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					
2/28/2019	\$ 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 Period	2018/2							
	Instructions:							
Bowner	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							
				03304420182				
				033044 2018/2				
	ONE MEDIACOM WAY							
	MEDIACOM PARK, NY 10918							
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syst	em unless these				
С	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	n in space B.				
System	1 IDENTIFICATION OF CABLE 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.							
Served	CITY OR TOWN	STATE						
First	Rantoul	IL						
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	A	1				
	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.

**ACCOUNTING PERIOD: 2018/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 033044 **MEDIACOM ILLINOIS LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE **CH LINE UP** SUB GRP# Rantoul IL AA First Gifford ΪĹ AA Community Ludlow IL AA **Thomasboro** IL AA **Champaign County** IL AA 1 **Champaign County** AA See instructions for Fisher IL AA additional information on alphabetization. Melvin IL AA **Mahomet** IL AA Weldon IL AA Deland IL AA Add rows as necessary. Mansfield IL AA ΪL **Bayles Lake** AA Loda IL AA **Paxton** IL AA **Farmer City** AA Clinton IL AΒ

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC

SYSTEM ID#

033044

### 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.

BL	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	6,652	29.95-60.54			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	14	29.95-60.54			
Converter					
<ul> <li>Residential</li> </ul>					
Non-residential					
				• {	<b>†</b>

### 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	PP	Motel, hotel		Family Cable	\$ 74.95
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		Pay cable			
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
First set	\$ 99.99	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$ 29.00		
Converter	\$ 10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		Move to new address			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 033044 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 STATION NUMBER (If Distant) WAND/WAND(HD 17 Ν No Decatur, IL WAND-DT2 Cozi 17.2 ı No Decatur, IL See instructions for Decatur, IL additional information WBUI/WBUI(HD) 22 No ı on alphabetization. **WBUI-DT2 This T** 22.2 No ı Decatur, IL WCCU/WCCU(HD 1 No 26 Champaign,IL WCCU-DT2 MeTV 26.2 ı No Champaign, IL WCCU-DT3 Anten No 26.3 Champaign,IL Champaign, IL WCIA/WCIA(HD) Ν 48 No WCIX-DT/ WCIX ( 13 ı No Springfield Ilinois WICD/WICD(HD) 41 Ν No Champaign, IL **WICD-DT2** Comet 41.2 ı No Champaign, IL WICD-DT3 TBD 41.3 No Champaign, IL ı WICD-DT4 Charge 41.4 ı No Champaign, IL WILL/WILL(HD) P 9 Ε No Urbana, IL Ε WILL-DT2 World 9.2 No Urbana, IL 9.3 Ε Urbana, IL **WILL-DT3 Create** No WBUI-DT3 Stadiu 22.3 ı No Decatur, IL WCIA-DT3 Bounc 48.3 No Champaign, IL 1

FORM SA3E. PAGE 3.	IED OF OARLE O	(OTEN 1			SYSTEM ID#	
MEDIACOM II I		YSTEM:				Name
		ON.			333317	
carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Substitute Basis Substitute Basis Subsis under specific FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the splanation of local service Column 5: If you headle system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the Co	ERS: TELEVISION G., identify ever system during to ions in effect on 5.61(e)(2) and (sis, as explaine stations: With CC rules, regular only on a substand also in spanformation conditions: A station's call associated with the conditions of the condition of the conditio	y television so the accounting of June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (5) and the next respect to any attons, or authors, or authors, or authors, or authors, or authors, in the stations, or authors, if the station accounts are and streams must be the FCC has a station and streams must be the FCC has a station. Whether the setter "N" (for moncommercial page (v) of the the local ser age (v) of the es" in column on during the me basis becat multicast stream or before Jumitter or an account of the station. For the station, For the station and s	g period, except g period, except 181, permitting the referring to 76.6 paragraph. It is attained to the second of	in (1) stations carried be carriage of cert (1(e)(2) and (4))]; in the carried by your one Special Statem of both on a substitus, see page (v) on program service er-the-air designation of the television statington, D.C. This pork station, an indefer network multicular for network multicular (for network multicular), enter "Yeitons located in the mplete column 5, on Indicate by enactivated channel of a royalty etween a cable sy essenting the prima channel on any of instructions located list the community with the communit	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity.  y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the m which the station is identifed.	G Primary Transmitters: Television
Note: II you are utilizii	ig multiple cha		·	·	charmer inte-up.	
	1	CHANN	IEL 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	
WCIA-DT4 Grit	48.4	ı	No	, , ,	Champaign, 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.

**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 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	
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
WAND/WAND(HD	17	N	No		Decatur, IL
WAND-DT2 Cozi	17.2	I	No		Decatur, IL
WBUI/WBUI(HD)	22	I	No		Decatur, IL
WBUI-DT2 This T	22.2	I	No		Decatur, IL
WCCU/WCCU(HD	26	I	No		Champaign,IL
WCCU-DT2 MeT\	26.2	I	No		Champaign,IL
WCCU-DT3 Anter	26.3	I	No		Champaign,IL
WCIA/WCIA(HD)	48	N	No		Champaign, IL
WCIX-DT/ WCIX (I	13	I	No		Springfield Ilinois
WICS/WICS(HD)	42	N	No		Champaign,II
WICS-DT2 Comet	42.2	I	No		Champaign,II
WICS-DT3 TBD	42.3	I	No		Champaign,II
WICS-DT4 Charge	42.4	I	No		Champaign, IL
WILL/WILL(HD) P	9	Е	No		Urbana, IL
WILL-DT2 World	9.2	Е	No		Urbana, IL
WILL-DT3 Create	9.3	Е	No		Urbana, IL
WBUI-DT3 Stadiu	22.3	I	No		Decatur, IL
WCIA-DT3 Bounc	48.3	ı	No		Champaign, IL

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
MEDIACOM ILL	INOIS LLC				033044	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
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), 07.66.3 (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 specific 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 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 'In' (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent multicast), "E' (for noncommercial educational) or "E-M" (f							
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AB Cont			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	0.200.11.01.01.01.11.11.11		
WCIA-DT4 Grit	48.4	ı	No		Champaign, IL		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name	
MEDIACOM ILL	INOIS LLC				033044		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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 educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you had cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	e in each case of the entering the lecast), "E" (for no ese terms, see ation is outside ce area, see propose entered "You he distant station on a part-tipion of a distant entered into of a primary transsimulcasts, also ree categories de location of each canadian station entered into of a primary transcale.	whether the stater "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the amulticast streen or before Jumitter or an accenter "E". If , see page (v) ch station. Forns, if any, giv	etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, io d. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.		
		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		
	ļ	<u> </u>					
		<u> </u>			-		

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 033044 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	PERIOD: 2018/		
LEGAL NAME OF OWNER OF MEDIACOM ILLINOIS		ΓΕΜ:				SYSTEM ID# 033044	Name		
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i			1		
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authorizati	ions. For a further	Substitute Carriage:		
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?  — Yes   No									
Note: If your answer is "No log in block 2.			ge blank. If your answer is	"Yes," you mu	st complete the pro		Program Log		
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 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every nor distant statigulations, o tion. Do no Lucy" or "NE m was broad sign of the sadcast statication and day we "5/7." es when the Example: a er "R" if the and regulation or gramming	am on a separa attach additionannetwork televion and that your authorization the use general of the additional that your authorization that your and the additional that your and the additional that your shall be added to the additional that your systems are substitute program carrillisted program ons in effect du	al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ed by a system from 6:01:  was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball".  lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:2	during the account ramming of another is located in the partiest specific programsed by the FCC of tiffied).  The partiest is the times accumum accumu	r station aper am  r, in month urately e quired			
S	SUBSTITUT	E PROGRAM	1		N SUBSTITUTE	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM —	FOR DELETION TO			
	<del> </del>								
	<del></del>								
	<del></del>				_				
					<u> </u>				
					_				
					_				

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC

PART-TIME CARRIAGE LOG

SYSTEM ID#

033044

### J

### Part-Time Carriage Log

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 column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred 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

	AL NAME OF OWNER OF CABLE SYSTEM:  DIACOM ILLINOIS LLC	SYSTEM ID# 033044	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  \$\frac{1,353,852.01}{2}\$								
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.								
bloc If pa 3 be	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.  art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.  art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be block 4 below.	entered on line 2 in block						
	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.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  This is your minimum fee.							
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 colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	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	\$ -						
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00						
	Line 3. Add lines 1 and 2 and enter here	\$ -						
Block 4	<ul> <li>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</li> <li>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, ente zero.</li> <li>Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)</li></ul>	\$ 14,404.99	Cable systems submitting additional deposits under Section 111(d)(7) should contact					
	Line 4. FILING FEE.	\$ 725.00	the Licensing 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	\$ 15,129.99 (See page (i) of the	form for submitting the additional fees.					
	general instructions located in the paper SA3 form for more information.)							

