This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

# STATEMENT OF ACCOUNT

for 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					

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									
<b>A</b>	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	Barcode Data Filing Period (optional - see instructions)								
	Surface Sala 1 ming 1 crica (optional See mediadalons)								
Accounting									
Period									
	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								
В	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.								
	shighe 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								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM								
	MEDIACOM ILLINOIS 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	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E								
System	IDENTIFICATION OF CABLE SYSTEM:								
	1 MEDIACOM ILLINOIS LLC								
	MAILING ADDRESS OF CABLE SYSTEM:								
	1102 North Fourth Street, P.O. Box 334								
	2 (Number, street, rural route, apartment, or suite number)								
	Chillicothe, IL 61523								
	(City, town, state, zip code)								

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

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	MEDIACOM ILLINOIS LLC	2748
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Kincaid	IL 
Community	Buffalo	<b>L</b>
	Bulpitt	<u>L</u>
dd Rows as Necessary	Clear Lake Township	<b>IL</b>
	Clear Lake Village	IL
	Dawson	IL
	Edinburg	IL
	Harvel	IL
	Jeiseyville	IL
	Mechanicsburg	IL
	Morrisonville	IL
	Mt. Auburn	IL
	Palmer	IL
	River Oaks	iL
	Tovey	L IL
	Sagamon CTY	
		<u> </u>
	Loami	IL.
	New Berlin	<u> </u>
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	4	

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27486

### MEDIACOM ILLINOIS LLC

# Ε

# Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOC	K 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	927	29.95-74.49			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	1	29.95-74.49			
Converter					
Residential					
Non-residential					
		•			<b>[</b>

# F

## Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**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) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	84.99
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		<ul> <li>Outlet relocation</li> </ul>	15.00-49.00		
		Move to new address			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

MEDIACOM ILLINOIS LLC

1. CALL SIGN

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 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 basis under specific FCC rules, regulations, or authorizations:

- Do *not* 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 *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

I. CALL SIGN	2. B CAST CHANNEL NOWBER	3. TIPE OF STATION	4. LOCATION OF STATION
KHQA CBS	12	N	Decatur, IL
WAND/WAND(HD) NBC	17	N	Decatur, IL
WAND-DT2 CoziTV	17.2	I-M	Decatur, IL
WBUI/WBUI(HD) CW	22	I	Decatur, IL
WBUI-DT2 DABL	22.2	I-M	Decatur, IL
WBUI-DT3 Stadium	22.3	I-M	Decatur, IL
WCIA/WCIA(HD) CBS	48	N	Champaign, IL
WCIA-DT3 Bounce TV	48.3	I-M	Champaign, IL
WCIA-DT4 Grit	48.4	I-M	Champaign, IL
WCIX-DT/WCIX MyNet (HD)	13.2	I-M	Springfield, IL
WCIX-DT3 Escape	13.3	I-M	Springfield, IL
WCIX-DT4 Laff	13.4	I-M	Springfield, IL
WICS/WICS(HD) ABC	42	N	Springfield, IL
WICS-DT2 Comet	42.2	I-M	Springfield, IL
WICS-DT3 TBD	42.3	I-M	Springfield, IL
WICS-DT4 Charge	42.4	I-M	Springfield, IL
WILL/WILL(HD) PBS	9	E	Champaign, IL
WILL-DT2 PBS World	9.2	E-M	Champaign, IL
WILL-DT3 Create	9.3	E-M	Champaign, IL
WRSP/WRSP(HD) FOX	44	I	Springfield, IL
WRSP-DT2 MeTV	44.2	I-M	Springfield, IL
WRSP-DT3 Antenna TV	44.3	I-M	Springfield, IL
WSEC/WSEC (HD) (PBS)	15	E	JACKSONVILLE, IL
WSEC-DT2 PBS WORLD	15.2	E-M	JACKSONVILLE, IL
WSEC-DT3 Create	15.3	E-M	JACKSONVILLE, IL

3. TYPE OF STATION

Add Rows as Necessary

27486

4. LOCATION OF STATION

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 27486 MEDIACOM ILLINOIS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **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 Transmitters: 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 Television basis under specific FCC rules, regulations, or authorizations: • Do *not* 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 only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WSEC-DT4 PBS KIDS JACKSONVILLE. IL 15.4 E-M

