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.

STATEMENT OF ACCOUNT

SA1-2E Short Form

by email to:

Return completed workbook

	ry Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@loc.gov
	ms (Short Form)	2/28/2020	\$	For additional information, contact the U.S. Copyright
-	ctions are located	2/28/2020		Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
		7		
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		_		
		Barcode Data Filing Period (optional -	see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of t of the subsidiary, not that of the parent of		iary of another corporation, give the full co	rporate title
_				
Owner	List any other name or names under whic	ch the owner conducts the business of the	e cable system.	
	_	e accounting period, only the owner on th ee payment covering the entire accounting	e last day of the accounting period should s ng period.	ubmit a
		ng. If not, enter the system's ID number as		14683
		ig. If not, enter the system's iD number as	ssigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	MCC Illinois, LLC (Altamont, IL)			
	BUSINESS NAME(S) OF OWNER O	F GABLE STOTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE STSTEM		
	(Number, street, rural route, apartment, or suite	number)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
•	INSTRUCTIONS: In line 1, give any busi	ness or trade names used to ident	ify the business and operation of the	e system unless these
С	names already appear in space B. In line	2, give the mailing address of the	system, if different from the address	s given in space B.
System	1			
	MAILING ADDRESS OF CABLE SYSTE	И:		
	2 (Number, street, rural route, apartment, or suite	number)		
		×		

FOR COPYRIGHT OFFICE USE ONLY

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 fling, a determination that would be made by a court of law.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MCC Illinois, LLC (Altamont, IL)	1468
	Instructions: List each separate community served by the cable system. A "commur	
	"a separate and distinct community or municipal entity (including unincorporated co	
D	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.	,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area	identified city.	······································
Served		
		07477
	CITY OR TOWN	STATE
First	Altamont	
Community	Effingham County	
	Fayette County	IL
Add Rows as Necessary	St. Elmo	IL

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM IC
Name	MCC Illinois, LLC (Altar							010	1468
		,							
Е	SECONDARY TRANSMISSION							ha ashla	
	In General: The information in s system, that is, the retransmission	-		-		-			
Secondary	about other services (including p								
Transmission	last day of the accounting period	`		,	,	,			
Service: Sub- scribers and	Number of Subscribers: Both	•					2		
Rates	down by categories of secondar each category by counting the n	•				•			
	separately for the particular serv	ice at the rate	indicate	ed—not the num	ber of set	s receiving serv	vice).	Ū	
	Rate: Give the standard rate of	-	-				-	-	
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of	once again unc	ler "Ser	vice to additiona	al set(s)."				
	Block 2: If your cable system	•		•					
	printed in block 1 (for example, t with the number of subscribers a						,		
	sufficient.		ongin						
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	000001110	21.00		0,111			0020011122110	
	Service to first set		559	29.95-50.54					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.95-50.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				2				
-	In General: Space F calls for ra					ll your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
Fransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that							were not	
Rales	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICE	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable	PP	• Mc	otel, hotel			Family	τν	84.9
	Pay cable—add'l channel	PP	_	mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	99.99		rglar protection					
	Additional set(s) EM radio (if separate rate)	15.00-29.00		services:		20.00			
	 FM radio (if separate rate) Converter 	10.50		sconnect		29.00			
	Converter	10.50		itlet relocation		15.00-29.00			
			_	ove to new addre	ess	10.00 20.00			