Name	LEGAL NAME OF OWNER OF	CABLE S	YSTEM:	SYSTEM ID						
Name	MEDIACOM ILLINOIS	S LLC		03304						
	CHANNELS									
M	Instructions: You mus	st give	(1) the number of channels on which the cable system carried television broadcast	st stations						
	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 televis	SIOIT DIV	raucast stations							
	2. Enter the total number	er of a	ctivated channels							
	on which the cable sy	stem o	carried television broadcast stations	67						
	and nonbroadcast ser	rvices								
N	we can contact about the		CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
Individual to	we can contact about ti	ilis sia	terrient of account.)							
Be Contacted										
for Further	Name <b>Kenneth</b>	J. Ko	ohrs Telephone	845-443-2762						
Information										
	Address One Med	iacoı	n Way							
			oute, apartment, or suite number)							
	Mediacor (City, town, stat		rk, NY 10918							
	Email C	Copyr	ights@mediacomcc.com Fax (optional)							
	CERTIFICATION (This s	stateme	ent of account must be certifed and signed in accordance with Copyright Office re	gulations.						
0										
Certifcation	• I, the undersigned, here	eby cer	tify that (Check one, but only one, of the boxes.)							
	(Owner other than c	ornora	ntion or partnership) I am the owner of the cable system as identifed in line 1 of space	re Bror						
	(Owner other than e	Jorpore	the control particles may be an are owner or the capie system as decided in line 1 or space	50 5, 01						
	X (Agent of owner oth	ner thai	n corporation or partnership) I am the duly authorized agent of the owner of the cab	ole system as identified						
			that the owner is not a corporation or partnership; or							
	(Officer or partner)	I am a	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system						
	in line 1 of space			•						
	I have examined the sta	atemer	it of account and hereby declare under penalty of law that all statements of fact contai	ined herein						
	are true, complete, and	correct	to the best of my knowledge, information, and belief, and are made in good faith.							
	[18 U.S.C., Section 1001	1(1986								
		Χ	/s/ Kenneth J. Kohrs							
	_									
			electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your curso	or in the box and press the						
			on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot							
	т	vped o	or printed name: Kenneth J. Kohrs							
	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	_	-:41 -	Vice President Einemaiel Den authur							
	Т	Title:	Vice President, Financial Reporting  (Title of official position held in corporation or partnership)							
			, process of process o							
	D	Date:	February 25, 2019							
	_		<u> </u>							

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 ID#  033044	Name
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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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.	0
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	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
X 0.00274	
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please 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.

### 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 G 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 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  $\varepsilon$  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	Identification of Subscriber Groups					
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS				
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS				
;	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 DSEs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00				

linimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	00.004.00

		<b>40,0000</b>			
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)

**ACCOUNTING PERIOD: 2018/2** 

DSE SCHEDULE. PAG	GE 11. (CONTINUED)									
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SY	STEM ID#				
Į	MEDIACOM ILLINOIS LI	_C								
	SUM OF DSEs OF CATEGOR	Y "O" STATIO	NS:							
	Add the DSEs of each station									
	Enter the sum here and in line		s schedule.		0.00					
2	Instructions: In the column headed "Call S	Sian": list the ca	all sions of all distant stat	tions identified by the	e letter "O" in column 5					
_	of space G (page 3).									
Computation	In the column headed "DSE"	: for each indep	endent station, give the	DSE as "1.0"; for ea	ach network or noncom-					
of DSEs for	mercial educational station, give	e the DSE as ".								
Category "O"		1	CATEGORY "O" STAT							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as										
necessary.										
Remember to copy										
all formula into new				·····		***************************************				
rows.				········						
				·········						
				······································						
				······································						
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				······································						
				······						
						••••••				

Name		OWNER OF CABLE SYSTEM:					S	033044
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 8 give the type- Column 6	c CAPACITY st the call sign of all dista 2: For each station, give t correspond with the infor 3: For each station, give t 4: Divide the figure in colu t at least to the third decir 5: For each independent cvalue as ".25." 6: Multiply the figure in copoint. This is the station's	the number of mation given the total numb umn 2 by the mal point. Thi station, give to	hours your cable syste in space J. Calculate o per of hours that the sta figure in column 3, and s is the "basis of carriag he "type-value" as "1.0.	em carried the state of the state of the case of the c	tion during the accounting the station. For the air during the accounting the account of the accounting the acc	ounting period. his figure must ucational station,	
Capacity		C	ATEGORY	Y LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE			)E
			÷ -		= 	x	<u>=</u>	
						x	<u>=</u> =	
						x	=	
			÷		=	x x	= =	
			÷		=	Y	=	
			÷		=	x	=	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		chedule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effetal Broadcast of space I).     Column 2: at your option.     Column 3:     Column 4:	re the call sign of each stand by your system in substant on October 19, 1976 (one or more live, nonnetwork for each station give the This figure should correst the number of days Divide the figure in column This is the station's DSE	itution for a p (as shown by ork programs  number of liv spond with the is in the calend nn 2 by the fig (For more inf	rogram that your syster the letter "P" in column during that optional carrive, nonnetwork program e information in space I dar year: 365, except in jure in column 3, and giormation on rounding, s	n was permitted to 7 of space I); and riage (as shown by ns carried in subst a leap year. ve the result in cosee page (viii) of to	o delete under FCC rule the word "Yes" in column titution for programs that blumn 4. Round to no les the general instructions i	2 of t were deleted as than the third	rm).
				-BASIS STATION				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUME OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		+	-	<u>=</u>				=
		<del>-</del>	-	=			•	=
		+	-	=			÷	=
		-	_	= 			÷ -	=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p			▶	0.00		
5		ER OF DSEs: Give the ams applicable to your syster		e boxes in parts 2, 3, and	d 4 of this schedule	e and add them to provide	e the tota	
Total Number	1. Number o	of DSEs from part 2●				•	0.00	
of DSEs		of DSEs from part 3 ●				<b>-</b>	0.00	
	3. Number o	of DSEs from part 4 ●				·	0.00	
	TOTAL NUMBE	ER OF DSEs					•	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/2

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 033044	Name
Instructions: Block A must be completed. In block A:  • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.  • If your answer if "No," complete blocks B and C below.									6
				ELEVISION M					Computation of 3.75 Fee
effect on June 24 Yes—Con	, 1981?	e schedule—[	•	iller markets as de				gulations in	
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jui dule. (Note: Ti	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC n A Stations carri 76.61(b)(c)] B Specialty stat C Noncomeric D Grandfathere instructions fe E Carried pursu *F A station pre	ules and reguled pursuant to as defined call education (76. for DSE sched ant to individually carries (JHF station w	elations cited by to the FCC mand in 76.5(kk) (7 all station [76.565) (see paragulule). Use walver of Fed on a part-tin/vithin grade-B	ne or substitute ba contour, [76.59(d)(	ose in effect of 76.57, 76.59(b) re)(1), 76.63(a) 63(a) referring bstitution of g	n June 24, 198 a), 76.61(b)(c), b) referring to 7 g to 76.61(d) grandfathered s une 25, 198	76.63(a) referring		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	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	
			•					0.00	
		В	LOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the sum of permitted DSEs from block B above									
Line 3: Subtract (If zero,				r of DSEs subject 7 of this schedu		rate.	<u>,</u>	0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply	line 4 by 0.0375	and enter su	um here				x		permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

