	,006.80	Gross Receipts Second	d Group	\$	88,889.79	
Base Rate Fee First Gro			,607.51	Base Rate Fee Second	•	\$	4,682.44	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

			†					
			†					
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			-					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	pove.	\$ 1	1,289.95	

Name	YSTEM ID# 006600	S				LE SYSTEM:		LEGAL NAME OF OWNE
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROU	SIXTH			SUBSCRIBER GRO	FIFTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate Exclusivit								
Surcharg								
for						-		
Partially								
Distant								
Stations						-		
						-		
-	0.00	Total DSEs 0.00						Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	l Group	Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gr
	JP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	5
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-		
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group		0.00	\$	Group	
		\$	Group	Total DSEs Gross Receipts Fourth		\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWN MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 006600	Name
E				TE FEES FOR EAC				
COMMUNITY ADDA	NINTH	SUBSCRIBER GROU	JP 0	COMMUNITY AREA		I SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
	<u></u>			·				Exclusivity
								Surcharge
					<u></u>			for Partially
	<u></u>				<u></u>			Distant
								Stations
								
	<u></u>			·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	I SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-			<u></u>			
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		-						
	<u></u>				<u></u>			
	<u></u>				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Dono Dota Form A 111		in face for cook as I		an about in the le	ahau-			
Enter here and in bloo			inser group	as shown in the boxes	ароче.	\$		

OIS LLC 006600		YSTEM ID# 006600	S				LE SYSTEM:		MEDIACOM ILLING
LOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP			IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: (Bl
RTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP	9	JP	SUBSCRIBER GROU	JRTEENTH		JP	SUBSCRIBER GRO	RTEENTH	
0 COMMUNITY/ AREA 0	Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of			1		DSE		1 1	CALL SIGN
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	Syndicat Exclusiv								
	Surchar							-	
	for								
	Partiall								
	Distan						-		
	Station			<u> </u>					
	1								
	1						-		
	-					<u> </u>			
		0.00			Total DSEs	0.00			Total DSEs
Group \$ 0.00 Gross Receipts Second Group \$ 0.00		0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
Group \$ 0.00 Base Rate Fee Second Group \$ 0.00		0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
FTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP	_	JP	SUBSCRIBER GROU	SIXTEENTH	5	JP	SUBSCRIBER GRO	TEENTH	FII
0 COMMUNITY/ AREA 0		0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	<u> </u>	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	<u> </u>						-		
									
	-								
		0.00			Total DSEs	0.00			Total DSEs
			\$	n Group			\$	Group	
			\$	n Group			\$	Group	Fotal DSEs Gross Receipts Third G

MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 006600	Name
				TE FEES FOR EACH				<u> </u>
	NTEENTH	SUBSCRIBER GROU		TI .	SHTEENTH	I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-			<u> </u>			and Syndicated
								Exclusivity
								Surcharge
					<u></u>			for
				-	<u> </u>		<u></u>	Partially Distant
		-			<u>-</u>			Stations
		- -			<u></u>			
	···				. 		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GROU	JP	T	WENTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>	 			<mark></mark>			
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	<u></u>				<u> </u>			
	<u></u>				<mark></mark>			
	···				-		<u></u>	
					<mark></mark>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	•	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Cross Necelbis IIIII (Oroup	\$	3.00	Orosa Necelpta Fourti	, Отоир	Ψ	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

OF OWNER OF CABLE SYSTEM: M ILLINOIS LLC SYSTEM ID# 006600	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP	0
7/ AREA O COMMUNITY/ AREA O	9 Computati
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
	Base Rate
	and
	Syndicate Exclusivi
	Surcharg
	for
	Partially
	Distant
	Stations
	_
ts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
ee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP	
7/ AREA 0 COMMUNITY/ AREA 0	
DSE CALL SIGN DSE CALL SIGN DSE	
<u></u>	
0.00 Total DSEs 0.00	
0.00 Total DSEs 0.00 ts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	

MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 006600	Name
				TE FEES FOR EACH				
	ITY-FIFTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate Fee
	<u> </u>	-						and Syndicated
	<u> </u>				•••			Exclusivity
								Surcharge
	<u></u>	 						for
	<u></u>				···			Partially Distant
		-						Stations
	<u></u>							
	<u> </u>	-						
	<u> </u>				•••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GROU	JP	TWEN	TY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>	-			<mark></mark>			
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	<u></u>	-						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
		,						
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

