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

SA1-2E Short Form

Return completed workbook by email to:

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

DATE RECEIVED AMOUNT 3/1/2021 \$ ALLOCATION NUMBER

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: 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	
		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.	40843
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM ARIZONA 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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given ir	
System		IDENTIFICATION OF CABLE SYSTEM:	
-,	1	MEDIACOM ARIZONA LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	181 ARROIGO BLVD	
	∠	(Number, street, rural route, apartment, or suite number)	
		NOGALES, AZ 85621	
		(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.

Method Methoda Account Luc 4988 D assparate community surved by the cable system. A "community" is the same as a "community unit" a defined the CfC rules are sparate and struct community or municajal entity (including unincorporated comes and including single). Area and including single area area area area area area area ar	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 Community CITY OR TOWN STATE NOGALES AZ NOGALES COUNTY AZ	Nume		4084
Area Served 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 Community CITY OR TOWN STATE RIO RICO AZ NOGALES OUNTY	D	"a separate and distinct community or municipal entity (including unincorporate	d communities within unincorporated areas and including single,
Area Served identified city. First Community CITY OR TOWN STATE NOGALES AZ NOGALES COUNTY AZ		as the "first community." Please use it as the first community on all future filing	S.
First CITY OR TOWN STATE Community NOGALES AZ NOGALES COUNTY AZ			ile home parks should be reported in parentheses below the
First NOGALES AZ Community RIO RICO AZ NOGALES COUNTY AZ	Served		
Community RIO RICO AZ NOGALES COUNTY AZ			
NOGALES COUNTY AZ			
	Community		
		NUGALES COUNTY	
	dd Rows as Necessary		
			มากการการคุณภาพมากการการการการการการการการการการการการกา
InstrumentInstrumen			

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM IC
Name	MEDIACOM ARIZONA L	LC							4084
	SECONDARY TRANSMISSION				ATES				
E	In General: The information in s					ry transmission	service of t	he cable	
	system, that is, the retransmission	on of television	and ra	dio broadcasts	by your s	ystem to subscri	ibers. Give	information	
Secondary	about other services (including p	, , ,	,		,		those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n							charged	
	separately for the particular serv							to and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	-					
	category, but do not include disc	ounts allowed	for adv	, ance payment.					
	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						•		
	first set" and would be counted of								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		s ngin-i						
	BL	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIAD		TUTE	0,111		THE	CODOCIADENCO	1011
	Service to first set		1,589	40.49-74.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	40.49-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra					all your cable sy	stem's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-		0	
ransmissions:	Block 1: Give the standard rat							wore not	
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip				lonou. Elot				
		BLOO	CK 1					BLOCK 2	
						-		DRY OF SERVICE	
	CATEGORY OF SERVICE		CATEC	GORY OF SER	VICE	RATE	CATEGU		RATE
	CATEGORY OF SERVICE Continuing Services:			GORY OF SER ation: Non-res	-	RATE	CATEGO		RATI
			Install		-	RATE			
	Continuing Services:	RATE	Installa • Mo	ation: Non-res	-	RATE	Family		81.9
	Continuing Services: • Pay cable	RATE PP	Installa • Mo • Co	ation: Non-res tel, hotel	-	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE PP	Installa • Mo • Co • Pa	ation: Non-res tel, hotel mmercial	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE PP	Installa • Mo • Co • Pay • Pay	ation: Non-res tel, hotel mmercial y cable	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE PP	Installa • Mo • Col • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE PP PP 99.99	Installa • Mo • Col • Pay • Pay • Fire • Bui	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE PP PP 99.99	Installa • Mo • Col • Pay • Pay • Fire • Bur Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior	nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE PP PP 99.99	Installa • Mo • Col • Pay • Pay • Fire • Bun • Bun • Re	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	nannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	PP PP 99.99 15.00-49.00	Installa • Mo • Co • Pay • Pay • Fire • Bu • Bu Other • Re • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	nannel				