		WNER OF CABLE							4STEM ID# 033044	Name
BLOCK A: TELEVISION MARKETS (CONTINUED)										
	CALL	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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						<b> </b>				
····		····		·						4

Name	LEGAL NAME OF OWN MEDIACOM ILL								S	933044 033044
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 (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections									
		PERMITTI	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT	6. P	ERMITTED DSE
	Oloit	DOL		LINOD		O/II/II/IOE		JOE		DOL
		***************************************								
									•••••	
7 Computation of the		"Yes," comple	ete blocks B and C ocks B and C blan	k and complete		art 8 of the DSE sched				
Syndicated Exclusivity			BLOCI	K A: MAJOR	115	ELEVISION MARK	<u>EI</u>			
Surcharge	Is any portion of the or	cable system w	rithin a top 100 majo	or television mar	ket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	X Yes—Complete	blocks B and	C .			No—Proceed to	part 8			
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations		BLOCK	C: Compu	ıtation of Exem	pt DSE	3
	Is any station listed in commercial VHF stati or in part, over the ca	on that places				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 st  X No—Enter zero a			ate permi	itted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN I	DSE
				<u> </u>						
		<del></del>	TOTAL DSEs	0.00			· · · · · · · · · · · · · · · · · · ·	TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC	SYSTEM ID# 033044	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,353,852.01	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	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 any	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.		
	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		ME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC	SYSTEM ID# 033044
		MEDIACOM IELINOIO EES	
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
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	
8 Computation of Base Rate Fee	You mi 6 was 6 • In blo • If you • If you blank What i were lo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pachecked "Yes," use the total number of DSEs from part 5.  sock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  sur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  sur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions.	elow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule.   X 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) ▶ \$ 1,353,852	.01_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	0.00
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , 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)	
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ _ \$ 9,490.50	
		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	<u>-</u>
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	<u></u> .

		SYSTEM ID#	Name
MEDI	ACOM ILLINOIS LLC	033044	
Section	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)  * **State**		8
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)  **State Comparison of the Comparison of		
	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	
instead	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe		9
receipts	G.  eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take acon, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for the Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pmpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
Step 1:	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	ion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot 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.		
Compu groups	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	em's subscriber	
<ul><li>Identii</li><li>Give t</li><li>subscri</li></ul>	section:  iy the communities/areas represented by each subscriber group.  the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it ir f this schedule; or,	ı parts 2, 3,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock B,	
• Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.	at is, the total	

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 033044 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 OWNI						S	YSTEM ID# 033044	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		•			
COMMUNITY/ AREA		er Communities		COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
			<u> </u>	-				Base Rate Fee
	···	-	···			-		Syndicated
	···		···			<del> </del>		Exclusivity
								Surcharge
								for
								Partially
						-		Distant Stations
		<b></b>		-		<del> </del>		Stations
			•			-		
Total DSEs			0.00	Total DSEs			0.00	
		4.056						
Gross Receipts First G	Group	\$ 1,353	3,852.01	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···		······································	-		H		
		H	•••••••••••••••••••••••••••••••••••••••			<u> </u>		
		-						
						-		
			••••••	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Page Bots Fors Addition	no <b>h</b>	to food for each and	oribor er	an about in the hear	o obove			
Base Rate Fee: Add to Enter here and in block			Jibei group	as shown in the doxe	s above.	\$	0.00	

LEGAL NAME OF OWNI		LE SYSTEM:				S	YSTEM ID# 033044	Name
В				ATE FEES FOR EAC			ID.	
COMMUNITY/ AREA	FIFIH	SUBSCRIBER GROU	<b>0</b>	SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIN	DOL	OALL SIGIV	DOL	OALE GIGIT	DOL	CALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated Exclusivity
					••••			Surcharge
								for
				-				Partially
								Distant Stations
					•••••••••••••••••••••••••••••••••••••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 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	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Enter here and in bloc			anber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 033044	Name
В				ATE FEES FOR EAC				
COMMUNITY/ADEA	NINTH	SUBSCRIBER GROU	JP <b>0</b>	TENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  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
	<del></del>				<del></del>			and Syndicated
	···				<del></del>			Exclusivity
								Surcharge
		-			<u></u>			for Partially
	···				<u></u>			Distant
								Stations
					<u></u>			
	<u></u>				<u></u>			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>	-			<u></u>			
		-						
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	<u></u>				<u></u>			
		-						
	<u></u>				<u></u>			
Total DSEs			0.00	Total DSEs		11	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	
Dana Bata E A	h - h				- l · ·			
Enter here and in bloc			nber group	as shown in the boxes	ароче.	\$		

MEDIACOM ILLII	NOIS LLC						033044	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	All Oth	er Communities		COMMUNITY/ AREA	9 Computat			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
						<u> </u>		and
								Syndicate
								Exclusivit
								Surcharg
								for
								Partially
								Distant
								Stations
Total DSEs	•		0.00	Total DSEs	•	••	0.00	
Gross Receipts First	Group	\$ 1,353	,852.01	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
	<mark></mark>					<u> </u>		
otal DSEs			0.00	Total DSEs			0.00	
Proce Descints Third	Group	<u> </u>	0.00	Gross Pessints Four	rth Group	•	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	гит Стоир	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
	•	L			r	Ŀ		
			criber group	as shown in the boxe	s above.	•	0.00	
nter here and in blo	ck ง, iine 1,	space ∟ (page /)				\$	0.00	

	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH T		COMPUTATION OF SUBSCRIBER GRO		В	
9	0	OODOONIDEN ONO	COMMUNITY/ AREA	0	OODOONIDEN ONO		COMMUNITY/ AREA		
Computat					1				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate and							<del></del>		
Syndicate						-	<u>-</u>		
Exclusiv	····	-				<b>-</b>	<u>-</u>		
Surcharg									
for									
Partially									
Distant							<u>.</u>		
Stations						-	<u></u>		
	····						<mark></mark>		
							<del>-</del>		
		<u> </u>							
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	<del></del>			
		•	a Group	Cross rescripts essent			лоар	roco recorpto i mot c	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	Base Rate Fee First Group \$ 0.00			
	IP	SUBSCRIBER GROU	FIGHTH		IP	SUBSCRIBER GRO	SEVENTH		
	COMMUNITY/ AREA 0					OODOONIDEN CINO	OLVEIVIII	OMMUNITY/ AREA	
	COMMONTH AREA							OMMONT IT THE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
							<u>.</u>		
							<mark></mark>		
						-	<u></u>		
							<u>-</u>		
							<mark></mark>		
							<mark></mark>		
							<mark></mark>		
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	•	Croup		,	•	- rous		
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	σιουρ	ross Receipts Third (	
		1		1					

	033044							LEGAL NAME OF OWNE MEDIACOM ILLING	
				TE FEES FOR EACH				BL	
9		SUBSCRIBER GROU	TENTH	COMMUNITY ASSE		SUBSCRIBER GRO	NINTH	OOMMINITY ARE	
Computation	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated Exclusivity	<u> </u>						-		
Surcharge									
for									
Partially									
Distant Stations							<u>.</u>		
Stations						-			
					•				
							<u> </u>		
							<b> </b>		
	0.00	Ц		Total DCCs	0.00			Total DOFo	
-				Total DSEs		Total DSEs 0.00			
-	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 Gr	
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	EVENTH	El	
	COMMUNITY/ AREA 0							COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						<u> </u>	-		
						-			
····									
	<u> </u>								
			ļ				<b>.</b>		
	<u></u>						<u> </u>		
_	0.00		1	Total DSEs	0.00		<u> </u>	Total DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	
-				[]					

