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**

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:		
	ary Transmissions by	DATE RECEIVED	AMOUNT			
General instru	ems (Short Form) actions are located of this workbook	2/28/2020	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31			
Accounting Period	2019/2	Barcode Data Filing Period (optional				
	Instructions:					
В	title of the subsidiary, not that of the par		sidiary of another corporation, give the full o	corporate		
Owner		ah tha aurona an duata tha husinaas af	the eable sustain			
	List any other name or names under whi If there were different owners during the single statement of account and royalty f	e accounting period, only the owner on	the last day of the accounting period should	d submit a		
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	33223		
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	l			
	MEDIACOM ILLINOIS LLC BUSINESS NAME(S) OF OWNER O		r)			
			.,			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	ONE MEDIACOM WAY					
	(Number, street, rural route, apartment, or suite r	number)				
	MEDIACOM PARK, NY 10918 (City, town, state, zip)					
-	<b>INSTRUCTIONS:</b> In line 1, give any busi	ness or trade names used to ide	ntify the business and operation of t	he system unless these		
С	names already appear in space B. In line					
System	IDENTIFICATION OF CABLE SYSTEM:					
	MEDIACOM ILLINOIS LLC	-				
	MAILING ADDRESS OF CABLE SYSTEM	l:				
	2 1102 N. Fourth Street, PO Box 334 (Number, street, rural route, apartment, or suite r	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 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MEDIACOM ILLINOIS LLC	33223
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Gibson City	
Community	Sibley	II.
dd Rows as Necessary		
		กลายการการการการการการการการการการการการการก

Name	LEGAL NAME OF OWNER OF C		:					515	TEM IC 3322
	MEDIACOM ILLINOIS L	LC							UULL
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	, ,	,		,				
Service: Sub-	Number of Subscribers: Bot	•							
scribers and	down by categories of secondar					•			
Rates	each category by counting the n separately for the particular service			0,0		•		charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed				ny standa	ard rate variation	s within a	particular rate	
	category, but do not include disc				<b>.</b>			4441-1-	
	Block 1: In the left-hand block systems most commonly provide	•		0					
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.				1				
	BLO	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		444	29.95-50.54					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-50.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s				
-	In General: Space F calls for ra					all your cable sys	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		5 ,	
ransmissions:	Block 1: Give the standard rate	• •				••			
Rates	<b>Block 2:</b> List any services that listed in block 1 and for which a	, ,			•	Ű	•		
	brief (two- or three-word) descrip				Shea. Eist				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATI
	Continuing Services:		-	ation: Non-res	-		0,1120		
	• Pay cable	PP	• Mc	otel, hotel			Family	TV	80.4
	• Pay cable—add'l channel	PP	• Co	ommercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	• First set	99.99	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00	Other	services:					
	• FM radio (if separate rate)		• Re	connect		29.00			
	Converter	10.50	• Dis	sconnect					
			۰Ou	itlet relocation		15.00-29.00			
			• Mc	ove to new addre	ess				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEI						
Name	MEDIACOM ILLINOIS			33						
	PRIMARY TRANSMITTERS:	TELEVISION								
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 <b>Substitute Basis Stations:</b> basis under specific FCC rul	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, <i>except</i> (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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the specific FCC rules and endy on a substitute basis and endy on a substitute basis and endy on a substitute basis ender space for the specific FCC rules and the space for the specific for the space for the specific for the specific for the space for the specific f								
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel	Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	, see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep	ctions. SPN, etc. Identify each port multistream						
	<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	case whether the station is a network s ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	(for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	pendent), "I-M" tional multicast). n is licensed by the						
	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	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						
	WCCU/WCCU (HD) FOX	26	I	SPRINGFIELD, IL						
	WCCU-DT2 MeTV	26.2	I-M	SPRINGFIELD, IL						
	WCCU-DT3 Antenna	26.3	I-M	SPRINGFIELD, IL						
	WCIA/WCIA (HD) CBS	48	N	Champaign, IL						
	WCIA/WCIA (HD) CBS	48 48.3	N I-M	Champaign, IL Champaign, IL						
	WCIA-DT3 Bounce TV	48.3	I-M	Champaign, IL						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit	48.3 48.4	I-M I-M	Champaign, IL Champaign, IL						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD)	48.3 48.4 13	i-M i-M i	Champaign, IL Champaign, IL SPRINGFIELD, IL						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC	48.3 48.4 13 41	I-M I-M I N	Champaign, IL Champaign, IL SPRINGFIELD, IL Champaign, II						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet	48.3 48.4 13 41 41.2	I-M I-M I N I-M	Champaign, IL Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD	48.3 48.4 13 41 41.2 41.3	I-M I-M I I I I-M I-M	Champaign, IL Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge!	48.3 48.4 13 41 41.2 41.3 41.4	I-M I-M I I I I-M I-M	Champaign, IL Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS	48.3 48.4 13 41 41.2 41.3 41.4 9	I-M I-M I I I I-M I-M I-M E	Champaign, IL Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	48.3 48.4 13 41 41.2 41.3 41.4 9 9.2	I-M I-M I I I-M I-M I-M E E E-M	Champaign, IL Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	48.3 48.4 13 41 41.2 41.3 41.4 9 9.2	I-M I-M I I I-M I-M I-M E E E-M	Champaign, IL Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	48.3 48.4 13 41 41.2 41.3 41.4 9 9.2	I-M I-M I I I-M I-M I-M E E E-M	Champaign, IL Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL						
	WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX/WCIX-DT MyNet (HD) WICD/WICD (HD) ABC WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	48.3 48.4 13 41 41.2 41.3 41.4 9 9.2	I-M I-M I I I-M I-M I-M E E E-M	Champaign, IL Champaign, IL SPRINGFIELD, IL Champaign, II Champaign, IL Champaign, IL Champaign, IL Urbana, IL						

