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

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
	ctions are located of this workbook	08/28/20	\$ ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYYY/(Period)) Period 2 = July 1 - December 31	

		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM MINNESOTA LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MEDIACOM MINNESOTA LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)
		Waseca, MN 56093
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CARLE OVOTEN	OVOTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM MINNESOTA LLC	284
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co	mmunities within unincorporated areas and including single
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li 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 hidentified city.	nome parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First Community	Chatfield Rushford (Village)	MN MN
	Dover Twnshp	MN
dd Rows as Necessary	Preston	MN
	Spring Valley	MN
	St. Charles	MN
	Lanesboro	MN
	Adams	MN
	Leroy	MN
	Lyle	MN
	Fountain	MN
		101 01010101010101010101010101010101010

								FORM SA1	
Name			:					515	TEM ID 2841
	MEDIACOM MINNESOT	ALLC							2011
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR		ATES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	d (June 30 or D	ecemb	er 31, as the ca	se may be	e).		0	
Service: Sub- scribers and	Number of Subscribers: Bot	•							
Rates	down by categories of secondar each category by counting the n					•			
	separately for the particular serv	vice at the rate	indicate	ed—not the nun	nber of se	ts receiving serving	vice).	Ū	
	Rate: Give the standard rate of unit in which it is generally billed	-						-	
	category, but do not include disc				ny stanua		is within a		
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system						different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a	and rates, in th	e right-	hand block. A tv	vo- or thre	ee-word descript	tion of the	service is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Service to first set		1.343	29.95-74.49					
	Service to additional set(s)		1,040	23.33-74.43					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.95-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC			SSIONS' RATE	s				
-	In General: Space F calls for ra					all 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 a furnished at cost or (2) services	•			•		• •	,	
Other Than	amount of the charge and the un	nit in which it is							
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cah	le system for er	ch of the	applicable servi	ces listed		
Rates		• •				••		were not	
	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) descri	ption and inclue	de the r	rate for each.			Т		
		BLO	-					BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER		RATE	CATEG	DRY OF SERVICE	RATE
	Pay cable	PP		otel, hotel	aentiai		Family	Cable	84.9
	Pay cable—add'l channel			mmercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.99		rglar protection					
	Additional set(s)	15.00-49.00							
	• FM radio (if separate rate)	40.50		connect		49.00			
	Converter	10.50		sconnect		45.00.40.00			
				itlet relocation	200	15.00-49.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYS	STEM I		
Nullio	MEDIACOM MINNESO	TA LLC			284		
	PRIMARY TRANSMITTERS: 1	FELEVISION					
G	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						
0		effect on June 24, 1981, permitting					
Primary	76.59(d)(2) and (4), 76.61(e)	(2) and (4), or 76.63 (referring to 76.					
Transmitters: Television		explained in the next paragraph With respect to any distant stations of	carried by your cable system on a s	ubstitute program			
	basis under specific FCC rule	es, regulations, or authorizations					
	 Do not list the station here station was carried only on a 	in space G—but do list it in space I (a substitute basis.	(the Special Statement and Progran	n Log)—if th€			
	 List the station here, and al 	so in space I, if the station was carrie					
		concerning substitute basis stations s call sign. Do not report origination					
	multicast stream associated	with a station according to its over-th		-			
	"WETA-2" as the same on the Column 2: Give the channel	le form. I number the FCC assigned to the tel	levision station for broadcasting over	r the air in its community			
	of license. For example, WF	RC is channel 4 in Washington, D.C.	_	-			
		case whether the station is a network ing the letter "N" (for network), "N-M"	•				
		"E" (for noncommercial educational),					
	0	ms, see page (iv) of the general inst of each station. For U.S. stations, lis		n is licensed by the			
		ian stations, if any, give the name of	-	-			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	N		
	KAAL/KAAL (HD) ABC	36	N	Austin MN			
	KAAL-DT2 ThisTV	36.2	I-M	Austin MN			
dd Rows as Necessary	KIMT/KIMT(HD) CBS	42	N	Mason City IA			
	KIMT-DT2 MyNet	42.2	I-M	Mason City IA			
	KIMT-DT4 Antenna TV	42.4	I-M	Mason City IA			
	KSMQ (PBS)/KSMQ (PBS) H	20	E	Austin, MN			
	KSMQ-DT2 PBS MHz Worldy	20.2	E-M	Austin, MN			
	KSMQ-DT3 PBS Create	20.3	E-M	Austin, MN			
	KSMQ-DT4 PBS MN Channe	20.4	E-M	Austin, MN			
	KTCA -DT(PBS) TPT 2	34	E-M	St. Paul MN			
	KTTC CW HD	10.1	I	Rochester MN			
	KTTC/KTTC(HD) NBC	10	N	Rochester MN			
		10	N	Rochester MN			
	KTTC-DT2 (CW)	10.2	I-M	Rochester MN Rochester MN			
	KTTC-DT2 (CW)	10.2	I-M	Rochester MN			
	KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons	10.2 10.3	I-M I-M	Rochester MN Rochester MN			
	KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV	10.2 10.3 10.4	I-M I-M I-M	Rochester MN Rochester MN Rochester MN			
	KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 Justice Network	10.2 10.3 10.4 10.5	I-M I-M I-M	Rochester MN Rochester MN Rochester MN Rochester MN			
	KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT(HD) FOX	10.2 10.3 10.4 10.5 46	I-M I-M I-M I-M	Rochester MN Rochester MN Rochester MN Rochester MN Rochester MN Rochester MN			
	KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT(HD) FOX KXLT-DT2 MeTV	10.2 10.3 10.4 10.5 46 46.2	I-M I-M I-M I-M I I I-M	Rochester MN			
	KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff	10.2 10.3 10.4 10.5 46 46.2 46.3	I-M I-M I-M I-M I I I-M I-M	Rochester MN			
	KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 Escape	10.2 10.3 10.4 10.5 46 46.2 46.3 46.4	I-M I-M I-M I-M I I I-M I-M I-M	Rochester MN			
	KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT3 Laff KXLT-DT4 Escape KXLT-DT5 Quest	10.2 10.3 10.4 10.5 46 46.2 46.3 46.3 46.4 46.5	I-M I-M I-M I-M I I I-M I-M I-M I-M	Rochester MN			
	KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 Escape KXLT-DT5 Quest KYIN (PBS) WEAU/WEAU (HD) (NBC)	10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 18 38	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Rochester MN LA CROSSE EAU CLAIRE			
	KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 Escape KXLT-DT5 Quest KYIN (PBS)	10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 18	FM FM FM FM FM FM FM FM FM FM	Rochester MN Rochester MN			