ACCOUNTING PERIOD: 2018/2

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 033044 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 

ACCOUNTING PERIOD: 2018/2

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 033044 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 

MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 033044	Name
				ATE FEES FOR EACH				
	RTEENTH	SUBSCRIBER GROU		FOURTEENTH 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
	<u>-</u>				···			Syndicated Exclusivity
								Surcharge
								for
					<mark></mark>			Partially Distant
	<u>-</u>				···			Stations
	<u> </u>							
	<u>-</u>				···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	FTEENTH	SUBSCRIBER GROU	JP <b>0</b>	II		I SUBSCRIBER GROU		
COMMUNITY/ AREA			<u>U</u>	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
					<del></del>			
					···			
		-						
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
D D ( E	<b></b>		0.00	B B / 5 5 5	h O-		0.00	
Base Rate Fee Third G	eroup	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

MEDIACOM ILLII		LE SYSTEM:				S	YSTEM ID# 033044	Name
				ATE FEES FOR EACI			ID.	
COMMUNITY/ AREA		SUBSCRIBER GROU	<b>0</b>	EIGHTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
C/LECTORY	502	O' LEE GIGIT	502	O, LEE GIGIT	DSE	CALL SIGN	502	Base Rate Fee
	<u></u>							and
	····			-				Syndicated Exclusivity
								Surcharge
	<u></u>							for
	<del></del>				<u></u>			Partially Distant
								Stations
	<u></u>				<u></u>			
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	<u></u>				<u></u>			
T			0.00	T			0.00	
	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	
		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>							
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	<u></u>							
	····			-				
		-						
	<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 Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI MEDIACOM ILLI		LE SYSTEM:				S	YSTEM ID# 033044	Name
	BLOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>		·····			Base Rate Fe
	·····		<del></del>	·				Syndicated
			<u></u>					Exclusivity
								Surcharge
								for
	<del></del>		<del></del>					Partially Distant
	·····		<del></del>	·				Stations
•••••								
	····		<del></del>				<u></u>	
Total DSEs			0.00	Total DSEs		!!	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
o. 000 . 1000.p1001	О.оцр	<u> </u>			С. Сир			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii —		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>		<u></u>					
		-						
	<u></u>		<u></u>					
			<del></del>					
	····		<u></u>					
	<u></u>		<u></u>					
			<del></del>					
			···					
Total DSEs			0.00	Total DSEs	·		0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							<del></del>	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
<b>Base Rate Fee:</b> Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 033044	Name
E	BLOCK A: (	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	NTY-FIFTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
								and
		-						Syndicated Exclusivity
			····		•••••		····	Surcharge
								for
								Partially
	<u></u>							Distant
	···		····		·····			Stations
				1				
		-						
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	
TWENTY	-SEVENTH	SUBSCRIBER GRO	DUP	TWE	NTY-EIGHTH	I 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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		-						
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	<u></u>							
	···		····	·				
	···	<b>-</b>	····					
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 the Enter here and in block	the <b>base rat</b>	te fees for each subs				\$	0.00	

LEGAL NAME OF OWN		E SYSTEM:				S	YSTEM ID# 033044	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU		11		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
	····				<u></u>			Syndicated Exclusivity
								Surcharge
		-						for
					<u></u>			Partially
								Distant Stations
	···				<u>-</u>			
					<u></u>			I
	···				<u></u>			
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		III		SUBSCRIBER GROU	JP -	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u> </u>			
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	···				<u></u>			
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	····				<u></u>			I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	า Group	\$	0.00	
D D ( 5	0		0.00	B B / 5 5 5	- 0-		0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE MEDIACOM ILLIN						S	YSTEM ID# 033044	Name
				TE FEES FOR EAC				
	TY-THIRD	SUBSCRIBER GRO		li		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
								for
								Partially
	<del></del>							Distant Stations
	<u> </u>					-		Otations
	<u> </u>							
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-FIFTH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·							
		-						
	··							
	<u> </u>	<del> </del>						
	<u> </u>						<u></u>	
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	th Group	\$	0.00	
Base Rate Fee: Add th	ne <b>base rat</b>	te fees for each subso	criber group	as shown in the boxe	s above.			
Enter here and in block			- '			\$		

LEGAL NAME OF OWN MEDIACOM ILLIN						S	YSTEM ID# 033044	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	SEVENTH	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
O'TEE GIGIT	BOL	OALL CICIA	DOL	ONLE GIGIT	BOL	OALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
		-						Surcharge
			<del></del>			<u>-</u>		for
							····	Partially Distant
	···		<del></del>			-		Stations
			<u></u>			-		
						<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	
THIR	TY-NINTH	SUBSCRIBER GRO	)UP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>				·····	
	···		<u></u>			-		
						<del>-</del>		
			<u></u>			-		
	<u> </u>		<u></u>					
			<u></u>				····	
			<del></del>				····	
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	<u>\$</u>	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	es above.	\$		

Name	933044 033044	S						LEGAL NAME OF OWNE
	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GRO		
9	0	SUBSCRIBER GROU	I-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GRO	I I-FIROT	COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
Syndicated						-		
Exclusivity Surcharge								
for								
Partially Distant								
Stations								
	0.00							
	0.00	•	d Croup	Total DSEs	0.00	•	roup	Total DSEs
	0.00	\$	a 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 <b>0</b>	SUBSCRIBER GROU	Y-FOURTH	FORT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GRO	ry-third	FORT COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-		
				Total DSEs	0.00			Fotal DSEs
	0.00							- -
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

LEGAL NAME OF OWNI						S	YSTEM ID# 033044	Name
				ATE FEES FOR EAC				
	RTY-FIFTH	SUBSCRIBER GRO		ii e		1 SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
	<mark></mark>							and Syndicated
	···			·		•		Exclusivity
								Surcharge
								for
	<mark></mark>							Partially Distant
	···	<u> </u>		·				Stations
	<u></u>							
	<u> </u>		····	·				
	<u></u>		····					
Total DSEs	•	•	0.00	Total DSEs	•		0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
orough that c	лоар	•		Cross receipts dec	ond Group	•		
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY-	SEVENTH	SUBSCRIBER GRO	DUP	FO	RTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>		····	·				
	<del></del>	-						
Γotal 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 the Enter here and in block)	ne <b>base ra</b>	te fees for each subs				\$	0.00	

LEGAL NAME OF OWNE		E SYSTEM:				S	933044 033044	Name
				ATE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GROU			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 Distant
	·				<b>-</b>			Stations
					<u>.</u>			
	<u> </u>				<b> </b>		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	ıd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-FIRST	SUBSCRIBER GROL	IP <b>0</b>	ii .	7-SECOND	SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA			U	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-	<u> </u>			
	·				·			
					<u>.</u>			
		-			1			
	·				-			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	ı Group	\$	0.00	
			_					
Base Rate Fee Third G	Group	\$	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	above.	\$		

LEGAL NAME OF OWI MEDIACOM ILLI		LE SYSTEM:				S	YSTEM ID# 033044	Name
	BLOCK A: (	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		††		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
		-	····					Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
	·····		····		······			Stations
	<u></u>							
						-   -		
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs				Total DSEs			•	
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		111		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
	<del></del>							
			····					
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	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

MEDIACOM ILLI		LE SYSTEM:				S	YSTEM ID# 033044	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		TT .		I SUBSCRIBER GRO		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
				·				
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	
F	IFTY-NINTH	SUBSCRIBER GRO	JP		SIXTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	4		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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		
Lines riere and in blu	, on o, mile 1, 3	opade E (page 1)				Y		

