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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)		ć	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located	08/28/20	Ş	contact the U.S. Copyright 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.	25649
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Illinois, LLC (Marshall, IL)	
		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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	-		
	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 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.

MCC Illinois, LLC (Marshall, IL)       2564         D       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules         "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know 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 identified city.         First       Marshall	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
D       "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.         Area served       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First       Marshall       IL         MARTINSVILLE       IL         CLARK CTY       IL	Name	MCC Illinois, LLC (Marshall, IL)	2564
Area       discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.         Area       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First       CITY OR TOWN       STATE         First       Marshall       IL         CLARK CTY       IL			
Area       Served       Area identified city.         First       CITY OR TOWN       STATE         First       Marshall       IL         COMMARTINSVILLE       IL         CLARK CTY       IL	П		
Area Served       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First community       CITY OR TOWN       STATE         Marshall       IL         MARTINSVILLE       IL         CLARK CTY       IL	D		ist will serve as a form of system identification hereafter know
Area Served     identified city.       First     CITY OR TOWN       STATE       Marshall       IL       CLARK CTY			
Served          Identified city.         First       CITY OR TOWN       STATE         First       Marshall       IL         CLARK CTY       IL         Output       IL	Area		nome parks should be reported in parentheses below the
First CITY OR TOWN STATE Marshall IL CLARK CTY COMMUNITY		identified city.	
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	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							-2E. PAGE
Name	MCC Illinois, LLC (Mars		-						2564
	SECONDARY TRANSMISSION		IBSCRI		ATES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	<b>`</b>		,	,	,	hle system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n			0,0		•		s charged	
	separately for the particular server Rate: Give the standard rate of							ac and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				ny olanaa				
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. <b>Not</b>								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of	once again und	ler "Ser\	vice to addition	al set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		e ngin n						
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:						-		
	Service to first set		753	40.49-74.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	40.49-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				9				
-	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
	service for a single fee. There as furnished at cost or (2) services		,	do not need to	0	information cor	0 (	/	
Sanvioas				o noncubeeribe	re Doto ir	formation char	ld include		
Services Other Than									
Services Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the	nit in which it is rate column.	usually	billed. If any ra	ates are ch	arged on a var	iable per-p		
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate	nit in which it is rate column. te charged by t	usually he cable	billed. If any ra	ates are ch ach of the s	arged on a var applicable servi	iable per-p ces listed.	rogram basis,	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra <b>Block 2:</b> List any services that	hit in which it is rate column. te charged by t t your cable sys	usually he cable stem fur	billed. If any ra e system for ea mished or offer	ates are ch ach of the a ed during	narged on a var applicable servi the accounting	iable per-p ces listed. period that	rogram basis, t were not	
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra <b>Block 2:</b> List any services that listed in block 1 and for which a	hit in which it is rate column. te charged by t t your cable system separate charg	usually he cable stem fur ge was r	billed. If any ra e system for ea mished or offer made or establi	ates are ch ach of the a ed during	narged on a var applicable servi the accounting	iable per-p ces listed. period that	rogram basis, t were not	
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra <b>Block 2:</b> List any services that	hit in which it is rate column. te charged by t t your cable sy separate charg ption and includ	usually the cable stem fur ge was r de the ra	billed. If any ra e system for ea mished or offer made or establi	ates are ch ach of the a ed during	narged on a var applicable servi the accounting	iable per-p ces listed. period that	rogram basis, t were not e form of a	
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra <b>Block 2:</b> List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	hit in which it is rate column. te charged by t t your cable sy separate charg btion and inclue BLOO	usually the cable stem fur ge was r de the ra	billed. If any ra e system for ea rnished or offer made or establi ate for each.	ates are ch ach of the a ed during shed. List	narged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in th	rogram basis, t were not e form of a BLOCK 2	RATE
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLO RATE	usually the cable stem fur ge was r de the ra CK 1 CATEG	billed. If any ra e system for ea mished or offer made or establi	ates are ch ach of the a ed during shed. List VICE	narged on a var applicable servi the accounting	iable per-p ces listed. period that vices in th	rogram basis, t were not e form of a	RATE
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Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services</b> :	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLOO RATE	usually he cable stem fur ge was r de the ra CK 1 CATEG Installa • Mot	billed. If any ra e system for ea mished or offer made or establi ate for each. GORY OF SER ation: Non-res	ates are ch ach of the a ed during shed. List VICE	narged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in th CATEG	rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable	hit in which it is rate column. te charged by t t your cable sy separate charg otion and includ BLOO RATE PP	usually the cable stem fur ge was r de the ra CK 1 CATEC Installa • Mot • Cor	billed. If any ra e system for ea nished or offer nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel	ates are ch ach of the a ed during shed. List VICE	narged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in th CATEG	rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	
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Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Fire protection	hit in which it is rate column. te charged by t t your cable sy separate charg otion and includ BLOO RATE PP	usually the cable stem fur ge was r de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor • Pay • Pay	billed. If any ra e system for ea rnished or offer made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	ates are ch ach of the ed during shed. List VICE idential	narged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in th CATEG	rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	
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Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection <b>Installation: Residential</b>	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLO( RATE PP PP	usually he cable stem fur ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	billed. If any ra e system for ea mished or offer made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable aprotection glar protection	ates are ch ach of the ed during shed. List VICE idential	narged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in th CATEG	rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection <b>Installation: Residential</b> • First set	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLO( RATE PP PP PP 99.99	usually he cable stem fur ge was r de the ra CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	billed. If any ra e system for ea mished or offer made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable aprotection glar protection	ates are ch ach of the ed during shed. List VICE idential	narged on a var applicable servi the accounting these other ser	iable per-p ces listed. period that vices in th CATEG	rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection <b>Installation: Residential</b> • First set • Additional set(s)	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLO( RATE PP PP PP 99.99	usually he cable stem fur ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	billed. If any rates in the system for each inshed or offer made or establicate for each.	ates are ch ach of the ed during shed. List VICE idential	arged on a var applicable servi the accounting these other ser RATE	iable per-p ces listed. period that vices in th CATEG	rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection <b>Installation: Residential</b> • First set • Additional set(s) • FM radio (if separate rate)	hit in which it is rate column. te charged by t t your cable sy separate charg otion and includ BLOO RATE PP PP PP 99.99 15.00-49.00	usually the cable stem fur ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	billed. If any rates billed. If any rates e system for earnished or offer made or establicate for each.	ates are ch ach of the ed during shed. List VICE idential	arged on a var applicable servi the accounting these other ser RATE	iable per-p ces listed. period that vices in th CATEG	rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	

