This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/28/20

## SA1-2E Short Form

Return completed workbook by email to:

## coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM WISCONSIN 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 is 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 WISCONSIN 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)
Delas and the st	0	
Privacy Act Notic	e Sectio	n 111 of title 17 of the United States Code authorizes the Convright Offce to collect the personally identifying information (PII) requested on this

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	MEDIACOM WISCONSIN LLC	3717
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter know
Area Served	identified city.	e nome parks should be reported in parentneses below the
-	CITY OR TOWN	STATE WI
First Community	Fort McCoy	
dd Rows as Necessary		
,		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM ID 3717
	MEDIACOM WISCONSI	N LLC							5/1/
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND RA	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including preservices)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondar			•		•			
Rates	each category by counting the n separately for the particular serve					•		scharged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed				ny standa	rd rate variatior	is within a	particular rate	
	category, but do not include disc				ion of oor	ondon tronomi		as that ashla	
	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					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	e different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-ł	nand block. A tw	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	(2	
	_					NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		1	0.00-0.00					
	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> </ul>			0.00-0.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	0.00-0.00					
	Converter		Ĭ	0100 0100					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra not covered in space E, that is, t		'		•				
•	service for a single fee. There a								
Services	furnished at cost or (2) services	or facilities fur	nished t	o nonsubscribe	rs. Rate ir	nformation shou	ld include	both the	
Other Than	amount of the charge and the ur		usually	billed. If any ra	ites are ch	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cabl	e svstem for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •				••		were not	
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.			1		
		BLO	_					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	PP		ation: Non-resi	dential		Family	Cable	62.9
	Pay cable     Add'l abannal	PP PP		tel, hotel			ганну	Cable	02.3
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>	PP	-	mmercial y cable					
	•Burglar protection			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)			connect		49.00			
	Converter	10.50		connect					
				tlet relocation		15.00-49.00			
							I		
			• Mo	ve to new addre	ess				

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	MEDIACOM WISCONS			37						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-til	me basis under						
Primary	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									
ransmitters: Television	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									
10.2	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 station was carried <i>only</i> on a substitute basis.								
		lso in space I, if the station was carrie n concerning substitute basis stations								
	Column 1: List each station's	's call sign. <i>Do not</i> report origination	program services such as HBO, ESP	N, etc. Identify each						
	multicast stream associated " "WETA-2" as the same on th	with a station according to its over-the	e-air designation. For example, repo	rt multistream						
	Column 2: Give the channel	I number the FCC assigned to the tele	evision station for broadcasting over t	he air in its community						
		RC is channel 4 in Washington, D.C. case whether the station is a network	station. an independent station, or a	noncommercial						
	educational station, by enteri	ing the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	endent), "I-M"						
	For the meaning of these terr	"E" (for noncommercial educational), ms, see page (iv) of the general instr	uctions in the paper SA1-2 form.	,						
	Column 4: Give the location	of each station. For U.S. stations, lis	t the community to which the station i							
	FCC. FOR MEXICAN OF Canada	ian stations, if any, give the name of t	he community with writen the station	is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WEAU/WEAU(HD) NBC	38	N	Eau Claire, WI						
	WEAU-DT2 Antenna TV	38.2	I-M	Eau Claire, WI						
	WEAU-DT3 Heroes & Icons	38.3	I-M	Eau Claire, WI						
	WEAU-DT4 Movies!	38.4	I-M	Eau Claire, WI						
	WEAU-DT4 Movies! WEAU-DT5 Start TV	38.5	I-M	Eau Claire, WI Eau Claire, WI						
d Rows as Necessary	WEAU-DT5 Start TV	38.5	I-M	Eau Claire, WI						
l Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS	38.5 30	I-M E	Eau Claire, WI LaCrosse, WI						
1 Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD	38.5 30 30.2	і-М Е Е-М	Eau Claire, WI LaCrosse, WI LaCrosse, WI						
ł Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create	38.5 30 30.2 30.3	I-M E E-M E-M	Eau Claire, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI						
I Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids	38.5 30 30.2 30.3 30.4	I-M E E-M E-M E-M	Eau Claire, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI						
J Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS	38.5 30 30.2 30.3 30.4 8	I-M E E-M E-M E-M N	Eau Claire, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI						
J Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MYNET)	38.5 30 30.2 30.3 30.4 8 8 8.2	I-M E E-M E-M E-M N I-M	Eau Claire, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI						
1 Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MYNET) WLAX/WLAX(HD) FOX	38.5 30 30.2 30.3 30.4 8 8 8.2 17	I-M E E-M E-M E-M N I-M	Eau Claire, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI						
J Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MYNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV	38.5 30 30.2 30.3 30.4 8 8 8.2 17 17.2	I-M E E-M E-M E-M N I-M I-M	Eau Claire, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI						
J Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MYNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff	38.5 30 30.2 30.3 30.4 8 8.2 17 17.2 17.3	I-M E E-M E-M E-M I I I-M I-M	Eau Claire, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI LaCrosse, WI						
1 Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MYNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT4 Grit	38.5 30 30.2 30.3 30.4 8 8.2 17 17.2 17.3 17.4	I-M E E-M E-M E-M I I I-M I-M I-M I-M	Eau Claire, WI LaCrosse, WI						
d Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MYNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC	38.5 30 30.2 30.3 30.4 8 8 8 8 8 8 17 17.2 17.3 17.4 48	I-M E E-M E-M N I I I I-M I-M I-M I-M N	Eau Claire, WI LaCrosse, WI						
d Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MYNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD)	38.5 30 30.2 30.3 30.4 8 8.2 17 17.2 17.3 17.4 48 48 48.2	I-M E E-M E-M I-M I-M I-M I-M I-M I-M I-M	Eau Claire, WI LaCrosse, WI						
d Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MYNET) WLAX/WLAX(HD) FOX WLAX-DT3 Laff WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD) WXOW-DT3 Decades	38.5 30 30.2 30.3 30.4 8 8.2 17 17.2 17.3 17.4 48 48 48.2 48.3	I-M E E-M E-M E-M I I I-M I-M I-M I-M I-M I-M I-M I-M	Eau Claire, WI LaCrosse, WI						
J Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MYNET) WLAX/WLAX(HD) FOX WLAX/WLAX(HD) FOX WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD) WXOW-DT3 Decades WXOW-DT4 Court TV	38.5 30 30.2 30.3 30.4 8 8.2 17 17.2 17.3 17.4 48 48.2 48.3 48.4	I-M         E         E-M         E-M         I         I-M         I         I         I         I         I         I         I         I-M         I-M	Eau Claire, WI LaCrosse, WI						
1 Rows as Necessary	WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WHLA-DT4 PBS Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MYNET) WLAX/WLAX(HD) FOX WLAX/WLAX(HD) FOX WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD) WXOW-DT3 Decades WXOW-DT4 Court TV	38.5 30 30.2 30.3 30.4 8 8.2 17 17.2 17.3 17.4 48 48.2 48.3 48.4	I-M         E         E-M         E-M         I         I-M         I         I         I         I         I         I         I         I-M         I-M	Eau Claire, WI LaCrosse, WI						