MEDIACOM ILLING		E SYSTEM:				S	YSTEM ID# 033044	Name
				ATE FEES FOR EACH			ID.	
COMMUNITY/ AREA	TY-FIRST	SUBSCRIBER GROU	0 0	COMMUNITY/ AREA	r-SECONL	SUBSCRIBER GROU	)P 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIT	DOL	OALL GIGIN	DOL	OALL GIGIN	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
	<del>-</del>			-	<u>-</u>		<u> </u>	Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
							<u> </u>	
	<u>.</u>				<u> </u>			
Total DSEs			0.00	Total DSEs	4	Ц	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	ıd Group	\$	0.00	
					т			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	TY-THIRD	SUBSCRIBER GROU		ii .	Y-FOURTH	I 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>			
							<u></u>	
	<u>.</u>	-						
					1			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	ı Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

MEDIACOM ILLING		E SYSTEM:				S	YSTEM ID# 033044	Name
				ATE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROL	JP <b>0</b>	COMMUNITY/ AREA	XTY-SIXTH	I SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY/ AREA				COMMUNITY AREA				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
	·							for Partially
					-		<u> </u>	Distant
								Stations
					<u> </u>			
		-						
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	id Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	ıd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROL		ii .	TY-EIGHTH	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>	
					<u> </u>			
	·							
Total DSEs			0.00	Total DSEs	<u> </u>	11	0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	ı Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Enter here and in block			nber group	as shown in the boxes	aDOVE.	\$		

LEGAL NAME OF OWN MEDIACOM ILLII		LE SYSTEM:				S	033044	Name
-	BLOCK A: (	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		1		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
	····		<del></del>					Syndicated Exclusivity
								Surcharge
								for
	<u>.</u>		<u>.</u>					Partially
								Distant Stations
	····		<u></u>					o tutionio
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			<u></u>					ı
				1				ı
Total DSEs		!	0.00	Total DSEs	!		0.00	ı
Gross Receipts First	Group	¢	0.00	Gross Receipts Sec	ond Group	\$	0.00	ı
Gioss Receipts Filst	Gloup	\$	0.00	Gioss Receipts Sec	ond Group	<u>*</u>	0.00	ı
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	1
SEVE	NTY-FIRST	SUBSCRIBER GRO	UP	SEVEN	ITY-SECONE	SUBSCRIBER GRO	UP	ı
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	l
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
			<u></u>					ı
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				1				ı
								ı
								ı
Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	ı
								ı
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	ı
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		l

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  933044								
		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
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
SEVE	NTY-FIFTH	SUBSCRIBER GROU	JP	SEVE	NTY-SIXTE	I SUBSCRIBER GRO	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 Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	YSTEM ID# 033044	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
SEVENTY-	SEVENTH	SUBSCRIBER GRO	UP	SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	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
								and
								Syndicated
						<u> </u>		Exclusivity
								Surcharge
						-		for Partially
						-		Distant
			•••••••••••••••••••••••••••••••••••••••			<u> </u>		Stations
						-		
		_						
			<u></u>					
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			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	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
						<u> </u>		
		-				<del> </del>		
		H	•••		•••••	<del> </del>	••••	
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			<del> </del>				···-	
			•••••••••••••••••••••••••••••••••••••••			<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 to Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  033044								Name
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GROL		ii —	Y-SECONE	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
					<mark>-</mark>		<u></u>	Syndicated Exclusivity
								Surcharge
		-						for
								Partially
								Distant Stations
							<u></u>	Glations
					<u>.</u>			
					<mark>-</mark>			
Total DSEs	1	•	0.00	Total DSEs	4		0.00	
<u></u>			0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GROL		ii .	Y-FOURTH	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>	
	-							
					<mark>-</mark>			
					<u>.</u>			
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 G	roup	\$	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 a	above.	\$		

MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 033044	Name
				ATE FEES FOR EACH				
EIGH COMMUNITY/ AREA	tty-FIFTH	SUBSCRIBER GROU	JP <b>0</b>	EIG COMMUNITY/ AREA		I SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY AREA				COMMUNITY AREA				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
								İ
								1
								i
	···							1
Total DSEs			0.00	Total DSEs			0.00	İ
<u></u>			0.00	Gross Receipts Secon	nd Group	\$	0.00	İ
·	•				•			İ
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		II		I SUBSCRIBER GROU		İ
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ
	r				I-	-		İ
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				1
Base Rate Fee: Add to Enter here and in block			riber group	as shown in the boxes	above.	\$		1

LEGAL NAME OF OWN MEDIACOM ILLII		LE SYSTEM:				S	YSTEM ID# 033044	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		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
				·			<u> </u>	Exclusivity Surcharge
	••••	-						for
								Partially
		ļ						Distant
	····							Stations
		<b>-</b>	····				·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			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-FIRST	SUBSCRIBER GRO	OUP	NINE	TY-SECONE	SUBSCRIBER GROU	UP	
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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		<b>-</b>	····				·····	
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.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  033044								Name
				ATE FEES FOR EACH			15	
NINE COMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GROU	JP <b>0</b>	NINET COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP <b>0</b>	9
0.4.1.0.004	1 pos 1	I and state			T 505	II and along		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
					<u> </u>			Syndicated
				-				Exclusivity
	<del></del>							Surcharge for
								Partially
								Distant
	<del></del>							Stations
	<u></u>						<u></u>	
Total DSEs	<u> </u>		0.00	Total DSEs	4		0.00	
<u></u>			0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Secon	ıd Group	\$	0.00	
	ETY-FIFTH	SUBSCRIBER GROU		ii -	ETY-SIXTH	I 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>						<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	ı Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add t			riber group	o as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  033044								Name
				ATE FEES FOR EACH				
NINETY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GROL	JP <b>0</b>	COMMUNITY/ AREA	ry-eighth	I SUBSCRIBER GROU	JP <b>0</b>	9
								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
	···					<del> </del>		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	nd Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GROU	JP	ONE HU	INDREDTH	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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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	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 ILLIN		LE SYSTEM:				S	YSTEM ID# 033044	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDF	RED FIRST	SUBSCRIBER GRO	UP	l		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<del></del>		<u>-</u>		····			Base Rate Fe
	···	-	<u></u>		·····			Syndicated
	···		······································		••••	<u> </u>		Exclusivity
								Surcharge
		ļ	<u> </u>					for
			<u> </u>					Partially
	<u></u>		<u></u>		·····			Distant Stations
		-	<u></u>					Stations
			-		•••••			
			<u></u>		<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	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 HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP	
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>		<u>.</u>			
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							<del></del>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  933044								Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee
	<u> </u>				<del></del>			and Syndicated
								Exclusivity
	<u></u>							Surcharge
	<u></u>				···			for Partially
								Distant
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					<del></del>			İ
Total DSEs			0.00	Total DSEs	•		0.00	1
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	1
			•				*	İ
COMMUNITY/ AREA	SEVENIA.	SUBSCRIBER GROU	0	COMMUNITY/ AREA		I SUBSCRIBER GROU	0	
OALL CION	I DOE					П оли оюн		İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ
Base Rate Fee Third C	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.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  SYSTEM ID#  033044								Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EACH		RIBER GROUP	ID	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		- COBOOTIBET CITO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
		<b>-</b>						Exclusivity
								Surcharge
								for
		<b>-</b>			···			Partially Distant
								Stations
	·-				···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					···			
		<u> </u>			···			
Total DSEs			0.00	Total DSEs		I	0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	o as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  SYSTEM ID#  033044								Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	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 Group \$ 0.00			0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
COMMUNITY/ AREA	FIEENIH	SUBSCRIBER GROU	<u> 0</u>	COMMUNITY/ AREA		I SUBSCRIBER GROU	)P	
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 Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 033044	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP	H		I SUBSCRIBER GRO	JP	٥
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
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								Distant
					·····			Stations
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	·	-			••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NII	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	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 C	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# 033044	Name
	BLOCK A: (	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED TW	ENTY-FIRST	SUBSCRIBER GRO	DUP	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP	)	^
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>	····	Base Rate Fee
								and Syndicated
						-		Exclusivity
								Surcharge
								for
								Partially
	<u></u>					-		Distant Stations
	·····		····			-		Stations
T			0.00	T / 1 DOE			0.00	
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	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	
	<u></u>					-		
						<u> </u>		
						-		
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I 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 MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 033044	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	NTY-FIFTH	SUBSCRIBER GROU		††		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u>-</u>					Base Rate Fe
	···	-	<u></u>					Syndicated
	···		······································	·	••••			Exclusivity
								Surcharge
								for
			<u> </u>					Partially Distant
	<del></del>		<u></u>				<u></u>	Stations
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Total DSEs			0.00	Total DSEs		Ц	0.00	
	Croup.	<u> </u>	0.00		and Craun	<b></b>	0.00	
Gross Receipts First C	эгоир	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	/-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TWI	ENTY-EIGHTH	I SUBSCRIBER GROUP	)	
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 Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  933044								Name
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCR	RIBER GROUP		
ONE HUNDRED TWEN	NTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	I SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
					1			and
								Syndicated
								Exclusivity
					<u>.</u>	-		Surcharge
	<mark></mark>				<u>.</u>	-		for Partially
					<b></b>	-		Distant
					1			Stations
					<u> </u>			
					<u> </u>			
Total DSEs			0.00	Total DSEs	4	11	0.00	
		•	0.00		od Casua	•	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	.a Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THII	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			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 C	Group	\$	0.00	Gross Receipts Fourth	ı Group	\$	0.00	
Base Rate Fee Third G	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 a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  SYSTEM ID#  033044								Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EACH		RIBER GROUP		
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
	<u></u>							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 (		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED TH	IRTY-FIFTH	SUBSCRIBER GROUP	0	ONE HUNDRED THE		1 SUBSCRIBER GROUP	0	
COMMUNITY AREA				COMMUNITY AREA				
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 Fourth	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
Base Rate Fee: Add t			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 033044	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	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>					and
			<del></del>					Syndicated Exclusivity
			····					Surcharge
								for
								Partially
								Distant
								Stations
			···		·····			
			···		·····			
			<u> </u>	·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Oroco recorpto i not c	лоцр			ll cross resolpts see	ona Oroup			
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROU	P	ii		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 Four	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  SYSTEM ID#  033044								Name
		COMPUTATION OF SUBSCRIBER GROUP		TE FEES FOR EACH		RIBER GROUP  SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	···				<u> </u>			and Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
					<u> </u>			Stations
	<u> </u>		ļ		<b> </b>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Secon	ıd Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Secon	ıd Group	\$	0.00	
ONE HUNDRED FO	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-FOURTH	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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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	ı 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 blood			riber group	as shown in the boxes	above.	\$		

