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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT								
DATE RECEIVED AMOUNT	FOR COPYRIGHT OFFICE USE ONLY							
	DATE RECEIVED	AMOUNT						
\$ 8/29/2019 ALLOCATION NUMBER	8/29/2019	7						

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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM ILLINOIS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MEDIACOM ILLINOIS LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1102 North Fourth Street, P.O. Box 334 (Number, street, rural route, apartment, or suite number)
		Chillicothe, IL 61523
		(City, town, state, zip code)

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

Accounting Period:	2019/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MEDIACOM ILLINOIS LLC	27486
_	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	
	as the "first community." Please use it as the first community on all future	
Area	Note: Entities and properties such as hotels, apartments, condominiums, o	
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Kincaid Buffalo	IL IL
Community	Bulpitt	IL
Add Rows as Necessary	Clear Lake Township	IL
naa nows as recessary	Clear Lake Village	IL
	Dawson	IL
	Edinburg	IL
	Harvel	IL
	Jeiseyville	IL
	Mechanicsburg	L
	Morrisonville Mt. Auburn	IL.
	Palmer	IL
	River Oaks	IL
	Tovey	il.
	Sagamon CTY	IL
	Loami	IL IL
	New Berlin	IL

Accounting Period: 2019/1 FORM SA1-2E. PAGE 2. SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC

27486

E

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:						
Service to first set	1,083	40.49-51.54				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	1	40.49-51.54				
Converter						
Residential						
Non-residential						
	Г	T				

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	PP	Motel, hotel		Family Cable	80.49
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
 Additional set(s) 	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			

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC
SYSTEM ID#

27486

PRIMARY TRANSMITTERS: TELEVISION

G

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 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.

 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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

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 (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAND/WAND(HD) NBC	17	N	Decatur, IL
WAND-DT2 CoziTV	17.2	I-M	Decatur, IL
WBUI/WBUI(HD) CW	22	<u>l</u>	Decatur, IL
WBUI-DT2 This TV	22.2	I-M	Decatur, IL
WBUI-DT3 Stadium	22.3	I-M	Decatur, IL
WICS/WICS(HD) ABC	42	N	Springfield, IL
WICS-DT2 Comet	42.2	I-M	Springfield, IL
WICS-DT3 TBD	42.3	I-M	Springfield, IL
WICS-DT4 Charge	42.4	I-M	Springfield, IL
WILL/WILL(HD) PBS	9	E	Champaign, IL
WILL-DT2 PBS World	9.2	E-M	Champaign, IL
WILL-DT3 Create	9.3	E-M	Champaign, IL
WRSP/WRSP(HD) FOX	44	<u>l</u>	Springfield, IL
WRSP-DT2 MeTV	44.2	I-M	Springfield, IL
WRSP-DT3 Antenna TV	44.3	I-M	Springfield, IL
WSEC/WSEC (HD) (PBS)	15	E	JACKSONVILLE, IL
WCIA/WCIA(HD) CBS	48	N	Champaign, IL
WCIA-DT3 Bounce TV	48.3	I-M	Champaign, IL
WCIA-DT4 Grit	48.4	I-M	Champaign, IL
WCIX-DT/WCIX MyNet (HD)	13.2	I-M	Springfield, IL
WCIX-DT3 Escape	13.3	I-M	Springfield, IL
WCIX-DT4 Laff	13.4	I-M	Springfield, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ILLINOIS LLC

27486

PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 	 					
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Accounting Period: 2019/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC							
Nama				FOF			. PAGE 5
					S		EM ID# 27486
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a dis substitute basis during the accounting period, under specific present and former FCC ru	ules, regula	ations, or a	autho	rizations	. For	a fur	
Substitute explanation of the programming that must be included in this log, see page (v) of the ger	neral instru	uctions in t	he pa	aper SA1	1-2 to	orm.	
Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and • During the accounting period, did your cable system carry, on a substitute basis, ar	ny nonnet	work telev	isior	progran	n_		
Program Log broadcast by a distant station?				YES	X	NC)
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program						
	s, you mu	ist comple	ic in	c progra			
In General: List each substitute program on a separate line. Use abbreviations wher clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute progreeriod, was broadcast by a distant station and that your cable system substituted for under certain FCC rules, regulations, or authorizations. See page (v) of the general in Do not use general categories like "movies" or "basketball." List specific program title "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station the case of Mexican or Canadian stations, if any, the community with which the station Column 5: Give the month and day when your system carried the substitute program. Column 6: State the times when the substitute program was carried by your cable to the nearest five minutes. Example: a program carried by a system from 6:01:15 p. stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programmit to delete under FCC rules and regulations in effect during the accounting period; entering the substitute program in the substitute of the programmit to delete under FCC rules and regulations in effect during the accounting period; entering the substitute of the program in the substitute of the programmit to delete under FCC rules and regulations in effect during the accounting period; entering the substitute of the program in the substitute of th	Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be						
effect on October 19, 1976. WHEN SUBSTITUTE							
	WHE	N SUBST	ГІТО	TE			
SUBSTITUTE PROGRAM		AGE OC	CUR	RED	7.		SON FOR
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.		AGE OC		RED	7.		SON FOR
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
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1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
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1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5.	CARRI 5. MONTH	AGE OCO	CUR TIME	RED S	7.		