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## MEDIACOM ILLINOIS LLC

27486

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 0101:	A 14	0.5	LOCATION OF STATION		L ANA	0/5	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LUCATION OF STATION
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Accounting Day's	.d. 2020/2					F05	M SA1 OF BACE E
Accounting Perio	LEGAL NAME OF OWNER OF MEDIACOM ILLINOIS		STEM:			FOR	M SA1-2E. PAGE 5. SYSTEM ID# 27486
Substitute Carriage: Special Statement and Program Log	MEDIACOM ILLINOIS  SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUT In General: List each subsclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, ru Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra	E: SPECI. tify every not accounting paining that mu T CONCE! riod, did yoution? or, leave the second please of every not distant state agulations, ries like "mu. Bulls." m was broad	AL STATEME connetwork televiceriod, under spust be included RNING SUBS our cable system or action and additional connetwork televicerion and that yor authorizatio ovies" or "bask addast live, ent	ision program, broadcast be pecific present and former from this log, see page (v) of in this log, see page blank. If your answer in the seed of the pecific program ("substitut your cable system substitutes. See page (v) of the getter than the pecific program ("Yes." Otherwise enter the pecific progra	y a distant stared the general in- asis, any none is "Yes," you as wherever preserved for the preparation in structured for the preparation in titles, for a "No."	pulations, or authorizations in the paper structions in the paper structions in the paper structions in the paper structions programming the account ogramming of another tions for further informations for further informations.	stem carried on a ons. For a further SA1-2 form.  gram  X NO  gram  gram  station ation.
	the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976	ne station is line station is line station is idee program. Unit cable system 1:15 p.m. to 6 gramming that od; enter the der FCC rules	cion is licensed by the FCC or, in ion is identified).  gram. Use numerals, with the month the esystem. List the times accurately the common that your system was required the tenter "P" if the listed program the common to C rules and regulations in the work of the common that your system was required the tenter "P" if the listed program the common that your system was required that your system				
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	