	933044 033044	3					ER OF CABL	MEDIACOM ILLIN
		IBER GROUP	I SUBSCR	TE FEES FOR EACH	F BASE RA	COMPUTATION C	LOCK A: (	В
9		SUBSCRIBER GROUP	ORTY-SIXTH			SUBSCRIBER GROU	RTY-FIFTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	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	\$	nd Group	Gross Receipts Secon	0.00	\$	∂roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	∂roup	<b>3ase Rate Fee</b> First G
	)	SUBSCRIBER GROUP	RTY-EIGHTH	ONE HUNDRED FOR	5	SUBSCRIBER GROU	/-SEVENTH	ONE HUNDRED FORTY
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  933044								Name
BONE HUNDRED FOR				ATE FEES FOR EACH		RIBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee
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								Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First 0		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED FIRE COMMUNITY/ AREA	-TY-FIRST	SUBSCRIBER GROL	<sup>JP</sup> 0	ONE HUNDRED FIFT		SUBSCRIBER GROU	JP <b>0</b>	
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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	
2430 Rate i de Illiiu		\$	0.00	Duod Nate i ee i ouit	σισαρ	\$	0.00	
Base Rate Fee: Add t	he <b>base rat</b>	e fees for each subsc	riber group	as shown in the boxes	above.			
Enter here and in bloc						\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  033044								
В	LOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO	UP	i i		I SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
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	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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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 the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 033044	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROU		Ħ		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDF	RED SIXTIETH	I SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		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 Four	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			scriber group	as shown in the boxe	s above.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  033044								
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	IRTEENTH			SUBSCRIBER GRO	RTEENTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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		OLIDOODIDED ODOL							
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		CALL SIGN	DSE			SUBSCRIBER GRO	DSE		
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  SYSTEM ID#  033044								
				TE FEES FOR EACH				
	TEENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
Group \$	\$ e fee		0.00		h Group	\$ \$		

NI	YSTEM ID# 033044	S			•			LEGAL NAME OF OWNE MEDIACOM ILLINO
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: (	BL
9	JP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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]	JP	SUBSCRIBER GROU	'-FOURTH	TWENT	JP	SUBSCRIBER GRO	ry-third	TWENT
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	033044	S'				.E 3131EW.		LEGAL NAME OF OWNE MEDIACOM ILLING
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9	JP <b>0</b>	SUBSCRIBER GROU	NTY-SIXTH	TWEN COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TY-FIFTH	TWEN COMMUNITY/ AREA
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	_	SUBSCRIBER GROU	Y-EIGHTH	İ		SUBSCRIBER GROU	SEVENTH	
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								LEGAL NAME OF OWNE MEDIACOM ILLING
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<u>,</u> 9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GROU	Y-NINTH	
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EGAL NAME OF OWNER OF CABLI IEDIACOM ILLINOIS LLC	E SYSTEM:				S	YSTEM ID# 033044	Name
			TE FEES FOR EACH				
THIRTY-THIRD S OMMUNITY/ AREA	SUBSCRIBER GROUI	<b>0</b>	COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROU	UP <b>0</b>	9
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otal DSEs		0.00	Total DSEs			0.00	
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRTY-FIFTH S	SUBSCRIBER GROU	P	THIE	RTY-SIXTH	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA		_					
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CALL SIGN DSE		DSE	CALL SIGN  Total DSEs	Group		DSE	

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 033044	Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
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<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
							<del></del>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
	\$ e fees for each s		0.00	Gross Receipts Fourtl	h Group	\$ \$	0.00	

Name	033044	S			•	LE SYSTEM:		LEGAL NAME OF OWNE
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	_OCK A: C	BL
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and				•••••				
Syndicated	<u>.</u>						·	
Exclusivity							-	
Surcharge for								
Partially								
Distant								
Stations								
							<u>-</u>	
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					<u> </u>		1	
	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 Second	0.00	\$	roup	<b>Base Rate Fee</b> First Gr
	IP	SUBSCRIBER GROU	-FOURTH	FORT)	JP	SUBSCRIBER GRO	TY-THIRD	FORT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							·	
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	<u> </u>							
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							·	
	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
	_	\$	Group			\$	Group	

LEGAL NAME OF OW MEDIACOM ILL							033044	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO		11		1 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
			<u></u>					Syndicated Exclusivity
	·····		····		·····			Surcharge
								for
								Partially
								Distant
								Stations
			····					
			····					
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	
FORT	Y-SEVENTH	SUBSCRIBER GRO	OUP	FO	RTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····		·····			
			····					
							0.00	
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Thir	d Group	\$	0.00	Total DSEs Gross Receipts Fou	ırth Group	\$	0.00	
Gross Receipts Thir			0.00	Gross Receipts Fou			0.00	
		\$				\$	-	

LEGAL NAME OF OWN MEDIACOM ILLIN							033044	Name
				TE FEES FOR EAC			LID	
COMMUNITY/ AREA	I Y-NIN I H	SUBSCRIBER GRO	<b>0</b>	COMMUNITY/ ARE		I SUBSCRIBER GRO	<b>0</b>	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation
OALL GIGIT	DOL	OALL GION	DOL	OALE GIGIN	DOL	OALE GION	DOL	Base Rate F
								and
								Syndicated
	···							Exclusivity Surcharge
								for
								Partially
	<mark></mark>							Distant
								Stations
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	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	
	TY-FIRST	SUBSCRIBER GRO		iii —		SUBSCRIBER GRO	UP	
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	
	J. Oup	\$	0.00	Dase Nate i ee Fou		\$	3.00	