and Syndicate Exclusive Surcharge for	LEGAL NAME OF OWNER OF CAB MEDIACOM ILLINOIS LLC					S	YSTEM ID# 006600	Name
COMMUNITY/ AREA				ATE FEES FOR EAC				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group \$ 0.00 THIRTY-FIRST SUBSCRIBER GROUP THIRTY-SECOND SUBSCRIBER GROUP CALL SIGN DSE CALL		SUBSCRIBER GRO				SUBSCRIBER GRO		a
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
And Syndicate Exclusive Surchary Surcha			DSE	Ti .				
Syndicate Exclusivity Fortal DSEs Fortal D								Base Rate
Exclusive Surchard for Partial Distant Stations Total DSEs						.		
Surchard for Partially Distant Stations Total DSEs Gross Receipts First Group THIRTY-FIRST SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE								
fortal DSEs Gross Receipts First Group Total DSEs Gross Receipts First Group Thirty-First Subscriber group Thirty-First Subscriber group COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN					·····	 		Surcharg
Distant Stations								for
Fotal DSEs O.00 Gross Receipts Second Group THIRTY-FIRST SUBSCRIBER GROUP THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DS								Partially
Total DSEs O.00 Gross Receipts First Group Sase Rate Fee First Group THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL					·····		<u></u>	
Gross Receipts First Group Saase Rate Fee First Group THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL			<u></u>					Otations
Gross Receipts First Group Saase Rate Fee First Group THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL								
Gross Receipts First Group Saase Rate Fee First Group THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL								
Gross Receipts First Group Saase Rate Fee First Group THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL								
Gross Receipts First Group Saase Rate Fee First Group THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL			···		·····			
Gross Receipts First Group Saase Rate Fee First Group THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL	Total DSEs	! !	0.00	Total DSEs			0.00	
THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN					and Craun	•		_
THIRTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE	5ross Receipts First Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA	Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN D	THIRTY-FIRST	SUBSCRIBER GRO	UP	THIR	RTY-SECOND	SUBSCRIBER GRO	UP	
Total DSEs O.00 Gross Receipts Third Group Source Secretary Source Secretary Source	COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00					·····		<u></u>	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			<u></u>		·····	 		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00						<u> </u>		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			<u></u>					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00						<u> </u>		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00							<u></u>	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	······································	H	•••••••••••••••••••••••••••••••••••••••					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00					•••••		****	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Fotal DSEs		0.00	Total DSEs			0.00	
		\$			rth Group	<u>\$</u>	-	

CABLE SYSTEM: LLC SYSTEM ID# 006600	Name
K A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
HIRD SUBSCRIBER GROUP THIRTY-FOURTH SUBSCRIBER GROUP	9
0 COMMUNITY/ AREA 0	Computat
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
Base	ase Rate
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	Syndicat Exclusiv
	Surchar
	for
Pa	Partiall
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St.	Station
\$ 0.00 Gross Receipts Second Group \$ 0.00	
\$ 0.00 Base Rate Fee Second Group \$ 0.00	
IFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP	
0 COMMUNITY/ AREA 0	
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
0.00	
0.00 Total DSEs 0.00	
\$ 0.00 Gross Receipts Fourth Group \$ 0.00	

LEGAL NAME OF OWN MEDIACOM ILLII						S	YSTEM ID# 006600	Name
[BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OF ILL OF OTT	502	O'ALL GIGIT	502	OF ILLE STOTE	502	O/ILL GIGIT	502	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
			<u></u>					for
								Partially
			<u>.</u>				<u> </u>	Distant
								Stations
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	••••					-		
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THI	RTY-NINTH	SUBSCRIBER GRO	OUP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			<mark>.</mark>					
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	····		····					
	••••					-		
	••••		••••			-		
	••••							
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

SYSTEM ID# 006600 Name				LE SYSTEM:		LEGAL NAME OF OWNE		
EACH SUBSCRIBER GROUP	H SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL		
FORTY-SECOND SUBSCRIBER GROUP			JP	SUBSCRIBER GROU	TY-FIRST			
AREA 0 Computatio		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
DSE CALL SIGN DSE of	1	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate Fo								
and				-				
Syndicated Exclusivity								
Surcharge					-			
for								
Partially								
Distant								
Stations								
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				-				
0.00		Total DSEs	0.00			Total DSEs		
Second Group \$ 0.00	nd Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G		
Second Group \$ 0.00	nd Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gr		
FORTY-FOURTH SUBSCRIBER GROUP	Y-FOURTH	FORT	JP	SUBSCRIBER GRO	TY-THIRD	FORT		
AREA 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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0.00		Total DSEs	0.00			Total DSEs		
		Gross Receipts Fourtl	0.00			0 0		
Fourth Group \$ 0.00	h Group		0.00	\$	Group	Gross Receipts Third G		
Fourth Group \$ 0.00	n Group		0.00	\$	Group	Gross Receipts Third G		

LEGAL NAME OF OWN		E SYSTEM:				S	YSTEM ID# 006600	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		FO	9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
	···							Partially Distant
								Stations
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	···							
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
	···							
							<u></u>	
	····				 			
Total DSEs			0.00	Total DSEs	_1		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OV MEDIACOM ILL						S	YSTEM ID# 006600	Name
				ATE FEES FOR EAC			IID.	
FOMMUNITY/ ARE		SUBSCRIBER GRO	0 0	FIFTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
			···					and
								Syndicated
								Exclusivity
			<mark></mark>					Surcharge
					·····			for Partially
•••••								Distant
								Stations
			<mark></mark>					
				-				
							····	
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts Firs	st Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs	st Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		iii —		SUBSCRIBER GRO		
COMMUNITY/ ARE	:A		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u></u>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thi	rd Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Thir	rd Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Ad	d the base ra	te fees for each subs	scriber aroun	as shown in the boxe	es above.			
Enter here and in b			g. cap			\$		