Comparison   Com	Accounting Period:	2020/2		FORM S	A1-2E. PAGE 6.					
Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of almonitis (goos receipts) and 10 you cable system to you file and the amount you pay. Enter the total of almonitis (goos receipts) and 10 you cable system you file and the amount you pay. Enter the total of almonitis (goos receipts) and 10 your pays of a further organisation of how to compute this amount, see Cross receipts from subscribers for the system of the computer of the amount of gross receipts from subscribers of secondary framisations nevoled;    Copyright (Annual You will be provided to the pays) for you over the computer of the secondary framisations and the secondary framisations are visible. In the secondary framisation secondary framisations are visible for the secondary framisations and the secondary framisations are visible secondary framisations. The secondary framisations are visible secondary framisations and the secondary framisations are visible secondary framisations. The secondary framisation are visible secondary framisations and the secondary framisations are visible secondary. The secondary framisation are visible secondary framisations are visible secondary. The secondary framisation are visible secondary framisations and the secondary framisations are visible secondary. The secondary framisation are visible secondary framisations are visible secondary. The secondary framisation are visible secondary framisations are visible secondary. The secondary framisation are visible secondary framisations are visible secondary. The secondary framisation are visible secondary. The secondary framisation are visible secondary framisations are visible secondary. The secondary framisation are visible secondary framisations are visible secondary. The secondary framisation are visible secondary framisations are visible secondary. The secondary framisation are v	Name			S	YSTEM ID# 27486					
Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block six is a space K is \$137,100 or less  - Use block 3 the amount of gross receipts in space K is more than \$283,800 but less than or equal to \$263,800  - Use block 3 the amount of gross receipts in space K is more than \$283,800 but less than \$27,800  - Use block 3 the amount of gross receipts in space K is more than \$283,800 but less than \$27,800  - Use block 3 the amount of gross receipts in space K is more than \$283,800 but less than \$27,800  - Use block 3 the amount of gross receipts in the provision of the p		Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how t 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.	condary transm o compute this	sission service amount, see \$ 22	-					
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52,00.  Line 1, Royalty fee for accounting period.  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.  BLOCK 2: GROSS RECEIPTS OF \$283,800 OR LESS (but more than \$137,100)  1. Base amount under statutory formula.  \$ 263,800.00 2. Enter amount of gross receipts from space K.  \$ 221,514.52 3. Subtract line 2 from line 4. 4. Enter the amount of gross receipts from space K.  \$ 221,514.52 5. Enter the amount from line 3.  \$ 3. 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.  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.  8. Subtract line 5 from line 4.  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.  8. See amount under statutory formula.  1. Enter the amount of gross receipts from space K.  2. Base amount under statutory formula.  \$ 263,800.00  1. Enter the amount 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. See a specific from space for more information on filing fee calculations).  \$ 20.00  3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3.  \$ 916.  Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!		<ul> <li>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 \$263,800</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> </ul>								
accounting period is \$52.00  Line 1. Royalty fee for accounting period  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.  DLine 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K\$221,514.52 3. Subtract line 2 from line 1 \$42,285.48 4. Enter the amount form line 3 \$42,285.48 6. Subtract line 5 from line 6 \$12,514.52 5. Enter the amount from line 3 \$179,229.04 7. Multiply line 6 by ,005 (enter figure here) \$896. 8. Interest charge. Enter the amount from line 4, space Q, page 8 0.  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$896.  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,800)  1. Enter the amount of gross receipts from space K \$263,800.00 3. Subtract line 2 from line 1 \$2,500.00 4. Multiply line 3 by ,01 \$2,500.00 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 0.000 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  Filling Fee and Total Remittance Due  Filling Fee and Total Remittance Due  Filling Fee Accounting Period (from Block 1, 2, or 3, above) \$86.15 2. Filing Fee (See the instructions for more information on filing fee calculations) \$916.  Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights1		BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS							
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Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2   BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		Line 1. Royalty fee for accounting period								
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  1. Base amount under statutory formula		Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
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9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8				\$	896.15					
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1. Enter the amount of gross receipts from space K		9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		\$	896.15					
2. Base amount under statutory formula		BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	,600)						
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4. Multiply line 3 by .01				-						
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)				-						
6. Interest charge. Enter the amount from line 4, space Q, page 8				1 319 00						
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  FILING FEE AND TOTAL REMITTANCE DUE  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$896.15 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 \$916.  Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!				<u>.</u>						
Filing Fee and Total Remittance Due  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)										
Filing Fee and Total Remittance Due  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		7. TOTAL ROTALITY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.								
Total Remittance Due  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		FILING FEE AND TOTAL REMITTANCE DUE								
2. Filing Fee (See the instructions for more information on filing fee calculations)	-	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	896.15						
Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!	Due	2. Filing Fee (See the instructions for more information on filing fee calculations) $\dots \dots$	. \$	20.00						
		3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	916.15					
					hts!					

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.		
Name	LEGAL NAME OF O'	WNER OF CABLE SYSTEM: .INOIS LLC				SYSTEM ID# 27486		
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations							
		ast services				70		
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		NEEDED (Identify an i	ndividual to whom			
for Further Information	Name	Kenneth J. Kohrs			Telephone <b>{</b>	345-443-2762		
	Address	One Mediacom Way (Number, street, rural route, aparts	nent, or suite number)					
		Mediacom Park, NY (City, town, state, zip)	10918					
	Email	Copyrights@m	ediacomcc.com		Fax (optional)			
	CERTIFICATION (	This statement of account m	st be certified and sign	ned in accordance with	Copyright Office regulations)			
O Certification	• I, the undersigne	d, hereby certify that (Check o	ne, <i>but only one</i> , of the	boxes.)				
	(Owner	r other than corporation or p	artnership) I am the ov	vner of the cable system	as identified in line 1 of space B	;; ог		
		of owner other than corporate 1 of space B and that the corporate 1 of space B and the corporate 1 of			agent of the owner of the cable sy	ystem as identified		
		er or partner) I am an officer ( ne 1 of space B.	f a corporation) or a pa	rtner (if a partnership) of	the legal entity identified as own	ner of the cable system		
		e, and correct to the best of my			tements of fact contained herein de in good faith.			
			X /s/ Kenno	eth J. Kohrs				
				ature on the line above to signature" (e.g., /s				
		Typed or printed	name: <b>Kenneth</b>	J. Kohrs				
		Title:	Vice President,	Financial Report	ing			
		Date:			2/15/2021			

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: 2020/2	FORM SA1-2E. PAGE 8.
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM ILLINOIS LLC	27486
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or 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	
Address	
ID number First community served Accounting period	

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