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> For additional information,
General instructions are located in the first tab of this workbook	8/29/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			-

Α	ACCO	OUNTING 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.
		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	P.O. Box 334, 1102 N. 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 sufficiency of the filing, 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 ILLINOIS LLC	27637
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	) nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Tampico	IL
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C								-2E. PAGE
Name								515	2763
	MEDIACOM ILLINOIS LI	_C							2100
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	pace E should on of television ay cable) in sp (June 30 or D blocks in space (transmission umber of billing ice at the rate in harged for eac (Example: "\$2 ounts allowed	cover a and rad ace F, ecembe ce E ca service s in tha ndicate n categ 0/mth"	all categories of dio broadcasts not here. All the er 31, as the ca ll for the number . In general, yo at category (the ed—not the num ory of service. ). Summarize a ance payment.	secondar by your sy a facts you se may be er of subso u can com number o hber of set Include bo ny standa	rstem to subscri u state must be to b). The state must be to b). The state must be the state state of the state of persons or orgonal to the state state of the state of the state state of the state of the state state of the state of the state state of the state of the state of the state state of the state of the state of the state state of the state of the state of the state of the state state of the stat	bers. Give those exist ble system er of subsci ganizations rice). of the charg s within a p	information ing on the , broken ribers in charged Je and the particular rate	
	systems most commonly provide	to their subsc	ribers.	Give the numbe	er of subso	ribers and rate	for each lis	ted category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	should be cour ble service to a once again und has rate catego iers of services	ited as addition er "Ser ories for that in	a subscriber in al sets would b vice to additionar r secondary train clude one or ma	each app e included al set(s)." nsmission ore second	licable category d in the count un service that are dary transmission	: Example: ader "Servio different frons), list the	a residential ce to the rom those em, together	
	BLO	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		66	40.49-47.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		0	40.49-47.54					
	Converter		v	40.49-47.34					
	Residential								
	Non-residential								
F Services Other Than Secondary Fransmissions: 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) descrip	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) info hat are ns: you ished t usually ne cabl item fui e was i	ermation with re e not offered in of do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer made or establi	spect to a combinatio give rate rs. Rate ir ates are ch ach of the a ed during	on with any seco information con nformation shou narged on a vari applicable servio the accounting [	ondary tran cerning (1) ld include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO					04750	BLOCK 2	D
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	PP		otel, hotel	aontiai		Family		77.4
	Pay cable—add'l channel	PP		mmercial					
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l ch	nannel				
	Installation: Residential			e protection					
	First set	99.99		rglar protection					
		4							
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00		services:					
	<ul><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		• Re	connect		29.00			
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00 10.50	• Re • Dis			29.00 15.00-29.00			

ounting Period: 2	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF MEDIACOM ILLINOIS			SYSTEM II 2763
	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 rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a 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 channe 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	also in space I, if the station was carrie n concerning substitute basis stations so call sign. <i>Do not</i> report origination with a station according to its over-th	<i>it</i> (1) stations carried only on a part-t the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried 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, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepo- or "E-M" (for noncommercial educati- 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
	KLJB/KLJB (HD) FOX	49	I	Davenport, IA
	KGCW/KGCW(HD) CW	41	I	BURLINGTON, IA
Rows as Necessary	KGCW-DT2 ThisTV	41.2	I-M	BURLINGTON, IA
	KGCW-DT3 Laff	41.3	I-M	BURLINGTON, IA
	KGCW-DT4 Bounce TV	41.4	I-M	BURLINGTON, IA
	KIIN/KIIN(HD) PBS	12	E	IOWA CITY, IA
	KIIN-DT2 KIDS HD	12.2	E-M	IOWA CITY, IA
	KIIN-DT3 WORLD	12.3	E-M	IOWA CITY, IA
	KIIN-DT4 PBS Create	12.4	E-M	IOWA CITY, IA
	KLJB-DT2 METV	49.2	I-M	DAVENPORT, IA
	KWQC/KWQC(HD) NBC	36	N	Davenport, IA
	KWQC-DT3 Cozi TV	36.3	I-M	DAVENPORT, IA
	KWQC-DT4 H&I	36.4	I-M	DAVENPORT, IA
	WHBF/WHBF(HD) CBS	4	N	Rock Island, IL
	WHBF-DT3 Grit	4.3	I-M	Rock Island, IL
	WHBF-DT4 Escape	4.4	I-M	Rock Island, IL
	WMWC (TBN) HD	8	I	GALESBURG, IL
	WMWC-DT2 Hillsong Channe	8.2	I-M	GALESBURG, IL
	WMWC-DT3 JUCE TV	8.3	I-M	GALESBURG, IL
	WMWC-DT4 Enlace USA	8.4	I-M	GALESBURG, IL
	WMWC-DT5 TBN Salsa	8.4	I-M	GALESBURG, IL
	WQAD/WQAD(HD) ABC	38	N	MOLINE, IL
	WQAD-DT2 Antenna TV	38.2	I-M	MOLINE, IL
		38.3	I	MOLINE, IL
	WQAD-DT3/WQAD-DT3 (HD)	JO.J	•	