Manag	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM MINNESC	DTA LLC		284
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information	ntify every television station (including i in during the accounting period <i>except</i> i in effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	(1) stations carried only on a part ne carriage of certain network pro 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s ne Special Statement and Program d both on a substitute basis and a see page (v) of the general instru-	t-time basis under ograms [sections stations carried on ; substitute program m Log)—if the also on some othe uctions
	of license. For example, WF Column 3: Indicate in each educational station, by enter	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o	station, an independent station, o for network multicast), "I" (for inde	or a noncommercia ependent), "I-M
	Column 4: Give the location	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	the community to which the station	-
	Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the station	-
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the static ne community with which the stati	ion is identified
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	the community to which the static ne community with which the static 3. TYPE OF STATION	4. LOCATION OF STATION
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV	n of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.5	the community to which the static ne community with which the static 3. TYPE OF STATION I-M	A. LOCATION OF STATION
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA/WHLA (HD) (PBS)	a of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.5 30	the community to which the static ne community with which the static 3. TYPE OF STATION I-M E	A. LOCATION OF STATION LA CROSSE EAU CLAIRE La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA-DT5 Start TV WHLA-DT2 PBS TWC	a of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.5 30 30.2	the community to which the static ne community with which the static 3. TYPE OF STATION I-M E E-M	A. LOCATION OF STATION LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create	a of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.5 30 30.2 30.3	the community to which the static ne community with which the static 3. TYPE OF STATION I-M E E-M E-M	ion is identified 4. LOCATION OF STATION LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA-DT5 Start TV WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS	a of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.5 30 30.2 30.3 8	the community to which the static ne community with which the static 3. TYPE OF STATION I-M E E-M E-M N	ion is identified 4. LOCATION OF STATION LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet	n of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.5 30 30.2 30.3 8 8.2	the community to which the static ne community with which the static 3. TYPE OF STATION I-M E E-M E-M N	ion is identified 4. LOCATION OF STATION LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA-DT5 Start TV WHLA-DT2 PBS TWC WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX)	a of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.5 30 30.2 30.3 8 8 8.2 31	the community to which the static the community with which the static 3. TYPE OF STATION I-M E E-M E-M N I-M I	ion is identified
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT2 MeTV	an of each station. For U.S. stations, list lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 38.5 30 30.2 30.3 8 8.2 31 31.2	the community to which the static ne community with which the static 3. TYPE OF STATION I-M E-M E-M I-M I I I-M	ion is identified
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA-DT5 Start TV WHLA-DT2 PBS TWC WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAXWLAX (HD) (FOX) WLAX-DT3 Laff	an of each station. For U.S. stations, list tian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 38.5 30 30.2 30.3 8 8.2 31 31.2 31.3	the community to which the static the community with which the static a. TYPE OF STATION I-M E E-M E-M N I-M I I I-M	A. LOCATION OF STATION LA CROSSE EAU CLAIRE La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT-MKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT3 Laff	a feach station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.5 30 30.2 30.3 8 8 8.2 31 31.2 31.3 31.4	the community to which the static the community with which the static a. TYPE OF STATION I-M E-M E-M I-M I-M I-M I-M I-M I-M	ion is identified
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT3 Laff WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW (HD) (ABC)	a feach station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.5 30 30.2 30.3 8 8 8.2 31 31.2 31.3 31.4 48	the community to which the static he community with which the static a. TYPE OF STATION I-M E E-M E-M I I I-M I-M I-M I-M I-M I-M	A. LOCATION OF STATION LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI <
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WEAU-DT5 Start TV WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT-MKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW (HD) (ABC) WXOW-DT2/WXOW-DT2 (HD)	n of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 38.5 30 30.2 30.3 8 8.2 31 31.2 31.3 31.4 48 48.2	the community to which the static the community with which the static a. TYPE OF STATION I-M E E-M E-M I I I-M I-M I I I-M I-M I-M I-M I-M	ion is identified