Name G Primary Transmitters:	LEGAL NAME OF OWNER OF O MCC Illinois, LLC (Mar PRIMARY TRANSMITTERS:	rshall, IL)		SYSTEN 25
Primary Fransmitters:	PRIMARY TRANSMITTERS:	· ·		
Primary Fransmitters:	In Gonoral: In space G iden	FELEVISION		
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 rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al	also in space I, if the station was carrie	ot (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other
	Column 1: List each station'	n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	SPN, etc. Identify each
	multicast stream associated "WETA-2" as the same on th	l with a station according to its over-the he form.	e-air designation. For example, rep	ort multistream
	Column 2: Give the channel	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over	r the air in its community
	Column 3: Indicate in each of	case whether the station is a network	, , ,	
	(for independent multicast), " For the meaning of these ten <b>Column 4</b> : Give the location	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of t	or "E-M" (for noncommercial educat ructions in the paper SA1-2 form. st the community to which the station	n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAWV/WAWV(HD) ABC	39	Ν	TERRE HAUTE, IN
	WAWV-DT Grit	39.1	I-M	TERRE HAUTE, IN
	WAWV-DT3 Bounce TV	39.3	I-M	TERRE HAUTE, IN
	WCIX-DT MYNET	13	I	Springfield, IL
Rows as Necessary	WEIU/WEIU(HD) PBS	50	E	Charleston, IL
	WEIU-DT2 PBS MHz Worldvie	50.2	E-M	Charleston, IL
	WILL/WILL(HD) PBS	9	E	URBANA, IL
	WILL-DT2 PBS World	9.2	E-M	Charleston, IL
	WILL-DT3 PBS Create	9.3	E-M	Charleston, IL
	WTHI/WTHI(HD) CBS	10	N	Terre Haute, IN
	WTHI-DT2/WTHI-DT2(HD) FO	10.2	I-M	Terre Haute, IN
	WTHI-DT3/WTHI-DT3(HD) CW	10.3	I-M	Terre Haute, IN
	WTWO/WTWO(HD) NBC	36	N	Terre Haute, IN
	WTWO-DT2 Laff	36.2	I-M	Terre Haute, IN
	WTWO-DT3 Escape	36.3	I-M	Terre Haute, IN
	WTWO-DT4 Cozi TV	36.4	I-M	Terre Haute, IN
	WUSI/WUSI(HD) PBS	19	E	Olney, IL
	WUSI-DT2 (PBS) World	19.2	E-M	Olney, IL
	WUSI-DT3 (PBS) Create	19.3	E-M	Olney, IL