LEGAL NAME OF OWN MEDIACOM ILLI		LE SYSTEM:				S	YSTEM ID# 006600	Name
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		FII	9			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and Syndicated
		-	····	·				Exclusivity
								Surcharge
		-						for
								Partially Distant
		-			·····			Stations
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	••••		···					
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First	Groun	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross receipts i list	Стоир	<u> </u>		Cross receipts dec	ona Group	*		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		TT .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-		1				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
	. J.Jup		0.00			.	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	Name	O06600	Sì				E SYSTEM:		LEGAL NAME OF OWNE
A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP			BER GROUP	SUBSCRI	E FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
NTH SUBSCRIBER GROUP FIFTY-EIGHTH SUBSCRIBER GROUP	9		SUBSCRIBER GROU	-EIGHTH			SUBSCRIBER GROU	EVENTH	
o limitati i i i i i i i i i i i i i i i i i	3 Computa	0							COMMUNITY/ AREA
	of					DSE		DSE	CALL SIGN
······································	Base Rate								
······································	and								
	Syndica Exclusiv								
	Surchai	-							
	for								
	Partial								
	Distan								
St	Station								
		<u></u>							
							-		
		0.00			Total DSEs	0.00			Total DSEs
\$ 0.00 Gross Receipts Second Group \$ 0.00		0.00	\$	Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
\$ 0.00 Base Rate Fee Second Group \$ 0.00		0.00	\$	Group	Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gr
ITH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP		Р	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GROU	Y-NINTH	FIFT
O COMMUNITY/ AREA O		0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		<u></u>							
		<u> </u>							••••••
		<u></u>							
					otal DSEs	0.00			Total DSEs
		0.00							
			\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
			\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

LEGAL NAME OF OWNER MEDIACOM ILLINO		E SYSTEM:				S	YSTEM ID# 006600	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
	Y-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			<u> </u>			-		Exclusivity
						 		Surcharge for
		-	······································		···			Partially
								Distant
								Stations
			<u>.</u>		<mark></mark>			
			<u>.</u>		<mark></mark>	-		
						-		
						· · · · · · · · · · · · · · · · · · ·		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
								
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			<u>.</u>			 	····	
		-	······································		···			
					<u></u>			
			<u>.</u>		<mark></mark>	-		
						-	•••••	
						 		
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLIN		E SYSTEM:				S	YSTEM ID# 006600	Name
				ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU		
	XTY-FIFTH	SUBSCRIBER GROU		11	9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated Exclusivity
								Surcharge
								for
	<u></u>							Partially Distant
								Stations
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								İ
Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	İ
								İ
Base Rate Fee First (\$	0.00	Base Rate Fee Secon		\$	0.00	1
	-SEVENTH	SUBSCRIBER GROU		ii –	TY-EIGHTH	I SUBSCRIBER GROU		1
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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	<u></u>							İ
								İ
								İ
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	İ
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	1
Base Rate Fee: Add t			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	YSTEM ID# 006600	Name
				ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU		
	TY-NINTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA	9			
COMMUNITY/ AREA				COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u> </u>			Base Rate Fee
				-				and Syndicated
		-						Exclusivity
								Surcharge
	<u></u>				<u> </u>			for Partially
								Distant
								Stations
	<u></u>				<u> </u>			
	<mark></mark>							
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	ITY-FIRST	SUBSCRIBER GROU		III		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>	-						
	<u></u>				<u> </u>			
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	<mark></mark>				<u></u>			
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
Poor Pote Face Addition	no hoar ::: 1	o food for each sub-	ribor ===	an about in the factor	aharra			
Enter here and in block			inei group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				S	YSTEM ID# 006600	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
					<u></u>			Exclusivity
								Surcharge for
								Partially
					<u></u>			Distant Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii —		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			riber group	as shown in the boxes	above.	\$		

MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 006600	Name	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP	IP		
COMMUNITY/ AREA		SOBSCRIBER GROU	0	TI .	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
O/LEE GIGIT	502	O' LEE GIGIT	BOL	O' LEE GIGIT	502	O/ILL SIGIT	562	Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
		-						for	
					<u></u>			Partially	
	····						<u></u>	Distant Stations	
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00		
SEVEN	NTY-NINTH	SUBSCRIBER GROU	JP		EIGHTIETH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	····				 				
					···				
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	····						<u></u>		
					<u></u>				
Total DSEs			0.00	Total DSEs		11	0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add the Enter here and in blood			riber group	as shown in the boxes	above.	\$			
Lines here and in bloc	ا بر ن , iii ات ا , د	opado L (page 1,				*			

LEGAL NAME OF OWN MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 006600	Name
E	SLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
EIGH	HTY-FIRST	SUBSCRIBER GRO)UP	i i		SUBSCRIBER GRO	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F and
	···	-						Syndicated
	···		···		••••			Exclusivity
								Surcharge
		ļ						for
								Partially
		-						Distant Stations
	···		····		•••••			Otations
Γotal DSEs		l	0.00	Total DSEs		1	0.00	
	2				and Oraco	•	•	
Gross Receipts First (- roup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGH	ITY-THIRD	SUBSCRIBER GRO	UP	EIGH	ITY-FOURTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	···		····		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t	he base rat	te fees for each subs				\$		

EM: SYSTEM ID# 006600 Name					LE SYSTEM:		LEGAL NAME OF OWNE
TATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	RIBER GROU	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
Δ	EIGHTY-SIXTH SUBSCRIBER GROUP				SUBSCRIBER GRO	TY-FIFTH	
O COMMUNITY/ AREA O Computa							COMMUNITY/ AREA
SIGN DSE CALL SIGN DSE CALL SIGN DSE of				DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						-	
and Syndian					-		
Syndica Exclusiv							
Surchal		······································				-	
for							
Partial			•••••				
Distar							
Station							
			•••••				
				<u> </u>			
			Total DSEs	0.00			Total DSEs
0.00 Gross Receipts Second Group \$ 0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00 Base Rate Fee Second Group \$ 0.00	\$	id Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
RIBER GROUP EIGHTY-EIGHTH SUBSCRIBER GROUP	H SUBSCRIBE	ΓY-EIGHTH	EIGH ⁻	JP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIG	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			•••••				
0.00 Total DSEs 0.00			Total DSEs	0.00			Total DSEs
			Cross Bossints Faveth		-		
	\$	n Group	Gross Receipts Fourt	0.00	\$	roup	Gross Receipts Third G
	\$	n Group	Gross Receipts Fourti	0.00	\$	iroup	Gross Receipts Third G

