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

SA1-2E Short Form

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

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	32361
		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)	
	INCT	1	uploss these
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system of s 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:	
	1	MEDIACOM ILLINOIS LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
		P.O. Box 334, 1102 N. Fourth Street	
	2	(Number, street, rural route, apartment, or suite number)	
		Chillicothe, IL 61523	
		(City, town, state, zip code)	

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

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		
	MEDIACOM ILLINOIS LLC	323
D	"a separate and distinct community or municipal entity (including u discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first commas the "first community." Please use it as the first community on al	
Area Served	Note: Entities and properties such as hotels, apartments, condomin identified city.	niums, or mobile home parks should be reported in parentheses below the
_	CITY OR TOWN	STATE
First	Atlanta	
Community	Mclean	L.
	Waynesville	
Rows as Necessary	Heyworth	L
	Wapella	IL IL

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name								515	3236
	MEDIACOM ILLINOIS LL	_C							0200
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp 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 nu- separately for the particular servi- Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc	pace E should on of television ay cable) in sp (June 30 or D blocks in space (transmission umber of billing ice at the rate in harged for eac (Example: "\$2	cover a and rad ace F, ecember ce E ca service s in tha ndicate h categ 20/mth"	all categories of dio broadcasts not here. All the er 31, as the ca all for the numbe e. In general, yo at category (the ed—not the nun gory of service.). Summarize a	secondar, by your sy e facts you se may be er of subsc u can com number o nber of set Include bo	rstem to subscri u state must be t e). cribers to the cal pute the number of persons or orgonal receiving servet th the amount of	bers. Give hose existing ble system er of subscriganizations ice). of the charg	information ng on the broken ibers in charged e and the	
	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 first set" and would be counted o Block 2: If your cable system h	e to their subsc : Where an ind should be cour ble service to a once again und	ribers. dividual nted as additior er "Ser	Give the number or organization a subscriber in al sets would b vice to addition	er of subso n is receivi each appl e includeo al set(s)."	cribers and rate ing service that licable category d in the count ur	for each lis falls under . Example: ider "Servio	ted category different a residential e to the	
	printed in block 1 (for example, ti with the number of subscribers a sufficient.	iers of services and rates, in the	that in	clude one or m	ore secon	dary transmissio	ons), list the ion of the s	em, together ervice is	
	BLU	DCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:Service to first set		615	29.95-51.54					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		1	29.95-51.54					
	Converter Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECU In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un 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 s brief (two- or three-word) description	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) info hat are ns: you ished t usually ne cabl stem fu e was i	ormation with re a not offered in (do not need to o nonsubscribe / billed. If any ra le system for ea rnished or offer made or establi	spect to al combination give rate ers. Rate in ates are ch ach of the a ed during	on with any seco information con nformation shou narged on a vari applicable servio the accounting [ondary tran cerning (1) ld include t able per-pr ces listed. ceriod that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	PP		otel, hotel	aonuai		Family	Cable	78.4
	• Pay cable—add'l channel	PP		ommercial					
	Fire protection		•Pa	y cable					
	 Burglar protection 			iy cable-add'l ch	nannel				
			• Fir	e protection					
	Installation: Residential			•					
	First set	99.99	• Bu	irglar protection					
	First setAdditional set(s)		• Bu Other	rglar protection services:		20.00			
	First set		• Bu Other • Re	irglar protection		29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM ILLINOIS	LLC		32
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6	g translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain statio	ne basis under ns [sections
ransmitters: Television	Substitute Basis Stations: basis under specific FCC rul	les, regulations, or authorizations:	carried by your cable system on a subsit	
	station was carried <i>only</i> 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	a substitute basis. also in space I, if the station was carrier n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the he form.	ed both on a substitute basis and also c s, see page (v) of the general instructior program services such as HBO, ESPN ne-air designation. For example, report	on some other ns. J, etc. Identify each t multistream
	of license. For example, WF Column 3: Indicate in each of educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial education	noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAND/WAND(HD) NBC	17	N	Decatur, IL
	WAND-DT2 Cozi TV	17.2	N	Decatur, IL
Rows as Necessary	WANE-DI2 CO21 IV	39		PEORIA, IL
NOWS US	WAOE-DT2 AntennaTV	39.2		PEORIA, IL
	WAOE-DT3 Light TV	39.3		PEORIA, IL
	WAUE-DIS LIGHT IV	22		DECATUR, IL
	WBUI-DT2 ThisTV	22.2		DECATUR, IL
	WBUI-DT2 This iv	22.2	I	DECATUR, IL
	WCCU/WCCU(HD) FOX	26		URBANA, IL
	WCCU-DT2 MeTV	26.2		URBANA, IL
	WCCU-DT3 Antenna TV	26.3		URBANA, IL
	WCIA/WCIA (HD) CBS	48	N	Champaign, IL
	WCIA-DT3 Bounce TV	48.3	N	Champaign, IL Champaign, IL
	WCIA-DT3 Bounce TV	48.4	N	Champaign, IL
	WCIX/WCIX-DT (HD) MyNet	13		SPRINGFIELD, IL
	WEEK/WEEK (HD) NBC	25	N	Peoria, IL
	WEEK-DT2/WEEK-DT2 (HD)A		N	Peoria, iL Peoria, IL
	WEEK-DT3/WEEK-DT3 (HD)C		I	Peoria, IL
	WEEK-D13/WEEK-D13 (HD)C		I	Peoria, IL Peoria, IL
	WICS/WICS (HD) ABC	42	N	Springfield, IL
	WICS-DT2 Comet	42.2	N	Springfield, IL
	WICS-DT2 Comet	42.2	N	Springheid, iL
	WICS-DT4 Charge!	42.3	N	SPRINGFIELD, IL
		74.7	, n ,	
	WILL/WILL (HD) PBS	9	Е	Champaign, IL

