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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook 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
		-11	

Α	ACC	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	16
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM WISCONSIN 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		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	_	MEDIACOM WISCONSIN LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. Box 334, 1102 North Fourth Street (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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM WISCONSIN LLC	27516
D Area Served	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
		STATE
First	CITY OR TOWN Monticello	STATE WI
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE
Name	MEDIACOM WISCONSI	N LLC							2751
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	SERVICE: SL pace E should on of television vay cable) in sp (June 30 or D h blocks in spar y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the e to their subsc	cover a and rac ace F, r ecember ce E cal service. gs in tha ndicate h catege 20/mth") for adva e form li ribers. (	Il categories of tio broadcasts not here. All the er 31, as the ca I for the numbe In general, you t category (the d—not the num ory of service. I Summarize a ance payment. ists the categor Give the numbe	secondar by your sy a facts you se may be er of subso u can com number of ber of set include bo ny standa ies of sec er of subso	state must be a). cribers to the c apute the numb of persons or o ts receiving se oth the amount rd rate variation ondary transme cribers and rate	ribers. Gi e those ex able syste oer of sub rganizatio rvice). of the ch ns within ission se e for each	ve information tisting on the em, broken scribers in ons charged arge and the a particular rate rvice that cable i listed category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to a once again und has rate catego iers of services	addition er "Serv pries for that ind	al sets would b vice to additiona secondary tran clude one or mo	e included al set(s)." nsmission ore secon	d in the count u service that an dary transmiss	inder "Se re differer ions), list	rvice to the nt from those them, together	
	BLO	DCK 1	-				BLC	CK 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF S		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRID	ERO	NAIL	CAI	LOOKIOPS	LKVICL	SUBSCRIBERS	NATE
	Service to first set		7	29.95-47.54					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-47.54					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrib hose services to the two exception or facilities furr- nit in which it is rate column. the charged by to your cable sys- separate charg	ber) info that are ns: you hished to usually he cable stem fur e was n	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offeren nade or establi	spect to a combination give rate rs. Rate in the are ch ch of the ed during	on with any sec information co offormation sho narged on a va applicable serventhe accounting	condary to ncerning uld incluc riable per vices liste period th	ansmission (1) services le both the -program basis, d. at were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATI	EGORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential		Ferr	lly Coble	77.4
	Pay cable     Pay cable     add'l channel	PP DD		tel, hotel mmercial			ram	ily Cable	77.4
	Pay cable—add'l channel     Fire protection	PP		mmerciai y cable					
	Burglar protection		-	y cable-add'l ch	annel				
	Installation: Residential		-	e protection					
	First set	49.99		glar protection					
	Additional set(s)	15.00-29.00		services:					
			- · ·	connect		29.00			
	• FIM radio (if separate rate)								
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect					
	· · · /		• Dis			15.00-29.00			

unting Period:	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID:
	MEDIACOM WISCON	SIN LLC		27510
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	lentify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca- rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carrier ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination period with a station according to its over-the	t (1) stations carried only on a part-tin the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	ime basis under ims [sections tions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community 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
	WBUW (IND)	32	I	JANESVILLE, WI
	WHA (PBS)	20	E	Madison, WI
ows as Necessary	WIFR (CBS)	41	N	ROCKFORD, IL
	WISC (CBS)	50	Ν	Madison WI
	WKOW (ABC)	26	N	Madison, WI
	WMSN (FOX)	49	l	Madison, WI
	WMTV (NBC)	19	Ν	Madison, WI
	WQRF (FOX)	42	I	Rockford, IL

EGAL NAME O								SYSTEM ID 2751
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of for detailed infi- aper SA1-2 for <b>Column 1:</b> In <b>Column 2:</b> S <b>Column 3:</b> It ignal, indicate <b>Column 4:</b> C	) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
	ANA 514	0/5			AN4 514	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>						
	T	1						

Accounting Perio	od: 2019/1					FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM WISCONS	IN LLC					27516
	SUBSTITUTE CARRIAG				G		
I	In General: In space I, identi substitute basis during the a	fy every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA	1-2 101111.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per	•	ir cable system	carry, on a substitute bas	s, any nonne		
Program Log	broadcast by a distant sta	tion?				YES	X NO
	Note: If your answer is "No	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their meaning is	8
				sion program ("substitute	program") tha	it, during the accounting	q
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another sta	ition
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informatio	n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			
				tem carried the substitute			nth
	first. Example: for May 7 giv	/e "5/7."			_		
				gram was carried by your			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	a program cam	ed by a system nom 6.01.	15 p.m. to 6.2	o.so p.m. should be	
	Column 7: Enter the lette			was substituted for progra			
	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	ind regulations in	
							1
	s	UBSTITUT	E PROGRAM	1		N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
			1		·		
						<u>—_</u>	
						<u> </u>	
						_	
						_	
			1		1 1		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	S	YSTEM ID# 27516
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 servic s amount, see	e 1,905.23
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	<b>\$</b>	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	LEGAL NAME OF OWNER ( MEDIACOM WISCON)									SYSTEM ID# 27516
M Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must to its subscribers, and (2)</li> <li>1. Enter the total number system carried television</li> <li>2. Enter the total number on which the cable system and nonbroadcast server</li> </ul>	) the cable system's to of channels on whic on broadcast stations of activated channel tem carried television	total numb ch the cable s Is n broadcas	ber of activa lle st stations	ated channels du	uring the a	accounting period			8 46
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi			DRMATION	IS NEEDED (Ide	entify an ir	ndividual to whor	n		
for Further Information	Name Kenr	eth J. Kohrs						Telephone	845-443-2762	2
	(Numbe Medi	Mediacom Way r, street, rural route, apart acom Park, NY wn, state, zip)	rtment, or sui							
	Email	Copyrights@m	nediacomo	icc.com			Fax (optional	)		
O Certification	X (Agent of own in line 1 of	y certify that (Check o han corporation or p er other than corpora space B and that the c rtner) I am an officer (i space B. ement of account and prect to the best of my	one, <i>but onl</i> partnership ation or pa owner is no (if a corpora hereby dec	nly one, of th ip) I am the ( partnership) ot a corpora ration) or a p eclare under ge, informatio	e boxes.) owner of the cabl I am the duly aut tion or partnershi partner (if a partne penalty of law the	le system a thorized ag ip; or ership) of th at all stater nd are made	as identified in line lent of the owner he legal entity ide ments of fact cont	e 1 of space B; of the cable sy ntified as owne	stem as identified	em
			Enter an	n electronic s		ine above to	o certify this stated / John Smith)	ment.		
		Typed or printed	d name:	Kenne	th J. Kohrs					
		Title: (Title of o			t, Financial		ng			
		Date:					08/13/20	19		

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inting Period: 2019/1	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
IACOM WISCONSIN LLC	275
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessme
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