News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM ARIZONA	LLC		408
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting tl	t (1) stations carried only on a part-ti ne carriage of certain network progra	me basis under Ims [sections
Primary ransmittors:)(2) and (4), or 76.63 (referring to 76.6	i1(e)(2) and (4))]; and (2) certain stat	ions carried on a
ransmitters: Television		explained in the next paragraph. With respect to any distant stations ca	arried by your cable system on a sub	ostitute program
		les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program I	_og)—if the
	basis. For further information Column 1: List each station	lso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	see page (v) of the general instructi program services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on th	with a station according to its over-the ne form. I number the FCC assigned to the tele	.	
	of license. For example, WF Column 3: Indicate in each	RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a	noncommercial
		ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c		· ·
	For the meaning of these ter	rms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, list lian stations, if any, give the name of t	,	5
	FUC. FUI INICATOR OF CALLON	liall Stations, il any, give the name of t	ne community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGUN/KGUN(HD) ABC	9	N	TUCSON, AZ
	KHRR/KHRR(HD) Telemundo	9 40	N I	TUCSON, AZ
d Rows as Necessary	KHRR-DT2 TelExitos	40.2	I-M	TUCSON, AZ
NOWS as meeessary	KMSB/KMSB(HD) FOX	25		TUCSON, AZ
	KOLD/KOLD(HD) CBS	32	N	TUCSON, AZ
	KOLD-DT2 MeTV	32.2	I-M	TUCSON, AZ
	KOLD-DT3 Circle	32.3	I-M	TUCSON, AZ
		19		
	KTTU (MYNET)	13	I	TUCSON, AZ
	KTTU-DT2 Estrella TV	19.2	I-M	TUCSON, AZ
	KUAT/KUAT (HD) PBS	30	E	TUCSON, AZ
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids	30 30.1	E	TUCSON, AZ TUCSON, AZ
	KUAT/KUAT (HD) PBS	30 30.1 23	E E-M N	TUCSON, AZ TUCSON, AZ TUCSON, AZ
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids	30 30.1	E	TUCSON, AZ TUCSON, AZ
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KVOA/KVOA(HD) NBC	30 30.1 23	E E-M N	TUCSON, AZ TUCSON, AZ TUCSON, AZ
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KVOA/KVOA(HD) NBC KVOA-DT2 Cozi TV	30 30.1 23 23.2	E E-M N I-M	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KVOA/KVOA(HD) NBC KVOA-DT2 Cozi TV KVOA-DT3 Escape	30 30.1 23 23.2 23.3	E E-M N I-M I-M	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KVOA/KVOA(HD) NBC KVOA-DT2 Cozi TV KVOA-DT3 Escape KVOA-DT4 DABL	30 30.1 23 23.2 23.3 23.4	E E-M N I-M I-M	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KVOA/KVOA(HD) NBC KVOA-DT2 Cozi TV KVOA-DT3 Escape KVOA-DT4 DABL KVOA-DT5 Grit	30 30.1 23 23.2 23.3 23.4 23.5	E E-M N I-M I-M I-M	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KVOA/KVOA(HD) NBC KVOA-DT2 Cozi TV KVOA-DT3 Escape KVOA-DT3 Escape KVOA-DT4 DABL KVOA-DT5 Grit KWBA (CW)	30 30.1 23 23.2 23.3 23.4 23.5 44	E E-M N I-M I-M I-M I-M I	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KVOA/KVOA(HD) NBC KVOA-DT2 Cozi TV KVOA-DT3 Escape KVOA-DT3 Escape KVOA-DT4 DABL KVOA-DT5 Grit KWBA (CW) XEW IND	30 30.1 23 23.2 23.3 23.4 23.5 44 48	E E-M N I-M I-M I-M I I	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KVOA/KVOA(HD) NBC KVOA-DT2 Cozi TV KVOA-DT3 Escape KVOA-DT3 Escape KVOA-DT4 DABL KVOA-DT5 Grit KWBA (CW) XEW IND XHCAN Azteca	30 30.1 23 23.2 23.3 23.4 23.5 44 48 25	E E-M N I-M I-M I-M I I I I	TUCSON, AZ CONARCE MEXICO CITY, MEXICO CANANEA, MEXICO
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KVOA/KVOA(HD) NBC KVOA-DT2 Cozi TV KVOA-DT3 Escape KVOA-DT3 Escape KVOA-DT4 DABL KVOA-DT5 Grit KWBA (CW) XEW IND XHCAN Azteca XHDF Azteca	30 30.1 23 23.2 23.3 23.4 23.5 44 48 25 25	E E-M N I-M I-M I-M I I I I	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ MEXICO CITY, MEXICO CANANEA, MEXICO
	KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KVOA/KVOA(HD) NBC KVOA-DT2 Cozi TV KVOA-DT3 Escape KVOA-DT3 Escape KVOA-DT4 DABL KVOA-DT5 Grit KWBA (CW) XEW IND XHCAN Azteca XHDF Azteca	30 30.1 23 23.2 23.3 23.4 23.5 44 48 25 25	E E-M N I-M I-M I-M I I I I	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ MEXICO CITY, MEXICO CANANEA, MEXICO