	2019/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 1468
	MCC Illinois, LLC (Alta	· ·		1400
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, Wit Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting)(2) and (4), or 76.63 (referring to 76. 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. Iso in space I, if the station was carrien in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	ot (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 s, see page (v) of the general instruct program services such as HBO, ESF re-air designation. For example, repo- evision station for broadcasting over a 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.	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).
	FCC. For Mexican or Canac 1. CALL SIGN	lian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	the community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION
	KDNL/KDNL(HD) ABC	30	N	ST. LOUIS, MO
	KDNL-DT2 TBD	30.2	I-M	ST. LOUIS, MO
	KDNL-DT3 Charge	30.3	I-M	ST. LOUIS, MO
Rows as Necessary	KDNL-DIS Charge			
Rows as Necessary	KDNL-DT4 Stadium	30.4	I-M	ST. LOUIS, MO
ows as Necessary		<u>30.4</u> 24	I-M N	
ows as Necessary	KDNL-DT4 Stadium			ST. LOUIS, MO
ows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS	24	Ν	ST. LOUIS, MO ST. LOUIS, MO
ows as necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV	24 24.2	N I-M	ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO
ows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV	24 24.2 24.3	N I-M I-M	ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO
ows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff	24 24.2 24.3 24.4	N I-M I-M	ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO
iws as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff KNLC/KNLC MeTV (HD)	24 24.2 24.3 24.4 14	N I-M I-M I-M	ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO St. LOUIS, MO
ows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff KNLC/KNLC MeTV (HD) KNLC-DT2 NLEC TV	24 24.2 24.3 24.4 14 14.2	N M M M I M	ST. LOUIS, MO ST. Louis, MO
ows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff KNLC/KNLC MeTV (HD) KNLC-DT2 NLEC TV KNLC-DT3 Heroes & Icons	24 24.2 24.3 24.3 24.4 14 14.2 14.3	N i-M i-M i-M i i-M i-M	ST. LOUIS, MO ST. Louis, MO
ows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff KNLC/KNLC MeTV (HD) KNLC-DT2 NLEC TV KNLC-DT3 Heroes & Icons KNLC-DT4 Movies!	24 24.2 24.3 24.4 14 14.2 14.3 14.4	N 	ST. LOUIS, MO ST. Louis, MO
ows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff KNLC/KNLC MeTV (HD) KNLC-DT2 NLEC TV KNLC-DT3 Heroes & Icons KNLC-DT4 Movies! KNLC-DT5 Decades	24 24.2 24.3 24.4 14 14.2 14.3 14.4 14.5	N M M M M M M M	ST. LOUIS, MO ST. Louis, MO
Kows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff KNLC/KNLC MeTV (HD) KNLC-DT2 NLEC TV KNLC-DT3 Heroes & Icons KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV	24 24.2 24.3 24.4 14 14.2 14.3 14.4 14.5 14.6	N I-M I-M I I I I I I I I I I I I I	ST. LOUIS, MO ST. Louis, MO
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Kows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff KNLC/KNLC MeTV (HD) KNLC-DT2 NLEC TV KNLC-DT3 Heroes & Icons KNLC-DT3 Heroes & Icons KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT5 Decades KNLC-DT6 Start TV KPLR/KPLR(HD) CW 11 KPLR-DT2 This TV KPLR-DT3 COMET	24 24.2 24.3 24.4 14 14.2 14.3 14.4 14.5 14.6 11 11.2	N I-M I-M I I I I I I I I I I I I I	ST. LOUIS, MO ST. Louis, MO
Kows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff KNLC/KNLC MeTV (HD) KNLC-DT2 NLEC TV KNLC-DT3 Heroes & Icons KNLC-DT4 Movies! KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV KPLR/KPLR(HD) CW 11 KPLR/KPLR(HD) CW 11 KPLR-DT3 COMET KSDK/KSDK(HD) NBC	24 24.2 24.3 24.3 24.4 14 14.2 14.3 14.4 14.5 14.6 11 11.2 11.3	N I-M I-M I I I I I I I I I I I I I	ST. LOUIS, MO
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Kows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff KNLC/KNLC MeTV (HD) KNLC-DT2 NLEC TV KNLC-DT2 NLEC TV KNLC-DT3 Heroes & Icons KNLC-DT4 Movies! KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV KPLR/KPLR(HD) CW 11 KPLR/DT2 This TV KPLR-DT3 COMET KSDK/KSDK(HD) NBC KSDK-DT2 BOUNCE TV KSDK-DT3 Justice Network	24 24.2 24.3 24.3 24.4 14 14.2 14.3 14.4 14.5 14.6 11 11.2 11.3 35	N I-M I-M I I I I I I I I I I I I I	ST. LOUIS, MO
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Kows as Necessary	KDNL-DT4 Stadium KMOV/KMOV(HD) CBS KMOV-DT2 Cozi TV KMOV-DT3 MyNetworkTV KMOV-DT3 MyNetworkTV KMOV-DT4 Laff KNLC/KNLC MeTV (HD) KNLC-DT2 NLEC TV KNLC-DT2 NLEC TV KNLC-DT3 Heroes & Icons KNLC-DT4 Movies! KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV KPLR/KPLR(HD) CW 11 KPLR/DT2 This TV KPLR-DT3 COMET KSDK/KSDK(HD) NBC KSDK-DT2 BOUNCE TV KSDK-DT3 Justice Network	24 24.2 24.3 24.3 24.4 14 14.2 14.3 14.4 14.5 14.6 11 11.2 11.3 35 35.2 35.3	N I-M I-M I I I I I I I I I I I I I	ST. LOUIS, MO