LEGAL NAME OF								SYSTEM 284
	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 signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc 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 this point, see pa ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii 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	
OALL OIGH	ANIOITM	0,0		OALL OIGH	AWOTIW	0,0		

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM MINNESO	TA LLC						28419
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork telev	ision program, broadcast b	v a distant sta	ition, that vo	our cable svs	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	evision prog	
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 prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if tl	heir meanin	g is
	clear. If you need more spa			l rows to the tables. vision program ("substitute	e program") t	hat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for fur	ther informa	tion.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
			dcast live. ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			s. with the r	nonth
	first. Example: for May 7 gi						-,	
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to t	5:28:30 p.m	. snould be	
		er "R" if the	e listed prograr	m was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	iired
	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 regula	ations in	
								I
	6			٨		N SUBSTI		7. REASON FOR
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	-	— то	
							_	
							<u> </u>	
							_	
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		1- 	г	7	, r	r		

Accounting Period:	2020/1		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			SYSTEM ID# 28419
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary transm w to compute this a	nission service amount, see \$ 3	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information PLOCK 1: CPOPS PECEIPTS OF \$127,100	than \$527,600 tion.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00	at you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	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 ar	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	100)	
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K		_	
	3. Subtract line 2 from line 1		_	
	4. Enter the amount of gross receipts from space K	····		
	5. Enter the amount from line 3	····		
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (t	out less than \$527	,600)	
	1. Enter the amount of gross receipts from space K \$	356,113.94		
	2. Base amount under statutory formula \$	263,800.00	-	
	3. Subtract line 2 from line 1	92,313.94	-	
	4. Multiply line 3 by .01	\$	923.14	
	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	\$	2,242.14
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,242.14	
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		\$	2,262.14
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form	• •		ghts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: MINNESOTA LLC	SYSTEM ID# 28419
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. etal number of channels on which the cable ed television broadcast stations	52 91
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telephone 84	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email	Copyrights@mediacomcc.com Fax (optional)	
O Certification	I, the undersig (Ow X (Age i I have examinare true, complete	(This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] X /s/ Kenneth J. Kohrs	stem as identified
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs	
		Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
		Date: 8/12/2020	

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.

counting Period: 2020/1		FORM SA1-2E. PAG
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
EDIACOM MINNESOTA LLC		284
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable sy service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursual. For more information on when to exclude these amounts, see the note on page (vii) of the general located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for sec made by satellite carriers to satellite dish owners? X NO 	stem for the basic n shall not include sub- ant to section 119."	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late paym For an explanation of interest assessment, see page (viii) of the general instructions located in the		Q
		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the	paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment	e paper SA1-2 form.	Q Interest Assessm
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