LEGAL NAME OF OWN MEDIACOM ILLIN						S	YSTEM ID# 006600	Name		
				TE FEES FOR EAC						
EIGH COMMUNITY/ AREA	ITY-NINTH	SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0	9		
								Computation		
CALL SIGN	DSE	CALL SIGN			DSE CALL SIGN DSE CALL SIGN DSE					of
	<u></u>		<u></u>					Base Rate Fe and		
	···							Syndicated		
								Exclusivity		
						 		Surcharge		
			····			-		for Partially		
								Distant		
						-		Stations		
	<u></u>									
										
Total DSEs			0.00	Total DSEs		11	0.00			
Total DSEs	_						•			
Gross Receipts First (∍roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
	ETY-FIRST	SUBSCRIBER GRO		iii —		SUBSCRIBER GROU				
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						-				
						-				
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee Third Base Rate Fee: Add Enter here and in bloc	Group	\$ te fees for each subs	0.00	Base Rate Fee Fou	rth Group	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 006600									
				ATE FEES FOR EACH					
	TY-THIRD	SUBSCRIBER GROU	JP 0	III	Y-FOURTH	I SUBSCRIBER GROU	JP 0	9	
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
	<u> </u>							Base Rate Fee	
								and Syndicated	
		-						Exclusivity	
								Surcharge	
	<u></u>				<u> </u>			for Partially	
								Distant	
								Stations	
	<u></u>								
	<u> </u>								
	<u> </u>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
NINE	TY-FIFTH	SUBSCRIBER GROU	JP	NIN	ETY-SIXTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
	<u></u>								
	<u> </u>								
	<u></u>								
	<u> </u>				. 		<u> </u>		
	<u></u>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third (Froun	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Cross rescipts mild (J. 0up	\$	3.00	STOOD NECCIPIES I OUITI	. Group	<u>*</u>			
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWN MEDIACOM ILLII						S	906600	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122 0.0.1	202	07.122 0.011	202	07.22 0.0.1	202	0/122 01011	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
							····	Partially
		-				 		Distant Stations
			····		·····	-		Stations
			····			 		
							••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
orodo recoupto i not	Oloup		0.00	Groos recorpto occ	ond Group	•	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	ETY-NINTH	SUBSCRIBER GRO	DUP	ONE I	HUNDREDTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
							····	
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						-		
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			····				<u></u>	
						 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

and and syndicate syndicat	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 006600								
COMMUNITY/ AREA 0 COMMUNITY/ A					1				
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated CALL SIGN	COMMUNITY/ AREA				COMMUNITY/ AREA			U	_
and Syndicates Exclusivity Surcharge for Partially Surcharge for Partially Distant Stations Total DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs									Base Rate Fee
Exclusivity Surcharge for Partially Distant Stations Total DSEs Gross Receipts First Group \$ 0.00. Gross Receipts Second Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts First Group \$ 0.00. Gross Receipts Fourth Group \$ 0.00. Gross Receipts Fou									
Surcharge Total DSEs Total DSEs Sourcharge T		···-				<u></u>			-
Partially Distant Stations Total DSEs									Surcharge
Distant Stations Total DSEs Gross Receipts First Group Base Rate Fee First Group COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DS									
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Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee First Group ONE HUNDRED THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN			-			<u></u>			
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee First Group ONE HUNDRED THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
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Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee First Group ONE HUNDRED THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DS									
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee First Group ONE HUNDRED THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Base Rate Fee First Group ONE HUNDRED THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Total DSEs			0.00	Total DSEs			0.00	
ONE HUNDRED THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL S	Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN D	ONE HUNDE	RED THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	SUBSCRIBER GRO	UP	
Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			-			<u></u>			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.						<u>-</u>			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.					-				
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.						<u></u>			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.						<u></u>			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		····				<u></u>			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.						<u></u>			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs		11	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		Group	\$			th Group	\$	_	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
	Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
TERROLLING AND IN DIOUN O, HITCH, SURGO E LUCAGO I				riber group	as shown in the boxes	above.	\$		

Name	906600	S				LE SYSTEM:		LEGAL NAME OF OWNE
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
٥	JP	SUBSCRIBER GROU	RED SIXTH	ONE HUNDI	JP	SUBSCRIBER GRO	ED FIFTH	ONE HUNDRE
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F							-	
Syndicated	····					-		
Exclusivity								
Surcharge								
for								
Partially						-		
Distant Stations	····							
Stations								
						-		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	D EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0 00			Total DSFs
	0.00		Craw	Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWN MEDIACOM ILLIN						S	YSTEM ID# 006600	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDF	RED NINTH	SUBSCRIBER GRO)UP	ONE HUND	RED TENTH	SUBSCRIBER GRO	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
	····				·····	 	····	and
	····					-		Syndicated
						-		Exclusivity
								Surcharge
								for
	<mark></mark>		<u></u>					Partially Distant
	····					-		Stations
	····		<u></u>		····	-		
	····		<u></u>			<u> </u>		
Total DSEs		Ш	0.00	Total DSEs		Ш	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	····		 			-		
	····	-				-		
			<u></u>					
	····					-		
						-		
Total DSEs		II	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 006600									
B ONE HUNDRED THI				ATE FEES FOR EACH		RIBER GROUP	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	···							and Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
									