Accounting Period:	2020/2		FORM SA1-2E. PAGE 3
News	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Name	MEDIACOM ARIZONA LLC		40843
	PRIMARY TRANSMITTERS: TELEVISION		
G	In General: In space G, identify every television station (in carried by your cable system during the accounting period FCC rules and regulations in effect on June 24, 1981, period	, except (1) stations carried only on a part-tir	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring substitute program basis, as explained in the next paragra Substitute Basis Stations: With respect to any distant st	y to 76.61(e)(2) and (4))]; and (2) certain station ph.	ons carried on a
Television	 basis under specific FCC rules, regulations, or authorizatio Do not list the station here in space G—but do list it in spatiation was carried only on a substitute basis. 	ons:	
	• List the station here, and also in space I, if the station was basis. For further information concerning substitute basis Column 1: List each station's call sign. <i>Do not</i> report orig	stations, see page (v) of the general instructio	ons.
	multicast stream associated with a station according to its "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to	over-the-air designation. For example, repor	t multistream
	of license. For example, WRC is channel 4 in Washingtor Column 3: Indicate in each case whether the station is a	n, D.C. network station, an independent station, or a r	noncommercial
	educational station, by entering the letter "N" (for network) (for independent multicast), "E" (for noncommercial educa For the meaning of these terms, see page (iv) of the gene	tional), or "E-M" (for noncommercial education ral instructions in the paper SA1-2 form.	nal multicast).
	Column 4: Give the location of each station. For U.S. stat FCC. For Mexican or Canadian stations, if any, give the na	•	-
	1. CALL SIGN 2. B'CAST CHANNEL NUN	IBER 3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF			YSIEM:					SYSTEM 408
	t every radio s	tation 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 abourts m. Mentify the call tate whether t the radio stati this by placing sive the station	/ the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes 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 ant his point, see pa ed by the cable e station is licen	eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	2) it can l ertain st general ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·			 		
						<u> </u>		
						 		
						<u> </u>		
						<u> </u>		
						 		
						<u> </u>		
			·			 		
								
						1		

Accounting Perio	od: 2020/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM ARIZONA	LLC						40843
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC)G			
I I	In General: In space I, ident	-	-			tion that v	our cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			asis anv nonr	network te	levision prog	ram
Statement and	broadcast by a distant sta				,,			
Program Log	bioaucast by a distant sta						YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust com	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa			vision program ("substitute	e program") ti	aat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego	ries like "m						
	"NBA Basketball: 76ers vs.				<i>"</i>			
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Car							
				stem carried the substitute			als, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00-6:30 p.m."		P (1	n waa aubatitutad far prog	romania a that	vour ovet	om was requ	uired
	Column 7: Enter the left	ter "R" if the	e listed brodrar					
	Column 7: Enter the lett							
	Column 7: Enter the lett to delete under FCC rules was substituted for program	and regulat	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pr	
	to delete under FCC rules	and regulat nming that	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pr	
	to delete under FCC rules a was substituted for program	and regulat nming that	tions in effect o	luring the accounting perio	od; enter the l der FCC rules	etter "P" if and regu	f the listed pro lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that	tions in effect o your system w	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE	etter "P" if and regu	f the listed pro- lations in	ogram
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that	tions in effect o	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that	tions in effect of your system w	luring the accounting period as permitted to delete und	od; enter the l der FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	f the listed pro lations in TTUTE CURRED	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
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Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ARIZONA LLC			:	SYSTEM ID# 40843
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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 receipting the space P concerning gross receipting the statement in space P concerning the statement in space P concern	vstem's se n of how to	condary transm compute this a	ission service amount, see \$ 3	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	ut less tha	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou 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 lin	es 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore 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				
	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 l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	384,649.24		
	- 2. Base amount under statutory formula	\$	263,800.00		
	- 3. Subtract line 2 from line 1	\$	120,849.24		
	- 4. Multiply line 3 by .01		\$	1,208.49	
	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 .		\$	2,527.49
	FILING FEE AND TOTAL REMITTANCE DU	=			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,527.49	
	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			\$	2,547.49
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-				ghts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNE MEDIACOM ARIZOI				SYSTEM ID# 40843
M Channels	 to its subscribers, and Enter the total numl system carried televi Enter the total numl on which the cable s 	(2) the cable system's total ber of channels on which the	adcast stations		27 71
N Individual to Be Contacted for Further	we can contact about	CONTACTED IF FURTHER this statement of account.) nneth J. Kohrs	INFORMATION IS NEEDED (Identify an individu	ual to whom Telephone 845 -	-443-2762
Information	(Num Me	ne Mediacom Way nber, street, rural route, apartment diacom Park, NY 10 , town, state, zip) Copyrights@media	918	ax (optional)	
O Certification	 I, the undersigned, he (Owner other othe	ereby certify that (Check one, er than corporation or partu- wner other than corporatio of space B and that the owne partner) I am an officer (if a of space B. statement of account and her d correct to the best of my know	be certified and signed in accordance with Copyr but only one, of the boxes.) nership) I am the owner of the cable system as ide n or partnership) I am the duly authorized agent of er is not a corporation or partnership; or corporation) or a partner (if a partnership) of the less eby declare under penalty of law that all statement owledge, information, and belief, and are made in g /s/ Kenneth J. Kohrs	entified in line 1 of space B; or of the owner of the cable system agal entity identified as owner of ts of fact contained herein	
		En Typed or printed na Title:	ter an electronic signature on the line above to certif ter signature using an "/s/ signature" (e.g., /s/ John 1		

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 fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM ARIZONA LLC	4084
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
	-
Name Name Mailing Address Mailing Address	
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 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	
xuays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 - * - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on view.copyright.gov/licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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 th 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.