Accounting Period:	2019/2	FORM SA1-2E. PAGE 3.
Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM ILLINOIS LLC	33223
	PRIMARY TRANSMITTERS: TELEVISION	
G	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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	
Primary Transmitters: Television	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program	
Television	<ul> <li>basis under specific FCC rules, regulations, or authorizations:</li> <li>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.</li> </ul>	
	• 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. <b>Column 1:</b> List each station's call sign. <i>Do not</i> 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.	
	<b>Column 2:</b> 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. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial	y
	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.	
	<b>Column 4:</b> 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.	
	1. CALL SIGN         2. B'CAST CHANNEL NUMBER         3. TYPE OF STATION         4. LOCA	TION OF STATION

EGAL NAME OF			ISTEM.					SYSTEM   332
	t every radio s	station ca	rried 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 abour m. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process ( 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 pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	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	
							·	
						·		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Namo	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						33223
	SUBSTITUTE CARRIAG				<u>.</u>			
1					-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				5			
Special	During the accounting per	-			isis anv noni	network tel	evision prod	ram
Statement and	broadcast by a distant sta	-						
Program Log	-						YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if t	heir meaning	g is
				vision program ("substitute	e program") t	hat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi		e cubstitute pr	ogram was carried by you	r cable evete	m list the	times accur	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."		a program ou					
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regul	ations in	
		•						
					WHE	N SUBST	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
								·
							_	
							<u> </u>	
							_	
							-	
							_	
1							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Hame	MEDIACOM ILLINOIS LLC		33223
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	<b>I,476.19</b> ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$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	this 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		
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance 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	LEGAL NAME OF OV MEDIACOM ILL	WNER OF CABLE SYSTEM: INOIS LLC				SYSTEM ID# 33223
M Channels	to its subscribers, 1. Enter the total r system carried te	and (2) the cable system's the number of channels on which	total numbe	on which the cable system carried television broadcas or of activated channels during the accounting period.	it stations	26
		ble system carried television st services		stations		70
N Individual to Be Contacted		BE CONTACTED IF FURTH boout this statement of account		MATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
		One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)		number)		
	Email	Copyrights@m	nediacomco	c.com Fax (optional)		
O Certification	I, the undersigned     (Owner     (Agent of in lir     (Office)     in lir     I have examined to the	d, hereby certify that (Check of other than corporation or p of owner other than corpor he 1 of space B and that the of r or partner) I am an officer he 1 of space B. the statement of account and , and correct to the best of m	one, but only partnership ration or pa owner is not (if a corpora d hereby dec	fied and signed in accordance with Copyright Office re <i>c one</i> , of the boxes.) <b>()</b> I am the owner of the cable system as identified in line <b>rtnership)</b> I am the duly authorized agent of the owner of a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity ider clare under penalty of law that all statements of fact cont e, information, and belief, and are made in good faith.	1 of space I of the cable s	system as identified ner of the cable system
			Enter an e	/s/ Kenneth J. Kohrs lectronic signature on the line above to certify this stateme ature using an "/s/ signature" (e.g., /s/ John Smith)	int.	
		Typed or printer Title: (Title of c	Vice Pi	Kenneth J. Kohrs resident, Financial Reporting held in corporation or partnership)		
		Date:				2/21/2020

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. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM ILLINOIS LLC	3322
<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> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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 Interest Assessmen
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