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

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 3/1/2019 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

| A | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| | | 2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| Accounting | | Barcode Data Filing Period (optional - see instructions) | |
| Period | | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. | |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. | |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. | |
| | | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. | 27475 |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | MEDIACOM ILLINOIS LLC | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | |
| | | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM | |
| | | ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) | |
| | | MEDIACOM PARK, NY 10918 | |
| | | (City, town, state, zip) | |
| C | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | | MEDIACOM ILLINOIS LLC MAILING ADDRESS OF CABLE SYSTEM: | |
| | | 1102 N. Fourth Street, P.O. Box 334 | |
| | 2 | (Number, street, rural route, apartment, or suite number) | |
| | | Chillicothe, IL 61523 (City, town, state, zip code) | |
| | 1 | [h]) ============================ | |

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

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name | MEDIACOM ILLINOIS LLC | 27475 |
| D | Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h | ry" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known |
| Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | Victoria | IL |
| Community | | |
| | | |
| Add Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | | -2E. PAGE |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------|
| Name | MEDIACOM ILLINOIS LI | _C | | | | | | 2747 |
| E Secondary Transmission Service: Sub- scribers and Rates | SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide | SERVICE: SL pace E should on of television vay cable) in sp (June 30 or D h blocks in spar y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the | cover all categoria and radio broadca ace F, not here. A ecember 31, as the ce E call for the nu service. In genera is in that category ndicated—not the h category of serv 20/mth"). Summar for advance payme e form lists the category | es of secondar asts by your sy all the facts you e case may bu umber of subso I, you can con (the number of se ice. Include bo ze any standa ent. egories of sec | ystem to subscril u state must be t e). cribers to the cal npute the number of persons or org ts receiving serv oth the amount of ard rate variation condary transmis | bers. Give i hose existi ole system, er of subscr anizations ice). If the charg s within a p sion servic | nformation ng on the broken ibers in charged e and the articular rate e that cable | |
| | that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient. | e: Where an ind should be cour ble service to a once again und has rate catego iers of services | dividual or organiz nted as a subscrib additional sets wo er "Service to add pries for secondar that include one | ation is receiv er in each app uld be included itional set(s)." y transmission or more secon | ing service that for blicable category d in the count un a service that are adary transmission | falls under . Example: .der "Servic different fr ons), list the | different a residential e to the om those em, together | |
| | BLO | DCK 1 | | | | BLOCK | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIB | | CAT | EGORY OF SE | RVICE | NO. OF SUBSCRIBERS | RATE |
| | Residential: | OODOORID | | | | | SOBSCILIELIUS | |
| | Service to first set | | 2 2-73. | 49 | | | | |
| | Service to additional set(s) | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | |
| | Motel, hotel | | | | | | | |
| | Commercial | | 0 2-73. | 49 | | | | |
| | Converter | | | | | | | |
| | Residential | | | | | | | |
| | Non-residential | | | | | | | |
| F Services Other Than Secondary Transmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip | e (not subscrib hose services to the two exception or facilities furr- nit in which it is rate column. the charged by to your cable sys- separate charg | er) information wi that are not offerens: you do not ner ished to nonsubs usually billed. If a the cable system for the furnished or e was made or es | th respect to a d in combination ed to give rate cribers. Rate in ny rates are cl or each of the offered during tablished. List | on with any secc information con- nformation shoul harged on a vari- applicable servic the accounting p | ondary trans cerning (1) Id include b able per-pro- ces listed. period that | smission services oth the ogram basis, were not | |
| | | BLO | CK 1 | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | CATEGORY OF | | RATE | CATEGO | DRY OF SERVICE | RATE |
| | Continuing Services: | | Installation: Nor | -residential | | E a maile a | Cabla | 75 4 |
| | Pay cable Pay cable | PP DD | Motel, hotel Commonial | | | Family | Capie | 75.4 |
| | Pay cable—add'l channel Fire protection | PP | Commercial Pay cable | | | | | |
| | Burglar protection | | Pay cable Pay cable-ad | d'i channal | | | | |
| | Installation: Residential | | • Fire protectio | | | | | |
| | First set | 49.99 | Burglar protection | | | | | |
| | Additional set(s) | 15.00-29.00 | Other services: | | | | | |
| | | 10100 20.00 | 2 | | | | | |
| | | | Reconnect | | 29.00 | | | |
| | • FM radio (if separate rate) | | Reconnect Disconnect | | 29.00 | | | |
| | | | Reconnect Disconnect Outlet relocat | ion | 29.00 15.00-29.00 | | | |

| | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTEM | |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ame | MEDIACOM ILLINOIS | | | 274 | |
| | PRIMARY TRANSMITTERS: | | | | |
| G mary mitters: vision | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location | also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the | t (1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. | -time basis under rams [sections ations carried on a ubstitute program in Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream in the air in its community a noncommercial pendent), "I-M" tional multicast). in is licensed by the | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | |
| | KLJB (FOX) | 49 | I | Davenport, IA | |
| | KWQC (NBC) | 36 | N | Davenport, IA | |
| lecessary | WEEK (NBC) | 25 | N | Peoria, IL | |
| | | | | Peoria, IL | |
| | WHOI (ABC) | 19 | Ν | Peoria, IL | |
| · | WHOI (ABC) WMBD (CBS) | 19 30 | N N | Peoria, IL Peoria, IL | |
| · | | | | | |
| · | WMBD (CBS) | 30 | N | Peoria, IL | |
| · | WMBD (CBS) WMWC (TBN) | 30 8 | N I | Peoria, IL Davenport, IA | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
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| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |
| | WMBD (CBS) WMWC (TBN) WQAD (ABC) | 30 8 38 | N | Peoria, IL Davenport, IA Moline, IL | |

| EGAL NAME OF | | | | | | | | SYSTEM I 274 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------|----------------------------------|
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | Н |
| eceivable if (1) on the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station | y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati | I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the | It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen: | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain st eneral i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| | | 0.5 | | | AN4 | 0/5 | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | od: 2018/2 | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------|-----------------------------------------------------------|-------------------------|------------------------------------|-----------------------------|---------------------|-------------------|--------------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYSTE | EM: | | | | | SYSTEM ID# |
| Name | MEDIACOM ILLINOIS I | LC | | | | | | 27475 |
| | SUBSTITUTE CARRIAGE | | STATEMEN | | G | | | |
| I I | In General: In space I, identi | | | | - | on that your o | abla aveta | m carried on a |
| • | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMENT | | | | 0 | • | | |
| Special | During the accounting period | | | | is any nonnet | work televisio | n nroaram | |
| Statement and | | - | cable system | carry, on a substitute bas | | | | |
| Program Log | broadcast by a distant stat | .1011 ? | | | | | YES | X NO |
| | Note: If your answer is "No" | , leave the re | est of this pag | e blank. If your answer is | "Yes," you mu | ist complete t | he progran | n |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTE | PROGRAM | IS | | | | | |
| | In General: List each subst | | | | wherever pos | sible, if their n | neaning is | |
| | clear. If you need more spa | | | | | | | |
| | | | | sion program ("substitute | | | | ion |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categori | | | | | | | - |
| | "NBA Basketball: 76ers vs. | | | | , | 1 | · · · , · · | |
| | | | | "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra | | – | · | |
| | the case of Mexican or Can | | | e community to which the | | | CC or, in | |
| | Column 5: Give the mon | th and day w | s, il ally, the t hen vour syst | tem carried the substitute | program Use | numerals wi | th the mon | th |
| | first. Example: for May 7 giv | | non your eye | | program. Coo | namoralo, m | | |
| | | | substitute prog | gram was carried by your | cable system. | List the times | s accuratel | у |
| | to the nearest five minutes. | Example: a p | orogram carrie | ed by a system from 6:01: | 15 p.m. to 6:2 | 8:30 p.m. sho | uld be | |
| | stated as "6:00–6:30 p.m." | r "D" if the liv | atad program | was substituted for progra | mming that w | | oo roquiro. | 4 |
| | to delete under FCC rules a | | | was substituted for progra | | | | |
| | was substituted for program | | | | | | | |
| | effect on October 19, 1976. | 0, | , | | | 0 | | |
| | | | | | 11 | | | |
| | | | | | | N SUBSTITU | | |
| | S | | PROGRAM | | | AGE OCCU | | 7. REASON FOR DELETION |
| | 1. TITLE OF PROGRAM | 2. LIVE? 3 Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIN FROM — | TO | |
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| Accounting Period: | 2018/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | S | YSTEM ID# |
| | MEDIACOM ILLINOIS LLC | | 27475 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | mission servic | 930.04 |
| _ | COPYRIGHT ROYALTY FEE | | |
| L Copyright Royalty Fee | Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. | \$263,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00 | this six-month | |
| | Line 1. Royalty fee for accounting period | \$ | 52.00 |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 | \$ | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, | 100) | |
| | 1. Base amount under statutory formula \$ 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Enter the amount of gross receipts from space K | | |
| | 5. Enter the amount from line 3 | | |
| | 6. Subtract line 5 from line 4 | | |
| | 7. Multiply line 6 by .005 (enter figure here) | | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527 | ,600) | |
| | 1. Enter the amount of gross receipts from space K | | |
| | 2. Base amount under statutory formula | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Multiply line 3 by .01 | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | 1,319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat | | hts! |