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	ıd Group	\$	0.00		
ONE HUNDRED FI	IFTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED S	IXTEENTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	···								
				-					
	···								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 006600	Name
В	LOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED E	IGHTEENTH	SUBSCRIBER GRO	UP	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>		<u></u>			Base Rate Fee
			<u> </u>		·····			and Syndicated
		-			·····			Exclusivity
								Surcharge
								for
								Partially
								Distant
	···		. 		····			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		_						
			<u> </u>		····	- -		
Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	I*				F	<u>-</u>		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWI MEDIACOM ILLI						S	YSTEM ID# 006600	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
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								for
								Partially
							<u> </u>	Distant
	·····				·····	-		Stations
			····			H		
	····		····		·····	-		
		H				-		
••••••		•				·		
Total DSEs	!	 	0.00	Total DSEs	·	''	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWI	ENTY-THIRD	SUBSCRIBER GROU	IP	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark>.</mark>			
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	····		<u></u>			-	····	
						-		
•••••								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
-								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

MEDIACOM ILLINOIS LL	BLE SYSTEM: C				S	YSTEM ID# 006600	Name
BLOCK A	: COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWENTY-FIFT	H SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Comput
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
							and Syndica
		····	·				Exclusi
							Surcha
							for
							Partia Distai
							Statio
			·				
otal DSEs		0.00	Total DSEs	'		0.00	
Gross Receipts First Group	e	0.00	Gross Receipts Sec	and Group	\$	0.00	
bioss Receipts First Group	\$	0.00	Gioss Receipts Sec	ond Group	<u>\$</u>		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
						1	
E HUNDRED TWENTY-SEVENT	H SUBSCRIBER GROU	IP	<u> </u>		I SUBSCRIBER GROUF		
	H SUBSCRIBER GROU	JP 0	<u> </u>	ENTY-EIGHTH	SUBSCRIBER GROUF		
	H SUBSCRIBER GROU		ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUF)	
COMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
OMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
OMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
COMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
COMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
COMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
COMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
COMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
COMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
COMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
COMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
COMMUNITY/ AREA		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
CALL SIGN DSE		0	ONE HUNDRED TWI	ENTY-EIGHTH A		0	
CALL SIGN DSE		DSE	ONE HUNDRED TWI COMMUNITY/ ARE CALL SIGN	DSE		DSE	
CALL SIGN DSE	CALL SIGN	0.00	ONE HUNDRED TWI COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN DSE CALL SIGN DSE CALL SIGN TOTAL DSE Fotal DSEs Gross Receipts Third Group	CALL SIGN	0.00	ONE HUNDRED TWI COMMUNITY/ ARE CALL SIGN Total DSEs	DSE DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWN MEDIACOM ILLIN						S	YSTEM ID# 006600	Name
Е	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRI	ED THIRTIETH	I SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>					and
	<u></u>		<u></u>			-	<u> </u>	Syndicated Exclusivity
						-		Surcharge
								for
								Partially
								Distant
						-		Stations
	···							
	···		<u></u>					
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	IRTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED THI	IRTY-SECONE	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>					-		
						<u> </u>		
	<u></u>		···			-		
			<u></u>					
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	···		···			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

_C 006600 Nai	SY				LE SYSTEM:		MEDIACOM ILLING
A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: (Bl
RD SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	SUBSCRIBER GROUP	TY-FOURTH)	SUBSCRIBER GROU	TY-THIRD	
Compi				0			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE O				DSE		DSE	CALL SIGN
Base R.		<u></u>					
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0.00 Total DSEs 0.00		<u>.</u>	Total DSFs	0.00		<u> </u>	Total DSEs
	•	d Croup			•	roup	
\$ 0.00 Gross Receipts Second Group \$ 0.00	\$	a Group	Gross Receipts Secon	0.00	*	roup	Gross Receipts First G
\$ 0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
TH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP	SUBSCRIBER GROUP	IRTY-SIXTH)	SUBSCRIBER GROU	RTY-FIFTH	ONE HUNDRED THII
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-					
<mark> </mark>	-						
			Total DSEs	0.00			Total DSEs
	\$	Group			\$	Group	Fotal DSEs Gross Receipts Third G

MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 006600	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TH	IIRTY-EIGHTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>		<u> </u>	-	·····		<u></u>	Base Rate Fe
			<u></u>	·				Syndicated
••••••	···		<u> </u>		••••			Exclusivity
								Surcharge
		-	<u> </u>					for
	<u></u>	<u> </u>	<u></u>					Partially Distant
	··			·				Stations
			······································					
			<u> </u>					
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			<u> </u>					
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THII	RTY-NINTH	SUBSCRIBER GROU	P	ii e		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWI MEDIACOM ILLI						S	YSTEM ID# 006600	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							····	Base Rate Fee
			<u></u>		·····	-	<u> </u>	and Syndicated
	····				·····	-		Exclusivity
						-		Surcharge
								for
								Partially
						-		Distant Stations
	····		<u></u>			-		Stations
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>			-		
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	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER MEDIACOM ILLINO		E SYSTEM:				S	YSTEM ID# 006600	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
	TY-FIFTH	SUBSCRIBER GROUP		Ħ		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
				·		-		Syndicated Exclusivity
					···		·	Surcharge
		-			<u></u>			for
								Partially
								Distant
					<mark></mark>	-		Stations
						-		
				·	···	-	····	
		-			<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-			<u></u>			
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					<mark>.</mark>		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
							-	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	YSTEM ID# 006600	Name
BI	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	ΓY-NINTH	SUBSCRIBER GROU		ii .	FIFTIETH	I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
	-							Surcharge
								for
								Partially
	<u>.</u>	-						Distant Stations
								Stations
	<u> </u>							
	-							
Total DSEs		!	0.00	Total DSEs	1	11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU		ONE HUNDRED FIFT	Y-SECONE	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	·				·			
	·							
	·							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
222.20.00	P	<u> </u> *	3.00	and the same of the same		ļ*	3.30	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