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM ILLINOIS	LLC		323
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters:	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t c)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	t (1) stations carried only on a part-tin he carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stati	me basis under ms [sections ions carried on a
Television	basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente	also in space I, if the station was carrie n concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-the	he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructio program services such as HBO, ESP e-air designation. For example, repor evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe	og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M"
	Column 4: Give the location	rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis tion stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station i	s licensed by the
	Column 4: Give the location		uctions in the paper SA1-2 form. t the community to which the station i	s licensed by the
	Column 4: Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, lis dian stations, if any, give the name of t	uctions in the paper SA1-2 form. It he community to which the station in the community with which the station	s licensed by the is identified.
	Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	actions in the paper SA1-2 form. It the community to which the station i the community with which the station 3. TYPE OF STATION	s licensed by the is identified. 4. LOCATION OF STATION
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT3 PBS Create	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.3	ections in the paper SA1-2 form. the community to which the station i he community with which the station 3. TYPE OF STATION E	s licensed by the is identified. 4. LOCATION OF STATION Champaign, IL
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT3 PBS Create WMBD/WMBD (HD) CBS	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.3 30	actions in the paper SA1-2 form. It the community to which the station i the community with which the station 3. TYPE OF STATION E N	s licensed by the is identified. 4. LOCATION OF STATION Champaign, IL Peoria, IL
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce tv	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.3 30 30.2	ections in the paper SA1-2 form. the community to which the station i he community with which the station 3. TYPE OF STATION E N N	s licensed by the is identified. 4. LOCATION OF STATION Champaign, IL Peoria, IL Peoria, IL
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce tv WMBD-DT3 laff	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.3 30 30.2 30.3	Actions in the paper SA1-2 form. It the community to which the station is the community with which the station 3. TYPE OF STATION E N N N	s licensed by the is identified.
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce tv WMBD-DT3 laff WMBD-DT4 Escape	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.3 30 30.2 30.3 30.4	actions in the paper SA1-2 form. at the community to which the station is the community with which the station 3. TYPE OF STATION E N N N N N N N N N N N N N N	s licensed by the is identified.
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce tv WMBD-DT3 laff WMBD-DT4 Escape WRSP/WRSP (FOX) (HD)	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.3 30 30.2 30.3 30.4 44	actions in the paper SA1-2 form. t the community to which the station is the community with which the station 3. TYPE OF STATION E N N N N N I	s licensed by the is identified. 4. LOCATION OF STATION Champaign, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce tv WMBD-DT3 laff WMBD-DT4 Escape WRSP/WRSP (FOX) (HD) WRSP-DT2 MeTV	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.3 30 30.2 30.3 30.4 44 44.2	actions in the paper SA1-2 form. at the community to which the station is the community with which the station 3. TYPE OF STATION E N N N N I I	s licensed by the is identified.
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce tv WMBD-DT3 laff WMBD-DT4 Escape WRSP/WRSP (FOX) (HD) WRSP-DT2 MeTV WRSP-DT3 Antenna TV	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.3 30 30.2 30.3 30.4 44 44.2 44.3	actions in the paper SA1-2 form. at the community to which the station is the community with which the station 3. TYPE OF STATION E N N N N I I I	s licensed by the is identified.
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce tv WMBD-DT3 laff WMBD-DT4 Escape WRSP/WRSP (FOX) (HD) WRSP-DT2 MeTV WRSP-DT3 Antenna TV WTVP/WTVP(HD) PBS	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.3 30 30.2 30.3 30.4 44 44.2 44.3 46	Actions in the paper SA1-2 form. It the community to which the station is the community with which the station 3. TYPE OF STATION E N N N N I I I E E	s licensed by the is identified.
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT3 PBS Create WMBD/WMBD (HD) CBS WMBD-DT2 Bounce tv WMBD-DT3 laff WMBD-DT4 Escape WRSP/WRSP (FOX) (HD) WRSP-DT2 MeTV WRSP-DT3 Antenna TV WTVP/WTVP(HD) PBS WTVP-DT2 PBS	n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.3 30 30.2 30.3 30.4 44 44.2 44.3 46 46 46.2	Actions in the paper SA1-2 form. It the community to which the station is the community with which the station 3. TYPE OF STATION E N N N N I I I E E E E E	s licensed by the is identified.