Name	O33044	S				LE SYSTEM:		MEDIACOM ILLING
				TE FEES FOR EACH				
9	P 0	SUBSCRIBER GROU	7-FOURTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GRO	Y-THIRD	FIFT COMMUNITY/ AREA
Computation			T 505			I 0444 0404		
of Base Rate F	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and	<u></u>						-	
Syndicate								
Exclusivit								
Surcharge						-		
for	<u></u>					-		
Partially Distant	<del></del>							
Stations	<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	<b>Base Rate Fee</b> First Gr
	Р	SUBSCRIBER GROU	TY-SIXTH	FII	JP	SUBSCRIBER GRO	TY-FIFTH	FIF
	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	<b>\$</b>	Group		0.00	\$	Group	
	-	\$	Group	Total DSEs Gross Receipts Fourth		\$	Group	Total DSEs Gross Receipts Third G

	AL NAME OF OWNER OF CABLE SYSTEM:  DIACOM ILLINOIS LLC  SYSTEM ID#  033044							Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	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
		-						and
					<del></del>		·····	Syndicated
								Exclusivity Surcharge
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		-						Distant
								Stations
	<u> </u>							
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	ļ						<u> </u>	
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
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	nd Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	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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	ļ						<u> </u>	
Total DSEs	<u>.                                      </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
ase Rate Fee: Add the			criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 033044	S					OIS LLC	MEDIACOM ILLIN
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity Surcharge					-			
for		-						
Partially		-				=		
Distant								
Stations								
						-		
					<b></b>			
					<b>-</b>		<u>-</u>	
	<u></u>						<u> </u>	
	0.00	11	ļ	Total DSEs	0.00	<u> </u>		Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	/-FOURTH	İ	UP	SUBSCRIBER GRO	TY-THIRD	SIX
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				1				
						-		
						-		
	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
	_	\$	Group			\$	Group	

LEGAL NAME OF OWNE		LE SYSTEM:				S	033044	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
		-						Syndicated
					<del></del>	<del> </del>		Exclusivity Surcharge
								for
		-						Partially
								Distant
		-						Stations
	<b></b>							
	·		<u></u>		<u></u>			
			···		···			
Total DSEs			0.00	Total DSEs		<u> </u>	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	nd Group	\$	0.00	
SIXTY-S	SEVENTH	SUBSCRIBER GRO	UP	SIX	TY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	·		<u> </u>					
	<b> </b>							
	<b> </b>							
	.					-		
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			scriber group	as shown in the boxes	above.	\$		

Name	EGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  033044							MEDIACOM ILLING
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	TY-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								
Syndicate Exclusivit	<u></u>							
Surcharg	<del></del>							
for								
Partially								
Distant Stations						-		
Stations	<u></u>							
							<u></u>	
	<u> </u>							
	0.00	<u> </u>	<u> </u>	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	•	\$ SUBSCRIBER GROU		SEVENT	<b>'</b>	\$ SUBSCRIBER GROU		
	•				<b>'</b>			SEVEN
	JP			SEVENT	JP			SEVEN
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN'
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN COMMUNITY/ AREA  CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	SEVENT COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA  CALL SIGN  Total DSEs
	DSE O.00	SUBSCRIBER GROU	DSE	SEVENT COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE O.00	CALL SIGN	DSE	COMMUNITY/ AREA
	DSE O.00	SUBSCRIBER GROU	Group	SEVENT COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE O.00	CALL SIGN	DSE DSE DSF	SEVEN COMMUNITY/ AREA  CALL SIGN  Total DSEs

LEGAL NAME OF OWNER OF CABLE SYSTEM:  WEDIACOM ILLINOIS LLC  033044							Name	
				TE FEES FOR EAC				
	Y-THIRD	SUBSCRIBER GRO		11		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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			<del></del>		·····			Exclusivity Surcharge
			···		·····			for
		-						Partially
								Distant
								Stations
		-	<del></del>					
			<del></del>		·····			
					•••••			
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	TY-FIFTH	SUBSCRIBER GRO	UP	SEV	ENTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-	<del></del>					
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			<u></u>					
		-						
Total DSEs			0.00	Total DSEs		П	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 Foun	rth Group	\$	0.00	
to Foo: Add th		e fees for each cube	oribor group	as shown in the boxe				

	033044							LEGAL NAME OF OWNER MEDIACOM ILLINO
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	Y-EIGHTH	SEVENT		SUBSCRIBER GRO	SEVENTH	SEVENTY-S
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		 						
Syndicated				•••••				
Exclusivity								
Surcharge								
for		-						
Partially Distant		<b>-</b>						
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Clations		-						
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"						<del>-</del>		
	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
	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GRO	Y-NINTH	SEVENT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
<u>'-</u>	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		-						
"		<u> </u>						
1				Total DSEs	0.00		<u>.                                      </u>	Total DSEs
,	0.00							
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G

Name	EGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  033044							
	_			TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	'-SECOND	EIGHTY COMMUNITY/ AREA		SUBSCRIBER GRO	TY-FIRST	EIGH' COMMUNITY/ AREA
Computation				COMMUNITY/ AREA	0			COMMUNITY AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						H		
and								
Syndicate Exclusivit	<u> </u>							
Surcharge	<u></u>	<del> </del>					·	
for								
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Distant Stations	<u></u>						<mark>.</mark>	
Otations	<u></u>							
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	0.00		•	Total DSEs	0.00		1	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	<b>Base Rate Fee</b> First Gr
	P	SUBSCRIBER GROU	/-FOURTH	EIGHT	JP	SUBSCRIBER GRO	TY-THIRD	EIGH1
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	BOL	O/ LE SIGIT	BOL	ONEE CICIT	502	O/ ILLE GIGIT	DOL	O, ILL GIGIT
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	<u></u>						<mark>.</mark>	
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							<u> </u>	
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	<mark></mark>					H	<mark>-</mark>	
	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

LEGAL NAME OF OWNE MEDIACOM ILLINO		E SYSTEM:				S	933044 033044	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GRO			HTY-SIXTH	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
					<mark>.</mark>			Syndicated
					-	<u> </u>	····	Exclusivity
						<b>-</b>	····	Surcharge for
						-		Partially
		-						Distant
								Stations
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	<u> </u>					<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIGURY	NEV/ENITH	011000000000000000000000000000000000000	LID	FIGUR	V FIGUE	OURCORINER OROI		
	EVENTH	SUBSCRIBER GRO		li	Y-EIGHTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs	ı		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
roup §	e	\$	0.00	Gross Receipts Fourth	ı Group	\$	0.00	

Name	YSTEM ID# 033044					LE SYSTEM:		MEDIACOM ILLIN
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GRO	TY-NINTH	
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								
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	0.00	\$		Base Rate Fee Secon	0.00	\$	-	Base Rate Fee First G
		SUBSCRIBER GROU	-SECOND	i i		SUBSCRIBER GRO	TY-FIRST	
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NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC  SYSTEM ID#  033044							MEDIACOM ILLING
				TE FEES FOR EACH				
9	JP <b>0</b>	SUBSCRIBER GROU	Y-FOURTH	NINETY COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GRO	Y-THIRD	NINET COMMUNITY/ AREA
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	ID	SUBSCRIBER GROU	TV CIVTU	II NIINIT	ID	CLIDCODIDED CDOL	C) / C CT	NINE
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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**Nonpermitted 3.75 Stations** 

