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

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	24028
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (OSWEGO, KS)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM SOUTHEAST LLC (OSWEGO, KS)	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	115 NORTH INDUSTRIAL PARK ROAD	
	2	(Number, street, rural route, apartment, or suite number) EXCELSIOR SPRINGS, MO 64024	
		(City, town, state, zip code)	
<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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC (OSWEGO, KS)	24028
	Instructions: List each separate community served by the cable system. A "co	
-	"a separate and distinct community or municipal entity (including unincorpor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the	
	as the "first community." Please use it as the first community on all future fil	
	Note: Entities and properties such as hotels, apartments, condominiums, or r	
Area	identified city.	nobile nome parks should be reported in parentneses below the
Served	identified city.	
		CTATE
-	CITY OR TOWN OSWEGO	KS
First Community	USWEGU	
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MEDIACOM SOUTHEAS	T LLC (OSV	VEGO	), KS)					2402
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND RA	ATES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`		,	,	,	ole system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	s in tha	at category (the	number o	f persons or org	anizations		
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny standa		5 within a p		
	Block 1: In the left-hand block	in space E, the	e form l	ists the categor					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e ngnt-r	Iand DIOCK. A IM	vo- or the	e-word descripti	on or the s	ervice is	
		OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		79	40.49-49.54					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		0	40.49-49.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	PP	• Mc	otel, hotel			Family	TV	79.4
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l ch	annel				
	Installation: Residential		• Fin	e protection					
	• First set	99.99	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00	Other	services:					
	<ul> <li>FM radio (if separate rate)</li> </ul>		•Re	connect		29.00			
	Converter	10.50	• Dis	sconnect		15.00-29.00			
			• Ou	tlet relocation					

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM I
Name		AST LLC (OSWEGO, KS)		240
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information <b>Column 1:</b> List each station' multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	Iso in space I, if the station was carrie in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	of (1) stations carried only on a part-t the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indeport or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCLJ TRINITY	30	I	Joplin, MO
	KFJX/KFJX (HD) FOX	13	I	PITTSBURG, KS
	KFJX/KFJX (HD) FOX KFJX-DT2/KFJX-DT2 (HD)	13 13.2	I I-M	
d Rows as Necessary			I I-M I	PITTSBURG, KS
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD)	13.2		PITTSBURG, KS PITTSBURG, KS
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST	13.2 22		PITTSBURG, KS PITTSBURG, KS Joplin, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44)	13.2 22 35	1	PITTSBURG, KS PITTSBURG, KS Joplin, MO Joplin, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAM/KOAM (HD) CBS	13.2 22 35 7	1 1 N	PITTSBURG, KS PITTSBURG, KS Joplin, MO Joplin, MO PITTSBURG, KS
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC	13.2 22 35 7 43	               	PITTSBURG, KS PITTSBURG, KS Joplin, MO Joplin, MO PITTSBURG, KS JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit	13.2 22 35 7 43 43.2	I I N N I-M	PITTSBURG, KS PITTSBURG, KS Joplin, MO Joplin, MO PITTSBURG, KS JOPLIN, MO JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV	13.2 22 35 7 43 43.2 43.3	i i N N i-M i-M	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO         JOPLIN, MO         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS	13.2 22 35 7 43 43.2 43.3 25	i i N N i-M i-M E	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids	13.2         22         35         7         43         43.2         43.3         25         25.2	i i N N i-M i-M E E E-M	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create	13.2         22         35         7         43         43.2         43.3         25         25.2         25.3	i i N N i-M i-M E E E-M E-M	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KSNF/KSNF (HD)NBC	13.2         22         35         7         43         43.2         43.3         25         25.2         25.3         45	I I N N I-M I-M E E E-M E-M N	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT2 Create KSNF/KSNF (HD)NBC	13.2         22         35         7         43         43.2         43.3         25         25.2         25.3         45         45.2	i i N N i-M i-M E E E-M E-M N N i-M	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAW/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT3 Create KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 Escape	13.2         22         35         7         43         43.2         43.3         25         25.2         25.3         45         45.2         45.3	i i N N i-M i-M E E E-M E-M N i-M	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAW/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT3 Create KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 Escape	13.2         22         35         7         43         43.2         43.3         25         25.2         25.3         45         45.2         45.3	i i N N i-M i-M E E E-M E-M N i-M	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAW/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT3 Create KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 Escape	13.2         22         35         7         43         43.2         43.3         25         25.2         25.3         45         45.2         45.3	i i N N i-M i-M E E E-M E-M N i-M	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAW/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT3 Create KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 Escape	13.2         22         35         7         43         43.2         43.3         25         25.2         25.3         45         45.2         45.3	i i N N i-M i-M E E E-M E-M N i-M	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAW/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT3 Create KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 Escape	13.2         22         35         7         43         43.2         43.3         25         25.2         25.3         45         45.2         45.3	i i N N i-M i-M E E E-M E-M N i-M	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO         JOPLIN, MO
d Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX (RTV44) KOAW/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT3 Create KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 Escape	13.2         22         35         7         43         43.2         43.3         25         25.2         25.3         45         45.2         45.3	i i N N i-M i-M E E E-M E-M N i-M	PITTSBURG, KS         PITTSBURG, KS         Joplin, MO         Joplin, MO         PITTSBURG, KS         JOPLIN, MO         JOPLIN, MO