LEGAL NAME OF			YSTEM:					SYSTEM II 323
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cal					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under 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	at the system's he system's FM ante this point, see pa sed by the cable s he 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 jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		UALL OIGN		0/0		

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS I	LLC						32361
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	on program	1
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete t	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sible if their i	meaning is	
	clear. If you need more spa						incurning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			c Lucy of	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			-00	
	the case of Mexican or Can			e community to which the			-CC or, in	
				tem carried the substitute			ith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sno	buid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P ["] if the li	isted progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	is in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES - TO	DELETION
							10	
							-	
							-	
							-	
							-	
						_	-	
							-	
							-	
							_	
							-	
							-	
						_	-	
							-	
						_	-	
							•	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	STEM ID#
			32361
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 9,433.00
	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		
	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 SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 32361
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried tel to its subscribers, and (2) the cable system's total number of activated channels during the acc 1. Enter the total number of channels on which the cable	counting period.
	system carried television broadcast stations	53
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	73
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indi we can contact about this statement of account.)	ividual to whom
for Further	Name Kenneth J. Kohrs	Telephone 845-443-2762
Information	One Madiasam Way	
	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 Co	opyright Office regulations)
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as	identified in line 1 of space B; or
	X (Agent of owner other than corporation or partnership) I am the duly authorized agen 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 in line 1 of space B.	legal entity identified as owner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statement are true, complete, and correct to the best of my knowledge, information, and belief, and are made in [18 U.S.C., Section 1001(1986)] 	
	X /s/ Kenneth J. Kohrs	
	Enter an electronic signature on the line above to c Enter signature using an "/s/ signature" (e.g., /s/ Jo	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	9
	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 lave

unting Period: 2018/2	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM ILLINOIS LLC	323
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemen Concerning Gros 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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