Name	O33044	S'						LEGAL NAME OF OWNE MEDIACOM ILLINO
				TE FEES FOR EACH				
9	IP	SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	IP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GRO	TY-NINTH	NINET
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	200			TALLEGE	0.00			T-1-1-D05
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	O33044	SY				E SYSTEM:		LEGAL NAME OF OWNE MEDIACOM ILLINO
						COMPUTATION OF		
9		SUBSCRIBER GROU	SECOND			SUBSCRIBER GROU	ED FIRST	
Computation				MMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	Р	SUBSCRIBER GROU	FOURTH	ONE HUNDRED	JP	SUBSCRIBER GRO	D THIRD	ONE HUNDRE
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	033044	S						LEGAL NAME OF OWNER MEDIACOM ILLINO
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
	JP	SUBSCRIBER GROU	RED SIXTH	ONE HUNDF	JP	SUBSCRIBER GROU	ED FIFTH	ONE HUNDRE
Omputation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First Gr
	JP	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
<u>o</u>	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

	YSTEM ID# 033044					LE SYSTEM:		MEDIACOM ILLIN
	<del></del>	IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (	BI
	JP	SUBSCRIBER GROU	ED TENTH	ONE HUNDR	JP	SUBSCRIBER GRO	ED NINTH	ONE HUNDRI
<b>9</b> 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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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GRO	LEVENTH	ONE HUNDRED E
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Total DSEs Gross Receipts Fourtl	0.00	\$	Group	Total DSEs Gross Receipts Third C

LEGAL NAME OF OWNE MEDIACOM ILLINO		LE SYSTEM:				S	YSTEM ID# 033044	Name
				TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GRO		iii		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		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 Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
the	e base rat			Base Rate Fee Four		s	0.00	

MEDIACOM ILLINOIS LL	BLE SYSTEM:					033044	Name
BLOCK A	: COMPUTATION C	OF BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
ONE HUNDRED SEVENTEENT	H SUBSCRIBER GROU				SUBSCRIBER GROUI		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α			Computation
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 Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
						•	
ONE HUNDRED NINTEENT	H SUBSCRIBER GR	OUP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
ONE HUNDRED NINTEENT COMMUNITY/ AREA	H SUBSCRIBER GR	OUP <b>0</b>	ONE HUNDRED COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	
	H SUBSCRIBER GR		ii ii		SUBSCRIBER GRO	_	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0	
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COMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0	
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CALL SIGN DSE		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA		DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWNER OF MEDIACOM ILLINOIS					S	033044	Name
BLOCK	( A: COMPUTATION	ON OF BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWENTY-F	IRST SUBSCRIBER (	GROUP	ONE HUNDRED TWE	NTY-SECONE	SUBSCRIBER GROU	)	0
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0			0	9 Computation
CALL SIGN DS	E 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 Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWENTY-T	HIRD SUBSCRIBER (	GROUP	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROU	)	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
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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	
			11				

	033044	S				LE SYSTEM:		MEDIACOM ILLING
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9	)	SUBSCRIBER GROUP	NTY-SIXTH		)	SUBSCRIBER GROUP	TY-FIFTH	ONE HUNDRED TWEN
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		SUBSCRIBER GROUP			-	SUBSCRIBER GROUP	-	
=		SUBSCRIBER GROUP			-	SUBSCRIBER GROUP	-	NE HUNDRED TWENTY-
-	)	SUBSCRIBER GROUP  CALL SIGN		ONE HUNDRED TWEN	)	SUBSCRIBER GROUP	-	NE HUNDRED TWENTY-
- - - -	0		TY-EIGHTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0		SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA
= - - - - -	0		TY-EIGHTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0		SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA
-	0		TY-EIGHTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0		SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA
- - - - - - -	0		TY-EIGHTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0		SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA
- - - - - - - -	0		TY-EIGHTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0		SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA
- - - - - - - - - -	0		TY-EIGHTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0		SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA
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	0		TY-EIGHTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0		SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA
	0		TY-EIGHTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0		SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA
-	0		TY-EIGHTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0		SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA
	0		TY-EIGHTH	ONE HUNDRED TWEN COMMUNITY/ AREA	0		SEVENTH	NE HUNDRED TWENTY- COMMUNITY/ AREA
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	0 DSE	CALL SIGN	TY-EIGHTH  DSE	ONE HUNDRED TWEN COMMUNITY/ AREA  CALL SIGN  Total DSEs	0 DSE	CALL SIGN	DSE	NE HUNDRED TWENTY- COMMUNITY/ AREA  CALL SIGN  Total DSEs
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LEGAL NAME OF OWNE MEDIACOM ILLING		E SYSTEM:				S	933044 033044	Name
				TE FEES FOR EAC				
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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 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	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP	)	ONE HUNDRED THIR	RTY-SECONI	SUBSCRIBER GROUP	)	
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 Fourt	n 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		LE SYSTEM.					033044	Name
В	LOCK A: (	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-THIRD	SUBSCRIBER GROU	IP			H SUBSCRIBER GROUP	>	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								Exclusivity
								Surcharge
								for Partially
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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 G		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED THIR	TY-FIFTH	SUBSCRIBER GRO		T .		SUBSCRIBER GRO	UP	
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	
<b>Base Rate Fee</b> Third 0	Group	\$	0.00	<b>Base Rate Fee</b> Fou	rth Group	\$	0.00	
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Name	YSTEM ID# 033044	S)				_E SYSTEM:		MEDIACOM ILLING
		IBER GROUP	SUBSCR	TE FEES FOR EACH				
9		SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUI	-SEVENTH	ONE HUNDRED THIRTY-
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						<u> </u>		
Syndicate		_						
Exclusivity Surcharge							·	
for		-						
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Stations						H		
	<u></u>						<u>-</u>	
	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	<b>Base Rate Fee</b> First Gr
	IP	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	TY-NINTH	ONE HUNDRED THIRT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	YSTEM ID# 033044							MEDIACOM ILLIN
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: 0	BI
•		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FOR	)	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED FOR
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Proup	Base Rate Fee First G
	<u>'</u>	\$ SUBSCRIBER GROUP				\$ SUBSCRIBER GROUP		
	<u>'</u>							ONE HUNDRED FOR
				ONE HUNDRED FOR COMMUNITY/ AREA	)	SUBSCRIBER GROUP		ONE HUNDRED FOR
	0	SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR	0		RTY-THIRD	ONE HUNDRED FOR
	0	SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
	0	SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
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NI	YSTEM ID# 033044	S'						LEGAL NAME OF OWNER MEDIACOM ILLINO
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
_		SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED FO		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED FOR
<b>9</b> Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
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]		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	7STEM ID# 033044	S						MEDIACOM ILLING
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: (	BL
0	IP	SUBSCRIBER GROU	FIFTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	TY-NINTH	ONE HUNDRED FORT
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First Gr
	IP	SUBSCRIBER GROU	/-SECOND	ONE HUNDRED FIFT	JP	SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIF
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Computat of Base Rate and Syndicate	JP <b>0</b>	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH	BASE RA	COMPUTATION OF		
Computat of Base Rate and		SUBSCRIBER GROU	-FOURTH				OCK A.	BL
Computat of Base Rate and	0			ONE HUNDRED FIFTY	JP	SUBSCRIBER GROU	Y-THIRD	ONE HUNDRED FIFT
of Base Rate and				COMMUNITY/ AREA	0			OMMUNITY/ AREA
Base Rate	DSE	CALLSION	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and	DOE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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-		SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GROU	Y-FIFTH	ONE HUNDRED FIFT
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	3.00	<del>*</del>	Огоир	C. 555 Rescipts Fourth	<u> </u>		· Jup	Toos recoupts Timu G
				Base Rate Fee Fourth	0.00			ase Rate Fee Third G

ACCOUNTING PERIOD: 2018/2

FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 033044 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 

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

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FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 033044 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. EIGHTY-FIRST SUBSCRIBER GROUP EIGHTY-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 . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-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 . . . . . . . . . . . . . . . . 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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