MEDIACOM ILLI						S	YSTEM ID# 006600	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA	······································		0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
	·····		<u></u>			-		Surcharge for
	·····							Partially
								Distant
								Stations
			<u></u>					
	·····		<u></u>			<u> </u>		
			 			-		
Total DSEs		<u> </u>	0.00	Total DSEs		Į.	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	DUP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-	····	
						-		
			···			-	····	
						-		
			<u></u>			-		
			 				<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN						S	YSTEM ID# 006600	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FIF	ΓY-SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED	FIFTY-EIGHTH	I SUBSCRIBER GROUP)	^
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			····				<u></u>	Base Rate Fee
	····							Syndicated
								Exclusivity
								Surcharge
						-		for
	<u></u>							Partially Distant
						-	<u> </u>	Stations
Total DSEs		Ц	0.00	Total DSEs		Į.	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GROU		i i		I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						<u> </u>		
	····		•••••••••••••••••••••••••••••••••••••••					
	<u></u>							
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

MEDIACOM ILLIN	DIACOM ILLINOIS LLC 006600							Name
BI	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	All Oth	er Communities		COMMUNITY/ AREA Reading Township				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WCPX/WCPX (HD)	1.00			Base Rate F
								and
								Syndicated
								Exclusivity
			······································					Surcharge
		=				_		for
•••••••		-	·				•••••	Partially
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	<u>-</u>		<u>-</u>					
								
	. <mark>.</mark>							
	<u>.</u>							
Γotal DSEs			0.00	Total DSEs			1.00	
Gross Receipts First G	roun	\$ 621	,006.80	Gross Receipts Second	d Group	\$	68,889.79	
orosa receipta i iist o	Ισαρ	3 021	,000.00	Gross Receipts Second	a Group	4	00,003.73	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	2,583.37	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0020011122110110	0	COMMUNITY/ AREA		0020011122110110	0.	
				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	1		1					
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Γotal DSEs			0.00	Total DSEs			0.00	
	rous	¢			Croup	¢	0.00	
Propo Dessints This ! C	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Gross Receipts Third (1		II				
Gross Receipts Third 0							1.1	
Gross Receipts Third G	∂roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
dase Rate Fee Third G	·			Base Rate Fee Fourth as shown in the boxes a		\$	0.00	

LEGAL NAME OF OWNE MEDIACOM ILLINO	ME OF OWNER OF CABLE SYSTEM: COM ILLINOIS LLC							Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCE	RIBER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	H SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIT	DOL	OALL GIOIN	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
		-			••••			Syndicated
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								Surcharge
		-						for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
S	EVENTH	SUBSCRIBER GRO	UP		EIGHTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
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							<u></u>	
Total DSEs	<u>. </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				

	GAL NAME OF OWNER OF CABLE SYSTEM: EDIACOM ILLINOIS LLC 006600							
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU			SUBSCRIBER GRO	NINTH		
Computation	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		_						
Syndicated								
Exclusivity Surcharge							<u>.</u>	
for							·	
Partially						=		
Distant								
Stations								
								
							 	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	EVENTH	EL
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		_						
		_						
	•••		1		<u> </u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group		0.00	\$	Group	
	_	\$	Group	Total DSEs Gross Receipts Fourth		\$	Group	Total DSEs Gross Receipts Third G

Name	EGAL NAME OF OWNER OF CABLE SYSTEM: EDIACOM ILLINOIS LLC SYSTEM ID# 006600							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	IRTEENTH			SUBSCRIBER GROU	RTEENTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity	····				-			
Surcharge for		-						
Partially		+						
Distant			•					
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		<u> </u>	<u> </u>					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	IXTEENTH	S	UP	SUBSCRIBER GROU	FTEENTH	FII
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	
		SUBSCRIBER GROU	DSE			SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA CALL SIGN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			CALL SIGN
	DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

Name	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# O06600							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTEENTH			SUBSCRIBER GROU		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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Syndicated							<mark></mark>	
Exclusivity Surcharge		-			<u>-</u>			
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Partially	····	-					···	
Distant								
Stations						-		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	•	\$ SUBSCRIBER GROU				SUBSCRIBER GROU		
	•						INTEENTH	NII
	JP			Т	UP		INTEENTH	NII
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	INTEENTH	NII COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	VENTIETH	T COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	INTEENTH	CALL SIGN
	DSE O.00	SUBSCRIBER GROU	DSE	T COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	JP 0 DSE	SUBSCRIBER GROU	DSE	T COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	NII COMMUNITY/ AREA