Accounting F	Period: 2019	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
MEDIACOM	SOUTHEA	ST LLC	C (OSWEGO, KS)					2402
all-band basis v <b>Special Instruc</b> receivable if (1) on the basis of	t every radio s whose signals ctions Conce it is carried b monitoring, to prmation abou	station ca were ge rning Al y the sys be recei	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the s opyright Office regulations on t	le system during Copyright Office r t the system's he system's FM ante	the accountin regulations, an adend, and (2 enna, during c	ng perioo n FM sig 2) it can ertain si	1. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate	tate whether the radio stat this by placing	the static ion's sig g a checl	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th					
			the community with which the			0 01, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (	OSWEGO, K	S)			24028
	SUBSTITUTE CARRIAG	E: SPECIA			G		
I I	In General: In space I, ident					ion that your cable syste	em carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonnei	twork television prograr	
Program Log	broadcast by a distant sta	tion?				YES	X NO
0 0	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progra	m
	log in block 2.		1 0	, , , , , , , , , , , , , , , , , , ,			
	2. LOG OF SUBSTITUT		MS				
	In General: List each subs				wherever pos	sible, if their meaning is	6
	clear. If you need more spa			ows to the tables. sion program ("substitute	nroaram") tha	t during the accounting	n
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ns for further informatio	n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	
			lcast live, ente	"Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		
	Column 4: Give the broat the case of Mexican or Car	adcast static	on's location (th	e community to which the	station is lice	nsed by the FCC or, in	
	Column 5: Give the mor	iadian static	when vour svs	tem carried the substitute	program. Use	numerals, with the mo	nth
	first. Example: for May 7 giv	ve "5/7."			-		
				gram was carried by your			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system was require	ed
	to delete under FCC rules a						ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
					11		1
		דו ודודסםו וי				IN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
		1				_	
						_	
		1					
						_	
		1					
						_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (OSWEGO, KS)	S	*STEM ID# 24028
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 8,899.49
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: SOUTHEAST LLC (OSWEG	60, KS)			SYSTEM ID# 24028
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the tot system carrie</li> <li>2. Enter the tot on which the</li> </ol>	ers, and (2) the cable system's tal number of channels on whic ed television broadcast stations tal number of activated channel cable system carried television	total numb ch the cable s els n broadcas	er of activated channels during		 59
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of accou		RMATION IS NEEDED (Identify	an individual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	rtment, or sui	e number)		
	Email	Copyrights@m	nediacomo	c.com	Fax (optional)	
<b>O</b> Certification	I, the undersig     (Own     (Age     i     (off     i     i     l have examinare true, completee	ned, hereby certify that (Check of her other than corporation or p ent of owner other than corpora n line 1 of space B and that the of icer or partner) I am an officer ( n line 1 of space B. ed the statement of account and ete, and correct to the best of my tion 1001(1986)] Typed or printer Title: (Title of	one, but only partnership ation or pa owner is no (if a corpora hereby dec y knowledge Enter an Enter sign d name: Vice P	<i>y</i> one, of the boxes.) <b>()</b> I am the owner of the cable system <b>rtnership)</b> I am the duly authoriz t a corporation or partnership; or tion) or a partner (if a partnership	ove to certify this statement. g, /s/ John Smith) orting	3; or ystem as identified
		Date:			08/13/2019	

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

ounting Period: 2019/1	
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM SOUTHEAST LLC (OSWEGO, KS)	240
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 action genetation in the determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall n scribers and amounts collected from subscribers receiving secondary transmissions pursuant to set. For more information on when to exclude these amounts, see the note on page (vii) of the general instruct located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO	tions
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	SA1-2 form.
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