Name	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTEM
Name	MCC Illinois, LLC (Alta	mont, IL)		14
	PRIMARY TRANSMITTERS: 1			
G	carried by your cable system	tify every television station (including during the accounting period, <i>excep</i> effect on June 24, 1981, permitting t	ot (1) stations carried only on a part	time basis under
Primary	76.59(d)(2) and (4), 76.61(e)	(2) and (4), or 76.63 (referring to 76.6		-
ansmitters: Television		explained in the next paragraph. With respect to any distant stations c	arried by your cable system on a su	ubstitute program
	basis under specific FCC rule	es, regulations, or authorizations: in space G—but do list it in space I (t		
	station was carried only on a	a substitute basis.		
		so in space I, if the station was carrie concerning substitute basis stations,		
	Column 1: List each station's	s call sign. <i>Do not</i> report origination with a station according to its over-the	program services such as HBO, ES	PN, etc. Identify each
	"WETA-2" as the same on th	e form.		
		number the FCC assigned to the tele C is channel 4 in Washington, D.C.	evision station for broadcasting over	r the air in its community
	Column 3: Indicate in each o	case whether the station is a network	, , ,	
	(for independent multicast), "	ing the letter "N" (for network), "N-M" 'E" (for noncommercial educational), o	or "E-M" (for noncommercial educat	
		ms, see page (iv) of the general instru of each station. For U.S. stations, list		n is licensed by the
		ian stations, if any, give the name of t	•	,
	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 COZI TV	17.2	I-M	Decatur, IL
	WBUI/WBUI(HD) CW	22	I	Decatur, IL
	WBUI-DT2 DABL	22.2	I-M	Decatur, IL
	WBUI-DT3 Stadium	22.3	I-M	Decatur, IL
			I	
	WCCU/WCCU(HD) FOX	26		Urbana, IL
	WCCU/WCCU(HD) FOX WCCU-DT2 MeTV	26 26.2	ı I-M	Urbana, IL Urbana, IL
	WCCU-DT2 MeTV	26.2	I-M	Urbana, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna	26.2 26.3	I-M I-M	Urbana, IL Urbana, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS	26.2 26.3 48	i-M i-M N	Urbana, IL Urbana, IL Champaign, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV	26.2 26.3 48 48.3	I-M I-M N I-M	Urbana, IL Urbana, IL Champaign, IL Champaign, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit	26.2 26.3 48 48.3 48.4	I-M I-M N I-M I-M	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX (HD) MyNet	26.2 26.3 48 48.3 48.4 13	I-M I-M N I-M I-M I	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX (HD) MyNet WCIX-DT3 Escape	26.2 26.3 48 48.3 48.4 13 13.3	I-M I-M N I-M I-M I I I-M	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7/WCIX (HD) MyNet WCIX-DT3 Escape WCIX-DT4 Laff	26.2 26.3 48 48.3 48.4 13 13.3 13.4	I-M I-M N I-M I-M I I I I-M	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS	26.2 26.3 48 48.3 48.4 13 13.3 13.4 50	I-M I-M N I-M I-M I I I I I E	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7/WCIX (HD) MyNet WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW	26.2 26.3 48 48.3 48.4 13 13.3 13.4 50 50.2	I-M I-M N I-M I-M I I I-M I-M E E E-M	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7/WCIX (HD) MyNet WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC	26.2 26.3 48 48.3 48.4 13 13.3 13.4 50 50.2 42	I-M I-M N I-M I-M I I I I I E E E-M N	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX (HD) MyNet WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT2 COMET	26.2 26.3 48 48.3 48.4 13 13.3 13.4 50 50.2 42 42.2	I-M I-M N I-M I-M I I I I I E E E-M N I-M	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7/WCIX (HD) MyNet WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT2 COMET WICS-DT3 TBD	26.2 26.3 48 48.3 48.4 13 13.3 13.4 50 50.2 42 42.2 42.3	I-M I-M N I-M I-M I I I I I I I I I I I I I I I I	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX (HD) MyNet WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT2 COMET WICS-DT3 TBD WICS-DT4 Charge	26.2 26.3 48 48.3 48.4 13 13.3 13.4 50 50.2 42 42.2 42.3 42.4	I-M I-M N N I-M I-M I-M E E E-M N N I-M I-M	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL
	WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7/WCIX (HD) MyNet WCIX-DT3 Escape WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS WORLDVIEW WICS/WICS(HD) ABC WICS-DT2 COMET WICS-DT3 TBD WICS-DT4 Charge WILL/WILL(HD) PBS	26.2 26.3 48 48.3 48.4 13 13.3 13.4 50 50.2 42 42.2 42.2 42.3 42.4 9	I-M I-M N I-M I-M I I I I I I I I I I I I I I I I	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Springfield, IL Urbana, IL

