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: Tel: (202) 707-8150 3/1/2019 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	OUNTING 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.	28419
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM MINNESOTA 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)	
С		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 MINNESOTA LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)	
		Waseca, MN 56093	
		(City, town, state, zip code)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	MEDIACOM MINNESOTA LLC	284
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	ist will serve as a form of system identification hereafter knc
	as the "first community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
-	Chatfield	MN
First		
Community	Rushford (Village)	MN
	Dover Twnshp	MN
d Rows as Necessary	Preston	MN
	Spring Valley	MN
	St. Charles	MN
	Lanesboro	MN
	Adams	MN
	Leroy	MN
	Lyle	MN

								FORM SA1	-2E. PAGE
Name								313	2841
	MEDIACOM MINNESOT								2041
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed				ny standa	rd rate variation	s within a p	articular rate	
	category, but do not include disc				rice of eco	ondon <i>u</i> tronomio	aion oon <i>i</i> io	that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fro	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	nand block. A tw	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF					BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		1,613	29.95-53.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		~	20.05.52.54					
	Commercial		2	29.95-53.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat					I your cable sys	tem's servie	ces that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
Rales	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	Pay cable	PP	• Mc	otel, hotel			Family	Cable	78.4
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial					
	<ul> <li>Fire protection</li> </ul>		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	nannel				
	Installation: Residential		• Fin	e protection					
	• First set	99.99		rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00		services:					
	• FM radio (if separate rate)			connect		29.00			
	Converter	10.50	• Dis	sconnect					
				tlet relocation		15.00-29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM II
Name	MEDIACOM MINNESO			284
	PRIMARY TRANSMITTERS:			-
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul	a during the accounting period, except effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.0 explained in the next paragraph With respect to any distant stations of es, regulations, or authorizations:	translator stations and low power tele (1) stations carried only on a part-tim he carriage of certain network program 51(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs he Special Statement and Program Lo	e basis under ns [sections nns carried on a titute program
	station was carried only on a - List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	a substitute basis. Iso in space I, if the station was carrie to concerning substitute basis stations s call sign. <i>Do not</i> report origination p with a station according to its over-th te form. I number the FCC assigned to the telik CG is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general incons, fis	d both on a substitute basis and also d , see page (v) of the general instructio rogram services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over th station, an independent station, or a r (for network multicast), "T (for independent or "E-M" (for noncommercial education"	on some othe ns , etc. Identify each multistream e air in its community ioncommercia dent), "I-M" hal multicast). licensed by th
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAAL/KAAL (HD) ABC	36	N	Austin MN
	KAAL-DT2 ThisTV	36.2	N	Austin MN
ld Rows as Necessary	KIMT/KIMT(HD) CBS	42	N	Mason City IA
	KIMT-DT2 MyNet	42.2	N	Mason City IA
	KIMT-DT4 Antenna TV	42.4	N	Mason City IA
	KSMQ (PBS)/KSMQ (PBS) HE	20	E	Austin, MN
	KSMQ-DT2 PBS MHz Worldvi	20.2	E	Austin, MN
	KSMQ-DT3 PBS Create	20.3	E	Austin, MN
	KSMQ-DT4 PBS MN Channel	20.4	E	Austin, MN
	KTCA -DT(PBS) TPT 2	34	E	St. Paul MN
	KTTC CW HD	10.1	I	Rochester MN
	KTTC/KTTC(HD) NBC	10	N	Rochester MN
	KTTC-DT2 (CW)	10.2	1	Rochester MN
	KTTC-DT3 Heroes and Icons	10.3	I	Rochester MN
	KXLT/KXLT(HD) FOX	46	1	Rochester MN
	KXLT-DT2 MeTV	46.2	I	Rochester MN
	KYIN (PBS)	18	E	ROCHESTER, MN
	WEAU/WEAU (HD) (NBC)	38	N	LA CROSSE EAU CLAIRE
			E	La Crosse WI
	WHLA/WHLA (HD) (PBS)	30	E	
		30 30.2	E	La Crosse WI
	WHLA/WHLA (HD) (PBS)			
	WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC	30.2	E	La Crosse WI
	WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create	30.2 30.3	E	La Crosse WI La Crosse WI
	WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS	30.2 30.3 8	E E N	La Crosse WI La Crosse WI La Crosse WI
	WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet	30.2 30.3 8 8.2	E E N N	La Crosse WI La Crosse WI La Crosse WI La Crosse WI
	WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX)	30.2 30.3 8 8.2 31	E E N N	La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI
	WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT2 MeTV	30.2 30.3 8 8.2 31 31.2	E E N N I	La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI

PRIMARY TRANSMITTERS: RAD         In General: List every radio station         all-band basis whose signals were of         Special Instructions Concerning         receivable if (1) it is carried by the so         on the basis of monitoring, to be receivable if (1) it is carried by the so         For detailed information about the paper SA1-2 form.         Column 1: Identify the call sign of Column 2: State whether the state Column 3: If the radio station's loc Mexican or Canadian stations, if an         CALL SIGN       AM or FM       S/E         CALL SIGN       AM or FM       S/E         CALL SIGN       AM or FM       S/E         Column 4: Give the station's loc Mexican or Canadian stations, if an       Column 4: Co	carried on a separate and discr lenerally receivable by your cat All-Band FM Carriage: Under of ystem whenever it is received a eived at the headend, with the Copyright Office regulations on f each station carried. tion is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the	able system during Copyright Office r at the system's he system's FM anter this point, see par ssed by the cable s the station is licens	the accountin- regulations, an adend, and (2 enna, during ce ge (v) of the ge system as a se sed by the FC0	ng period n FM sig 2) it can ertain st eneral i eparate	d. gnal is generally be expected, tated intervals. instructions in the. and discrete	H Primary Transmitters: Radio
eceivable if (1) it is carried by the s on the basis of monitoring, to be re- for detailed information about the paper SA1-2 form. <b>Column 1:</b> Identify the call sign of <b>Column 2:</b> State whether the stat <b>Column 3:</b> If the radio station's s signal, indicate this by placing a cho <b>Column 4:</b> Give the station's loc Mexican or Canadian stations, if an	ystem whenever it is received a eived at the headend, with the Copyright Office regulations on f each station carried. tion is AM or FM. ignal was electronically process ck mark in the "S/D" column. tion (the community to which the r, the community with which the	at the system's he e system's FM anten n this point, see par ssed by the cable s the station is licens ne station is identifi	adend, and (2 enna, during ce ge (v) of the g system as a se sed by the FC0 ed).	2) it can ertain st leneral i eparate C or, in	be expected, tated intervals. instructions in the. and discrete the case of	Transmitters Radio
CALL SIGN     AM or FM     S/C       Image: Constraint of the strength of the strengen of the strength of the strengt	LOCATION OF STATION	CALL SIGN	AM or FM	S/D		
			l			
						-
		4				-
		1				-
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						-
		1				
		]				
		1				-
					+	

Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM MINNESO	TA LLC						28419
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a	ify every nor	nnetwork televis	sion program, broadcast by	a <i>distant</i> stati			
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televis	ion progran	1 <u> </u>
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Trogram Log	Note: If your answer is "No	" loovo tho	rest of this nad	e blank. If your answer is '	"Vee " vou mu	et complete	-	
	-	, leave the	rest of this pay	e bidlik. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles. for exa	ample. "I Lov	/e Lucv" or	1.
	"NBA Basketball: 76ers vs.				,	<b>1</b> - 7	· · · <b>,</b> ·	
				r "Yes." Otherwise enter "N				
				sting the substitute progra to community to which the		nsed by the	FCC or in	
	the case of Mexican or Can						1 00 01, 11	
	Column 5: Give the mor	nth and day		tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv					1 :- 4 4 4	4 -	L .
	to the nearest five minutes.			gram was carried by your				ly
	stated as "6:00–6:30 p.m."	Example. a	i program cam		10 p.m. to 0.2	0.00 p.m. 3		
				was substituted for progra				
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	; enter the let	er "P" if the		am
	where an is a the state of fair is a surger					ملاحم البيع معامم		
	was substituted for program	nming that y			r FCC rules a	nd regulatio	ns in	
	was substituted for program effect on October 19, 1976.	nming that y			r FCC rules a	nd regulatio	ns in	1
	effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	WHE		TUTE	7. REASON FOR
	effect on October 19, 1976.	nming that y	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE	7. REASON FOR DELETION
	effect on October 19, 1976.	UBSTITUT	our system wa	s permitted to delete unde	WHE CARRI	N SUBSTI AGE OCCU 6. T	TUTE JRRED	
	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	BUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCCL 6. T	TUTE JRRED IMES	

Accounting Period:	2018/2			FORM S	SA1-2E. PAGE 6.
Name				ę	SYSTEM ID#
	MEDIACOM MINNESOTA LLC				28419
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the ss (as identified in space E) during the accounting period. For a further explanation 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 re	system's s on of how	econdary trans to compute this	mission servi s amount, sec \$ 35	ce
L Copyright	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3.				
Royalty Fee	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more i</li> </ul>	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that y	ou must pay for	this six-month	1
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line	es 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore 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 a	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		358,363.08		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	94,563.08		
	4. Multiply line 3 by .01		\$	945.63	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6.	••••••	\$	2,264.63
	FILING FEE AND TOTAL REMITTANCE DUE	-			
Filing For and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,264.63	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,284.63
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-:		-		ghts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM ID# 28419
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable custom carried television broadcast television	39
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	91
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 8	345-443-2762
	Address Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918	
	(City, town, state, zip) Email Copyrights@mediacomcc.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of space B; of the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the owner of the cable system as identified in line 1 of the owner owner</li></ul>	5r
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst	
	in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/21/2019	

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

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM MINNESOTA LLC	284
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 dish owners?	P Special Statemen Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or undernayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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