ounting Period:	2020/1			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Illinois, LLC (Ma	rshall, IL)		256
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t	<i>bt</i> (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, a	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of	61(e)(2) and (4))]; and (2) certain station	ons carried on a
	• Do <i>not</i> list the station here station was carried <i>only</i> on			
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tele	, see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor	ons. N, etc. Identify each t multistream
	of license. For example, W Column 3: Indicate in each educational station, by enter	/RC is channel 4 in Washington, D.C. a case whether the station is a network pring the letter "N" (for network), "N-M"	station, an independent station, or a r (for network multicast), "I" (for indeper	noncommercial ndent), "I-M"
	For the meaning of these te <b>Column 4:</b> Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM 25
	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: If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stat this by placing	y the sys be receint the Co sign of e the 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 his point, see pa his point, see pa ed by the cable s	adend, and (2 mna, during co ge (v) of the g	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
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.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	MCC Illinois, LLC (Ma	rshall, IL)						25649
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork telev	ision program, broadcast by	/ a distant sta	tion. that vou	r cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in:	structions in t	he paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	ision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pa	ao blank. If your answor i	с "Voc " vou и		_	
	-	, leave life	rest of this pa	ige blank. If your answer i	s res, your	must comple	te the prog	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if the	eir meaning	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				1 /	,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		censed by th	e FCC or	in
	the case of Mexican or Car						0001,	
	Column 5: Give the mor	nth and day		stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi							-4-1
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0?				ately
	stated as "6:00–6:30 p.m."	Example.	a program oan					
				n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete unit		s and regulat		
								I
	9		E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -		
						_		
							-	
						_		
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Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Illinois, LLC (Marshall, IL)			S	YSTEM ID# 25649
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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	ystem's se on of how to	condary transm o compute this a	ission service amount, see	6,510.25 oss receipts)
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 f Use block 3 if the amount of gross receipts in space K is more than \$263,800 f See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
					0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lir			-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES		263,800.00	,	
	2. Enter amount of gross receipts from space K	\$	196,510.25		
	3. Subtract line 2 from line 1	\$	67,289.75		
	4. Enter the amount of gross receipts from space K		. \$ 1	96,510.25	
	5. Enter the amount from line 3		. \$	67,289.75	
	6. Subtract line 5 from line 4		<b>\$</b> 1	29,220.50	
	7. Multiply line 6 by .005 (enter figure here)			\$	646.10
	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		\$	646.10
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	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 DU	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	646.10	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	666.10
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

GAL NAME OF OWNER OF CABLE SYSTEM: ICC IIIinois, LLC (Marshall, IL) CHANNELS	SYSTEM ID# 25649
CHANNELS	
nstructions: You must give (1) the number of channels on which the cable system carried television broadcast stations b its subscribers, and (2) the cable system's total number of activated channels during the accounting period. . Enter the total number of channels on which the cable system carried television broadcast stations	27 72
NDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Name Kenneth J. Kohrs Telephone	845-443-2762
Mediacom Park, NY 10918 (City, town, state, zip)         Email       Copyrights@mediacomcc.com       Fax (optional)         ERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)         I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space         X       (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or         (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner	B; or system as identified
in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein re true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 18 U.S.C., Section 1001(1986)]          Image: Typed or printed name:       Image: Kenneth J. Kohrs         Typed or printed name:       Kenneth J. Kohrs         Title:       Vice President, Financial Reporting         Title:       Vice President, Financial Reporting         Date:       8/11/2020	
	b is aubacribers, and (2) the cable system's total number of activated channels during the accounting period.  Enter the total number of channels on which the cable system carried television broadcast stations and nonbroadcast services.  Prior the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  Prior the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  Prior the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  Prior the total number of activated channels ONUMUL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom te can contact about this statement of account.)  Name Kenneth J. Kohrs Telephone Copyrights@mediacomcc.com Fax (optional) City.town.state.ge Copyrights@mediacomcc.com City.town.state.ge Copyrights@mediacomcc.com Fax (optional) City.town.state.ge Copyrights@mediacomcc.com Fax (optional) City.town.state.ge Copyrights@mediacomcc.com City.town.state.ge Copyrights@mediacomcc.com City.town.state.ge Copyrights@mediacomcc.com City.town.state.ge Copyrights@mediacomcc.com City.town.state.ge City

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: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
C Illinois, LLC (Marshall, IL)	2564
<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:</li> <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> <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>X NO</li> <li>Y ES. 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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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	Interest Assessmen
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