unting Period:	-			FORM SA1-2E. P					
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
	MCC Illinois, LLC (Al	tamont, IL)		14					
	PRIMARY TRANSMITTERS:	TELEVISION							
~		entify every television station (including tr		,					
G		em during the accounting period, <i>except</i>							
	5	in effect on June 24, 1981, permitting the $(a)(2)$ and (4) or 76 62 (referring to 76 61)							
Primary ransmitters:		(e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain si	tations carried on a					
Television		s: With respect to any distant stations car	ried by your cable system on a s	ubstitute program					
	basis under specific FCC r	ules, regulations, or authorizations:							
		re in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the					
	station was carried only or		1. The second						
		also in space I, if the station was carried on concerning substitute basis stations, s							
		on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro							
		d with a station according to its over-the-	5						
	"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							
		VRC is channel 4 in Washington, D.C.	· · · · · · · · · · · · · · · · · · ·						
		h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo	· · · · ·						
		ering the letter in (for network), in it (for), "E" (for noncommercial educational), or							
		erms, see page (iv) of the general instruc							
		on of each station. For U.S. stations, list th		n is licensed by the					
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	e community with which the static	on is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WRBU/WRBU(HD) ION	46	I	St. Louis, MO					
	WRBU-DT3 ION Plus	46.3	I-M	St. Louis, MO					
	WUSI/WUSI (HD) PBS	19	E	Onley, IL					
	WUSI-DT2 PBS World	40.0	E-M	Onley, IL					
	W03I-D12 FB3 W0Hd	19.2	E-M						
	WUSI-DT3 PBS Create	19.2	E-M	Onley, IL					

EGAL NAME OF								SYSTEM 14
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 anna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral in parate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	MCC Illinois, LLC (Alta	amont, IL)					14683
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ify every no	nnetwork telev	<i>ision program,</i> broadcast b	y a distant sta	ition, that yo	our cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm				he general in	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per		ur cable syster	m carry, on a substitute ba	isis, any noni	network tel		
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. Llaa ahbraviatian		aasibla ift	hair maanin	a ia
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it t	neir meaning	g is
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				• *	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which th	e station is id	lentified).		
	Column 5: Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitut	e program. U	se numera	ls, with the r	nonth
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	m was <i>rea</i>	uired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete uno	der FCC rules	s and regul	ations in	-
	effect on October 19, 1976	•						
					WHE	N SUBSTI	TUTE	
	S		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	
							_	
							<u> </u>	
							_	
							_	
							<u> </u>	
							<u> </u>	
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Illinois, LLC (Altamont, IL)	S	YSTEM ID# 14683
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	3,709.55 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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 t	his six-mon	
	accounting period is \$52.00 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 \$137,1	00)	
	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 Due	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		nts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: LLC (Altamont, IL)				SYSTEM ID# 14683
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the or 	You must give (1) the number of rs, and (2) the cable system's to al number of channels on which d television broadcast stations . al number of activated channels cable system carried television l cast services	otal number of ac n the cable s broadcast station	ivated channels during the	accounting period.	69 70
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		N 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, apartm Mediacom Park, NY (City, town, state, zip)				
	Email	Copyrights@me	ediacomcc.com		Fax (optional)	
O Certification	I, the undersign (Own (X) (Age in (Offi in (Offi in (I) (Age	I (This statement of account mu ned, hereby certify that (Check o er other than corporation or p nt of owner other than corpora line 1 of space B and that the or cer or partner) I am an officer (i line 1 of space B. ed the statement of account and te, and correct to the best of my ion 1001(1986)]	one, <i>but only one</i> , c partnership) I am I ation or partnersh wmer is not a corp if a corporation) or hereby declare un	f the boxes.) he owner of the cable system ip) I am the duly authorized pration or partnership; or a partner (if a partnership) o der penalty of law that all sta	n as identified in line 1 of space agent of the owner of the cable f the legal entity identified as ov itements of fact contained herei	system as identified wner of the cable system
			Enter an electroni	enneth J. Kohrs c signature on the line above t ing an "/s/ signature" (e.g., /s		
		Typed or printed Title: (Title of of	Vice Preside	neth J. Kohrs ent, Financial Report	ing	
		Date:			2/18/2020	

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 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 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.

ounting Period: 2019/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
C Illinois, LLC (Altamont, IL)	146
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemen Concerning Gross Receipts Exclusio
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.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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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