Name	AL NAME OF OWNER OF CABLE SYSTEM: DIACOM ILLINOIS LLC SYSTEM ID# 006600							
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (Bl
9	JP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	ITY-FIRST	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated				***************************************				
Exclusivity								
Surcharge								
for					.			
Partially								
Distant Stations					·			
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	0.00			Total DSEs	0.00	,	-	Total DSEs
		\$	d Group	Gross Receipts Secor	0.00	\$	Group	Gross Receipts First G
_	0.00	*	a Oroup	Cross receipts occor				
_ 	0.00	\$		Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
_ 	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU		
	0.00	\$	d Group	Base Rate Fee Secon				TWEN
- - - - - - - - - - - - - - -	0.00	\$	d Group	Base Rate Fee Secon	JP			TWEN
- - - - - - - - - - - - - - -	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
- - - - - - - - - - - - - - -	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
- - - - - - - - - - - - - - -	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
- - - - - - - - - - - - - - -	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
- - - - - - - - - - - - - - -	0.00 JP 0	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 1EDIACOM ILLINOIS LLC 006600							Name	
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		SUBSCRIBER GRO				SUBSCRIBER GRO	UP 0	9
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	006600	R OF CABLE SYSTEM: DIS LLC 0066						
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9	JP	SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	TY-THIRD	
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Computation				TE FEES FOR EACH					
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LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 006600							Name	
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Gross Receipts Thir			0.00	Gross Receipts Fou			0.00	
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	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
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Name	006600	S'		MEDIACOM ILLIN				
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LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 006600							Name	
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LEGAL NAME OF OWNE MEDIACOM ILLINO		E SYSTEM:	906600	Name				
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
e base				Base Rate Fee Fourth		\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 006600								Name
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otal DSEs	<u> </u>		0.00	Total DSEs	ļ		0.00	
Gross Receipts First Group)	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group)	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIXTY-T	HIRD:	SUBSCRIBER GRO	UP	ll SIX ⁻	TV EOLIDTH	SUBSCRIBER GRO	LID	
SIXTY-THIRD SUBSCRIBER GROUP MMUNITY/ AREA 0				İ		TOODOONIDEN ONO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
	SE	CALL SIGN		İ		CALL SIGN	_	
	SE		0	COMMUNITY/ AREA			0	
	SE		0	COMMUNITY/ AREA			0	
	SE		0	COMMUNITY/ AREA			0	
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	SE		0	COMMUNITY/ AREA			0	
	SE		0	COMMUNITY/ AREA			0	
CALL SIGN D			DSE	CALL SIGN	DSE		DSE	
CALL SIGN D	p	CALL SIGN	0 DSE	CALL SIGN CALL SIGN Total DSEs Gross Receipts Four	DSE	CALL SIGN	0 DSE	
CALL SIGN D	p	CALL SIGN	0 DSE	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

Name	006600	R OF CABLE SYSTEM: SYSTEM 0066						
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	CTY-SIXTH			SUBSCRIBER GROU	(TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and				•••••				
Syndicated								
Exclusivity								
Surcharge for								
Partially	<u></u>					-	<u></u>	
Distant								
Stations								
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-	0.00	Ц	<u> </u>	T-4-1 DOE-	0.00			F-4-L DOF-
	0.00	-		Total DSEs	0.00			Total DSEs
		\$	d Groun	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	-	а слоар					
	0.00	\$		Base Rate Fee Secon	0.00	\$	Group	3ase Rate Fee First G
	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU		
	0.00	\$	d Group	Base Rate Fee Secon				SIXTY-9
	0.00	\$	d Group	Base Rate Fee Secon	JP			SIXTY-9
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-SCOMMUNITY/ AREA
	O.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH DSE	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	SIXTY-COMMUNITY/ AREA

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 006600							Name	
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCE	RIBER GROUP		
	Y-NINTH	SUBSCRIBER GRO		11		H SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		-						Syndicated
								Exclusivity
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					•••••			Partially
								Distant
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			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	Y-FIRST	SUBSCRIBER GRO)UP	SEVEN	ITY-SECONI	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
								
					•••••		•••••	
								
								
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	~ p	*			3.3 4p	<u>*</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the	e base rat	e fees for each subs	scriber group	as shown in the boxe	es above.			

EGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 006600							Name	
				TE FEES FOR EACH				
	HIRD SU	JBSCRIBER GROU		İ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$		0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Group	\$		0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVENTY-F	IFTH SU	JBSCRIBER GROU	JP	SEVE	NTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			1			П	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	- - - \$		0.00	Total DSEs Gross Receipts Fourtl	h Group	\$	0.00	
	- - \$		_		h Group	\$		
			_			\$		

Name	O06600					LE SYSTEM:		LEGAL NAME OF OWNE MEDIACOM ILLING
	ID.			TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	r-EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	bevenih	SEVENTY-S COMMUNITY/ AREA
Computation	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	CALL GIGIN	DOL	OALL GIGIN
and								
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	0.00	·		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	P	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GRO	ΓY-NINTH	SEVENT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSFs	0.00			Total DSFs
	0.00		Group	Total DSEs Gross Receipts Fourth	0.00		Stoup	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWN MEDIACOM ILLIN		LE SYSTEM:					006600	Name
				TE FEES FOR EAC				
	ITY-FIRST	SUBSCRIBER GRO		iii		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
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								Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGH	TY-THIRD	SUBSCRIBER GRO	DUP	EIGH	ITY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	I.,	Į.			- -	į·	3.00	
		te fees for each sub					_	

