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

	H		Return completed workbook
STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)			<u>coplicsoa@loc.gov</u>
Constal instructions are located	08/28/20	\$	For additional information, contact the U.S. Copyright
General instructions are located			Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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 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.	1716
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Missouri, LLC (Hermann, MO)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		(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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
		Imailing Address of Cadle STSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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 fling, a determination that would be made by a court of law.

Name D Area Served First Community	MCC Missouri, LLC (Hermann, MO) Instructions: List each separate community served by the cable system. A "cou "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or m identified city. CITY OR TOWN Hermann	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area Served First Community	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings. nobile home parks should be reported in parentheses below the STATE
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First Community		
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Community	Hermann	MO
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ld Rows as Necessary		
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inons as necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	MCC Missouri, LLC (He	rmann, MO)						171
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND RATE	S				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the second particular	, , ,			,		those exist	ling on the	
Service: Sub-	Number of Subscribers: Bot						ble system	ı, broken	
scribers and	down by categories of secondar	-					-		
Rates	each category by counting the n	•	•	0,0			0	s charged	
	separately for the particular servert Rate: Give the standard rate of							no and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·	,		standard		is within a		
	Block 1: In the left-hand block				of seco	ndary transmis	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								
	Block 2: If your cable system					ervice that are	e different f	rom those	
	printed in block 1 (for example, 1	tiers of services	s that inc	clude one or more s	seconda	ary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-h	and block. A two- c	or three	-word descript	tion of the s	service is	
	sufficient.						BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATEC	GORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		400						
	Service to first set		162	40.49-55.24					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-55.24					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for ra				et to all	vour cable sv	stam's san	vices that were	
F	not covered in space E, that is, t		,			• •			
	service for a single fee. There a					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any rates	are cha	rged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		the cable	e system for each o	of the ar	oplicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	ge was r	nade or established	d. List th	nese other ser	vices in the	e form of a	
	brief (two- or three-word) descri	ption and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	ORY OF SERVICE	E	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-residen	ntial				
	• Pay cable	PP	• Mot	el, hotel			Family	TV	81.9
	Pay cable—add'l channel	PP	• Cor	nmercial					I
	Fire protection		• Pay	cable					I
	•Burglar protection		• Pay	cable-add'l channe	iel				[
	Installation: Residential		• Fire	protection					
	First set	49.99		glar protection					1
	 Additional set(s) 	15.00-49.00		ervices:					
	• FM radio (if separate rate)			connect		49.00			
					hu				
	• Converter		• Dise	connect					
	, , ,					15.00-49.00			••••••
	, , ,		• Out	connect let relocation ve to new address		15.00-49.00			

Name G Primary Tansmitters: Television A Rows as Necessary	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 the Column 2: Give the channel of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.63 (s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination I with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a subst he Special Statement and Program Lo d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a mit (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
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Rows as Necessary	KDNL/KDNL(HD) ABC	31	N	St. Louis, MO
Rows as Necessary				
ows as Necessary	KETC/KETC(HD) PBS	39	E	St. Louis. MO
			=	
	KETC-DT4 PBS Create	39.4	E-M	St. Louis, MO
ĸ	KMIZ ABC	17	N	Columbia, MO
٢	KMIZ-DT2 (MeTv)	17.2	I-M	Columbia, MO
۲	KMOV/KMOV(HD)CBS	24	N	St. Louis, MO
٢	KOMU NBC	8	N	Columbia, MO
٢	KPLR CW	26	Ι	St. Louis, MO
r	KRCG CBS	12	N	Jefferson City, MO
٢	KSDK/KSDK(HD) NBC	35	N	St. Louis, MO
٢	KTIV(HD) NBC	41	N	Sioux City, IA
ŀ	KTVI(FOX)	2	l	St. Louis, MO

EGAL NAME OF								SYSTEM I 17
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recei t the Co sign of e he static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a ved 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 th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during co ge (v) of the g system as a se	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the		·			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Missouri, LLC (H	ermann,	MO)					1716
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME)G			
I	In General: In space I, ident substitute basis during the a	tify every no	nnetwork telev	<i>ision program,</i> broadcast b	y a <i>distant</i> sta			
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			asis. anv non	network tele	evision proa	ram
Statement and Program Log	broadcast by a distant sta		,	<i>,</i>	, ,	Γ	YES	× NO
Program Log						L	-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	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 ti	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	egulations, o	or authorizatio	ns. See page (v) of the ge	eneral instruct	tions for fur	ther informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for o	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	ne station is li		the FCC or,	in
	the case of Mexican or Car						a with the m	a a m th
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerai	s, with the h	nonun
	. , , ,		e substitute pr	ogram was carried by you	ır cable syste	m. List the	times accura	ately
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."							
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,					
					WHE	N SUBSTI	TUTE	
	S		E PROGRAM		CARR	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. 1 FROM	IMES — TO	DELETION
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM	_ 10	
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Missouri, LLC (Hermann, MO)	S	YSTEM ID# 1716
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 transmi (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	0,213.82 ss receipts)
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 \$2 • Use block 3 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.	63,800	
	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 accounting period is \$52.00	his six-mon	
	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 \$ 263,800.00		
	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 informati		hts!

Accounting Period:	2020/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE MCC Missouri, LLC			SYSTEM ID# 1716
M Channels	 to its subscribers, and 1. Enter the total numl system carried televi 2. Enter the total numl on which the cable s 	(2) the cable system's ber of channels on which sion broadcast stations ber of activated channe ystem carried television	ls	ons1665
N Individual to Be Contacted	we can contact about	this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name Ke	nneth J. Kohrs	Telepi	hone 845-443-2762
	(Nun Me	e Mediacom Way aber, street, rural route, apar diacom Park, NY town, state, zip) Copyrights@m	tment, or suite number) 10918	
O Certification	 I, the undersigned, he (Owner other othe	reby certify that (Check er than corporation or wner other than corpor of space B and that the partner) I am an officer of space B. statement of account and I correct to the best of m		space B; or cable system as identified as owner of the cable system
		Title: (Title of o Date:	Vice President, Financial Reporting fficial position held in corporation or partnership) 8/11/2020	
<u> </u>	ļ			

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.

bunting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
C Missouri, LLC (Hermann, MO)	171
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L C
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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