ting Period: 201	EGAL NAME OF OWNER OF CABLE SYSTEM:					SA1-2E. PAGE SYSTEM II
Jame	MEDIACOM ILLINOIS LLC					274
K a Receipts (a	GROSS RECEIPTS nstructions: The figure you give in this space determines the form all amounts (gross receipts) paid to your cable system by subscribe as identified in space E) during the accounting period. For a further page (vii) of the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmission see	ers for the er explanat m. ervice(s)	system's s ion of how	secondary tran to compute th	smission serv is amount, se	ice e
II.	during the accounting period					30,277.27 pross receipts)
pyright of the last of the las	PYRIGHT ROYALTY FEE tructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Jse block 1 if the amount of gross receipts in space K is \$137,100 Jse block 2 if the amount of gross receipts in space K is more than Jse block 3 if the amount of gross receipts in space K is more than grape (vi) of the general instructions located in the paper SA1-2 form	n \$137,100 n \$263,800	but less t	han \$527,600	o \$263,800	
	BLOCK 1: GROSS RECEIPTS	S OF \$137	7,100 OR	LESS		
	nstructions: As a cable system with gross receipts of \$137,100 or less accounting period is \$52.00	s, the royalt	y fee that y	ou must pay fo	r this six-month	1
L	ine 1. Royalty fee for accounting period				· •	
L	ine 2. Interest charge. Enter the amount from line 4, space Q, page 8	3				0.00
					·	
	ine 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIBLOCK 2: GROSS RECEIPTS OF \$263,80					
1	. Base amount under statutory formula		\$	263,800.00		
2	2. Enter amount of gross receipts from space K	<u>.</u>	\$	230,277.27	_	
3	3. Subtract line 2 from line 1		\$	33,522.73	_	
4	. Enter the amount of gross receipts from space K			. \$	230,277.27	<u>-</u>
5	5. Enter the amount from line 3			\$	33,522.73	-
6	5. Subtract line 5 from line 4			\$	196,754.54	<u>-</u>
7	7. Multiply line 6 by .005 (enter figure here)				\$	983.77
8	3. 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		\$	983.77
	BLOCK 3: GROSS RECEIPTS OF MORE TO	HAN \$263	3,800 (but	less than \$52	7,600)	
1	. Enter the amount of gross receipts from space K				_	
2	2. Base amount under statutory formula		\$	263,800.00	_	
3	3. Subtract line 2 from line 1	· · · · · -			_	
4	Multiply line 3 by .01					-
5	5. Royalty due on the first \$263,800 of gross receipts (under statutory	formula)		\$	1,319.00	-
6	6. Interest charge. Enter the amount from line 4, space Q, page 8 \dots				0.00	<u>-</u>
7	TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.	Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTA	ANCE DU	E			
Fee and						
Remittance Due	. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, at	bove)		\$	983.77	-
	2. Filing Fee (See the instructions for more information on filing fee cal	lculations) .		. \$	20.00	-
3	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2	2 and 3			\$	1,003.77
	Important: Your remittance must be in the form of an elect	ronic payr	nent paya	ble to the Regi	ster of Copyri	ights!
	Important: Your remittance must be in the form of an elect See page i of the general instructions in the p			_		ights

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM:		SYSTEM ID# 27486
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	, and (2) the cable system's tolenumber of channels on which television broadcast stations. number of activated channels ble system carried television b		70
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Kenneth J. Kohrs	Telephone 84	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm	ent, or suite number)	
		Mediacom Park, NY 10 (City, town, state, zip)	0918	
	Email	Copyrights@med	diacomcc.com Fax (optional)	
	CERTIFICATION	This statement of account mus	st be certified and signed in accordance with Copyright Office regulations)	
O				
Certification		d, hereby certify that (Check one	tnership) I am the owner of the cable system as identified in line 1 of space B; or	r
			on or partnership) I am the duly authorized agent of the owner of the cable systener is not a corporation or partnership; or	em as identified
		er or partner) I am an officer (if a ine 1 of space B.	a corporation) or a partner (if a partnership) of the legal entity identified as owner of	of the cable system
		, and correct to the best of my ki	ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
			X /s/ Kenneth J. Kohrs	
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed r	name: Kenneth J. Kohrs	
			Vice President, Financial Reporting cial position held in corporation or partnership)	
		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 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

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM ILLINOIS LLC	27486
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 sull scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
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?	3
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ -
	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e
** 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 Office, pleas	e
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Owner Address	
ID number First community served	
Accounting period	

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 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 Office'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.