	: 2019/1			FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Name	MEDIACOM ILLINOIS	LLC		276
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on tt <b>Column 2:</b> Give the channe	(2) and (4), or 76.63 (referring to 76.53 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carried n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the he form.	the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also s, see page (v) of the general instructio program services such as HBO, ESPN le-air designation. For example, report evision station for broadcasting over th	ons carried on a titute program og)—if the on some other ns. J, etc. Identify each t multistream
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	at the community to which the station is	noncommercial ndent), "I-M" nal multicast). Icensed by the
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	noncommercial ndent), "I-M" nal multicast). Icensed by the
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. If the community to which the station is	noncommercial ndent), "I-M" nal multicast). Icensed by the
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. If the community to which the station is the community with which the station is	noncommercial ndent), "I-M" nal multicast). Icensed by the s identified.
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of <b>2. B'CAST CHANNEL NUMBER</b>	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. If the community to which the station is the community with which the station is <b>3. TYPE OF STATION</b>	honcommercial hdent), "I-M" hal multicast). Icensed by the s identified. 4. LOCATION OF STATION
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN WQPT/WQPT(HD) PBS	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of <b>2. B'CAST CHANNEL NUMBER</b> 23	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. If the community to which the station is the community with which the station is <b>3. TYPE OF STATION</b>	noncommercial ndent), "I-M" nal multicast). Icensed by the s identified. 4. LOCATION OF STATION MOLINE, IL
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN WQPT/WQPT(HD) PBS	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of <b>2. B'CAST CHANNEL NUMBER</b> 23	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. If the community to which the station is the community with which the station is <b>3. TYPE OF STATION</b>	noncommercial ndent), "I-M" nal multicast). Icensed by the s identified. 4. LOCATION OF STATION MOLINE, IL
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN WQPT/WQPT(HD) PBS	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of <b>2. B'CAST CHANNEL NUMBER</b> 23	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. If the community to which the station is the community with which the station is <b>3. TYPE OF STATION</b>	noncommercial ndent), "I-M" nal multicast). Icensed by the s identified. 4. LOCATION OF STATION MOLINE, IL
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN WQPT/WQPT(HD) PBS	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of <b>2. B'CAST CHANNEL NUMBER</b> 23	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. If the community to which the station is the community with which the station is <b>3. TYPE OF STATION</b>	noncommercial ndent), "I-M" nal multicast). Icensed by the s identified. 4. LOCATION OF STATION MOLINE, IL

EGAL NAME OF			YSTEM:					SYSTEM I 276
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C	it is carried b monitoring, to prmation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the pyright Office regulations on the 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0.0				2.2		
		<b>†</b>						

Accounting Perio						F	ORM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		TEM:				SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC					27637
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G		
I	In General: In space I, ident substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCEF	NING SUBS	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television prog	
Program Log	broadcast by a distant sta	tion?				YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ist complete the prog	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their meaning	g is
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	orogram") tha	t during the account	ina
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another	station
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informa	tion.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	toall. 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 community with which the			In
				tem carried the substitute			nonth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your			ately
	stated as "6:00-6:30 p.m."	Example. c	a program ourne		10 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976.		our system wa				
	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
						_	
						<u></u>	
						_	
		1				_	
						<u> </u>	
						_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	STEM ID#
			27637
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 1,639.80
	COPYRIGHT ROYALTY FEE		
Copyright	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$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		<u> </u>
	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: LLINOIS LLC	SYSTEM ID# 27637
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried telev rs, and (2) the cable system's total number of activated channels during the acco al number of channels on which the cable d television broadcast stations	unting period.
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indivi- about this statement of account.)	idual to whom
for Further Information	Name	Kenneth J. Kohrs	Telephone 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email		Fax (optional)
O Certification	I, the undersig     (Ow     X     (Age     (off     I have examin are true, complete	N (This statement of account must be certified and signed in accordance with Cop ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as id nt of owner other than corporation or partnership) I am the duly authorized agent in n line 1 of space B and that the owner is not a corporation or partnership; or licer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the le n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statemen ete, and correct to the best of my knowledge, information, and belief, and are made in tion 1001(1986)]	lentified in line 1 of space B; or of the owner of the cable system as identified egal entity identified as owner of the cable system ts of fact contained herein
		X       /s/ Kenneth J. Kohrs         Enter an electronic signature on the line above to cere         Enter signature using an "/s/ signature" (e.g., /s/ John	
		Typed or printed name: Kenneth J. Kohrs	
		Title: Vice President, Financial Reporting (Title of official 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2019/1	FORM SA1-2E. PA
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEI
DIACOM ILLINOIS LLC	27
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 add lowing sentence: "In 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 no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? X NO	the basic tinclude sub- ction 119." Special Stateme Concerning Gro Receipts Exclusion
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 un	derne ument
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S	
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	A1-2 form.
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