| Accounting Period: | : 2018/2 | | | | | | | | FORM SA | 1-2E. PAGE 7 |
|------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|----------------------------------------------------------------|---------------|-----------------|-------------------|--------------|--------------------|
| Name | LEGAL NAME OF C | DWNER OF CABLE SYSTEM: | | | | | | | S | YSTEM ID# 27475 |
| M Channels | to its subscribers 1. Enter the total | ou must give (1) the number s, and (2) the cable system's number of channels on whi television broadcast stations | s total numl | nber of activ ble | vated channels du | iring the a | ccounting per | iod. | 8 | |
| | on which the ca | number of activated channe able system carried televisio ast services | on broadcas | | | | | | 42 | |
| N Individual to Be Contacted | | BE CONTACTED IF FURT | | ORMATION | IS NEEDED (Ide | entify an in | dividual to wh | nom | | |
| for Further Information | Name | Kenneth J. Kohrs | | | | | | Telephone | 845-443-2762 | |
| | Address | One Mediacom Way (Number, street, rural route, apa | | suite number) | | | | | | |
| | | Mediacom Park, NY (City, town, state, zip) | ′ 10918 | 3 | | | | | | |
| | Email | Copyrights@n | nediacom | ncc.com | | | Fax (optio | nal) | | |
| 0 | CERTIFICATION | (This statement of account r | must be ce | ertified and | signed in accorda | ance with (| Copyright Offi | ce regulations) | | |
| Certification | | ed, hereby certify that (Check) | | - | | e system a | s identified in | line 1 of space E | ; or | |
| | in l | t of owner other than corpor line 1 of space B and that the er or partner) I am an officer | owner is no | not a corpora | ation or partnership | o; or | | | | |
| | • I have examined | line 1 of space B. the statement of account and a, and correct to the best of m | d hereby de | leclare unde | r penalty of law that | at all staten | nents of fact c | ontained herein | | |
| | | | | n electronic | nneth J. Kohrs signature on the lir 1g an "/s/ signature | ne above to | | itement. | | |
| | | Typed or printe | ed name: | Kenne | eth J. Kohrs | | | | | |
| | | Title: (Title of | | | nt, Financial I | | ng | | | |
| | | Date: | | | | | 2/21/2 | 019 | | |

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

| Inting Period: 2018/2 | FORM SA1-2E. PAGE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| DIACOM ILLINOIS LLC | 2747 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO | P Special Statement Concerning Gross Receipts Exclusio |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Name Mailing Address Mailing Address | |
| | |
| INTEREST ASSESSMENT | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q |
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