906600 006600					.E SYSTEM:		LEGAL NAME OF OWNE MEDIACOM ILLING
	SUBSCRIBER GROU	HTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00			Total DSEs	0.00			Total DSEs
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
JP	SUBSCRIBER GROU	Y-EIGHTH	EIGHT	UP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	_			<mark> </mark>			
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0.00			Total DSEs	0.00			Total DSEs
0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	
	\$	Group			\$	Group	
	\$				\$		Total DSEs Gross Receipts Third G
0 0 0 0 0 0 0	0066 JP DS 0.0 0.0	IBER GROUP SUBSCRIBER GROUP CALL SIGN DS O.0 \$ 0.0 SUBSCRIBER GROUP	DSE CALL SIGN DS CALL SIGN DS DSE CALL SIGN DS Od Group \$ 0.0 Group \$ 0.0 TY-EIGHTH SUBSCRIBER GROUP	TE FEES FOR EACH SUBSCRIBER GROUP EIGHTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DS Total DSEs 0.0 Gross Receipts Second Group \$ 0.0 EIGHTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA	BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMMUNITY/ AREA	COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CAL	OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TY-FIFTH SUBSCRIBER GROUP OCMMUNITY/ AREA DSE CALL SIGN DSE CAL

WIEDIACOW ILLIN	OIS LLC	LE SYSTEM:					006600	Nar
				ATE FEES FOR EAC				
EIGH COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		I SUBSCRIBER GRO	0 0	Ç
CALL SIGN	DOE	CALL SICN	Dec	CALLSION	Dec	II CALL SICN	Dec	Compu
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base R
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			0.00	T			0.00	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Broup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	OUP	NINE	TY-SECOND	SUBSCRIBER GRO	UP	
	TY-FIRST	SUBSCRIBER GRO	OUP 0	NINE COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	
	DSE	SUBSCRIBER GRO		II		SUBSCRIBER GRO	_	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN			0	COMMUNITY/ ARE	Α		0	
CALL SIGN CALL SIGN Total DSEs	DSE		DSE	COMMUNITY/ ARE	DSE		DSE	
COMMUNITY/ AREA	DSE	CALL SIGN	0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Fotal DSEs	DSE	CALL SIGN	0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWN MEDIACOM ILLIN						S	006600	Name
				TE FEES FOR EAC				
NINE COMMUNITY/ AREA	: i`Y-THIRD	SUBSCRIBER GRO	0 0	NINE COMMUNITY/ ARE		I SUBSCRIBER GRO	UP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
								and
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								Exclusivity
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	ETY-FIFTH	SUBSCRIBER GRO	OUP	NI	NETY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
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			····		·····			
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
D D-4- F Add	h	to food for each sub	coribor group	as shown in the boxe	s abovo			

Name	O06600	SY				LE SYSTEM:		LEGAL NAME OF OWNER MEDIACOM ILLINO
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation				COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicate	<u></u>					-		
Exclusivity Surcharge								
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Partially								
Distant								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gro
	Р	SUBSCRIBER GROU	NDREDTH			SUBSCRIBER GRO	TY-NINTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
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						-		
							<u>.</u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	O06600	S				LE SYSTEM:		LEGAL NAME OF OWNE MEDIACOM ILLINO
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	SECOND			SUBSCRIBER GROU	ED FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated	<u></u>							
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROU	FOURTH	ONE HUNDRE	JP	SUBSCRIBER GRO	D THIRD	ONE HUNDRE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
								
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			<u> </u>	Total DSEs	0.00			Total DSEs
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	0.00	\$	Group			\$	Group	Gross Receipts Third G
		\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

LEGAL NAME OF OWNE MEDIACOM ILLING		LE SYSTEM:					006600 006600	Name
				TE FEES FOR EAC				
	ED FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gi	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED S	SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDE	RED EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-			•••••			
			 					
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Popo Boto For Third C	rour		0.00	Book Bata Fara F	th C		0.00	
Base Rate Fee Third G		\$	0.00	Base Rate Fee Four	ui Gioup	\$	0.00	
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Name	YSTEM ID# 006600					LE SYSTEM:		MEDIACOM ILLING
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Name	YSTEM ID# 006600					LE SYSTEM:	R OF CABI	MEDIACOM ILLIN
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	*YSTEM ID# 006600							MEDIACOM ILLING
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially					SUBSCRIBER GROUP	ITY-NINTH	ONE HUNDRED TWEN
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Name	YSTEM ID# 006600						R OF CABL	MEDIACOM ILLING
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LEGAL NAME OF OWNER MEDIACOM ILLINO		E SYSTEM:				S	YSTEM ID# 006600	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP	1	ONE HUNDRED THIS	RTY-EIGHTH	I SUBSCRIBER GROUP)	^
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	JP	
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roup		\$	0.00	Gross Receipts Fourth	ı Group	\$ \$	0.00	

Name	YSTEM ID# 006600	S`				LE SYSTEM:		MEDIACOM ILLING
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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9 Computation	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR	,	SUBSCRIBER GROUP		ONE HUNDRED FOR
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ase Rate Fee: Add the			criber group	as shown in the boxes	above.	\$			

Name	YSTEM ID# 006600					LE SYSTEM.		MEDIACOM ILLING
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	0.00 JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIFT
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ACCOUNTING PERIOD: 2018/1

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 006600 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 006600 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 006600 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 006600 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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