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	MEDIACOM WISCONS	SIN LLC		37171
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network progran	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel	)(2) and (4), or 76.63 (referring to 76. sexplained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I ( a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tel	the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPN ne-air designation. For example, report evision station for broadcasting over th	ons carried on a titute program og)—if the on some other ns. I, etc. Identify each t 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 FCC. For Mexican or Canad	ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	It the community to which the station is the community with which the station is	ndent), "I-M" nal multicast). : licensed by the s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

MEDIACOM	OWNER OF C							SYSTEM 37
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	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 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 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, II AIIY,	the community with which the	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
							·	

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM WISCONS	SIN LLC						37171
	SUBSTITUTE CARRIAG				00			
	In General: In space I, ident				-	tion that va	ur ooblo ovo	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any noni	network tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?			-		YES	×NO
r rogram Log	-				<b>(1)</b>	L	_	
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must comp	ete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. Llaa abbraviation	a whorever p	oooiblo if t	oir moonin	a io
	In General: List each subs clear. If you need more spa				s wherever p			y is
				vision program ("substitut	e program") t	hat, during	the account	ting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	of another	station
	under certain FCC rules, re							
	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 "			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitut	e program. U	se numeral	s, with the r	nonth
			e substitute pr	ogram was carried by you	r cable syste	m List the	times accur	atelv
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	•	your system w	as permitted to delete uni		s and regula		
		•			1			
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	DELETION
		163 01 110	CALL SIGN	4. STATION S LOCATION	AND DAT	TROM	_ 10	
							<u> </u>	
							_	
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1						L	-	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	S	YSTEM ID# 37171
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	2,609.47 ss receipts)
Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	SYSTEM ID# 37171
M Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li> <li>2. Enter the total number of activated channels</li> </ul>	stations26
	on which the cable system carried television broadcast stations and nonbroadcast services	41
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs	elephone 845-443-2762
	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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office reg</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1</li> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ident in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contai are 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)]</li> </ul>	l of space B; or the cable system as identified ified as owner of the cable system
	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)	t.
	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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM WISCONSIN LLC	3717
<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>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmer
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