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

## 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		
~	ACCI	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 SOUTHEAST LLC (LOWRY CITY, MO)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	· ·	MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite number)
		EXCELSIOR SPRINGS, MO 64024
		(City, town, state, zip code)
Driveou Act Notic	e Santia	a 111 of title 17 of the United States Code outbactors the Convictor Office to called the personally identificing information (DII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/30/21

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.

Name		SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (LOWRY CITY, MO)	1800
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first r mobile home parks should be reported in parentheses below the identified
Area Served	city.	mobile nome parks should be reported in parentneses below the identified
		STATE
First mmunity	LOWRY CITY	MO
as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	
	MEDIACOM SOUTHEAS	T LLC (LOV	VRY C	ITY, MO)					180
E	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi	pace E should on of television	cover and ra	all categories of dio broadcasts l	seconda by your s	ystem to subscr	ibers. Give	information	
Secondary Transmission Service: Sub- scribers and Rates	about other services (including p last day of the accounting period <b>Number of Subscribers:</b> Both down by categories of secondar each category by counting the n separately for the particular serv <b>Rate:</b> Give the standard rate of	d (June 30 or D n blocks in spa y transmission umber of billing vice at the rate charged for eac	ecemb ce E ca service gs in the indicate	er 31, as the cas ill for the numbe e. In general, you at category (the ed—not the num gory of service. I	se may be r of subse u can con number of ber of se nclude be	e). cribers to the ca npute the numbe of persons or or ts receiving servent oth the amount of	ble system er of subsc ganizations vice). of the charg	, broken ribers in charged ge and the	
	unit in which it is generally billed category, but do not include disc <b>Block 1:</b> In the left-hand block systems most commonly provide	counts allowed in space E, th e to their subsc	for adv e form ribers.	ance payment. lists the categor Give the numbe	ies of sec of subs	condary transmis	ssion servi	ce that cable sted category	
	that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	should be coun able service to once again und has rate catego iters of services and rates, in the	nted as additior er "Ser ories fo s that ir	a subscriber in nal sets would be vice to additiona r secondary tran nclude one or mo	each app e included Il set(s)." nsmission pre secor	blicable category d in the count ur a service that are adary transmission	y. Example: nder "Servio e different f ons), list th ion of the s	a residential ce to the rom those em, together ervice is	
	BLO	OCK 1 NO. OF		r			BLOCK	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential: • Service to first set		11	24.90-59.09					
	Service to additional set(s)     FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter		0	24.90-59.09					
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, i service for a single fee. There at furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscrit those services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sy separate charg	ber) info that are ns: you nished usually he cab stem fu je was le the r	ormation with rese of not offered in c do not need to to nonsubscribe billed. If any ra le system for eau rnished or offere made or establis	spect to a combinati give rate rs. Rate i tes are cl ch of the ed during	on with any sec information con nformation shou harged on a vari applicable servi the accounting	ondary tran cerning (1) Id include able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi					
	• Pay cable	PP	• Mo	otel, hotel			FAMIL	Ϋ́ν	83.9
	• Pay cable—add'l channel	PP	_	mmercial					
	Fire protection			y cable v cable add'l ch	oppol				
	•Burglar protection Installation: Residential			y cable-add'l cha e protection	annei				
	First set	49.99		rglar protection					
	Additional set(s)	15.00-49.00		services:					
	( )					40.00			
	• FM radio (if separate rate)		• Re	connect		49.00			
	<ul><li>FM radio (if separate rate)</li><li>Converter</li></ul>			connect sconnect		49.00			

lame	LEGAL NAME OF OWNER OF	OF CABLE SYSTEM:		SYSTEI
ame	MEDIACOM SOUTH	EAST LLC (LOWRY CITY, MO)		
	PRIMARY TRANSMITTERS:	TELEVISION		
G smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same or <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eace educational station, by ent (for independent multicast For the meaning of these	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-	1) stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain sta ried by your cable system on a sub special Statement and Program I both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- sion station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form.	me basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).
	FCC. For Mexican or Can	adian stations, if any, give the name of the	e community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION
	КМВС АВС	29	N	KANSAS CITY, MO
	KMOS PBS	15	E	SEDALIA, MO
rs as Necessary	KOLR CBS	10	N	SPRINGFIELD, MO
,	KPXE ION	51		KANSAS CITY, MO
			-	
	KYTV NBC	44	N	SPRINGFIELD, MO
		44	N	SPRINGFIELD, MO
	KYTV NBC WDAF FOX	34	N I	SPRINGFIELD, MO KANSAS CITY, MO
			N I	
			N I	
			N 	
			N I	
			N 1	
			N I	
			N 1	
			N I	

Accounting P	Period: 2021	/1						FORI	M SA1-2E. PAGE 4.
LEGAL NAME O									SYSTEM ID#
MEDIACOM	SOUTHEA	ST LLC	C (LOWRY CITY, MO)						180
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat						н
receivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S	it is carried by monitoring, to prmation abou rm. dentify the call state whether t	y the sys be recein at the Co sign of e the statio	I-Band FM Carriage: Under of tem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process	at s th	the system's he ystem's FM ante his point, see pa	adend, and (2 enna, during ce ge (v) of the g	) it can t ertain sta eneral ir	be expected, ated intervals. Istructions in the.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing	g a chec n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	he	e station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>							
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Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF O			<i>(</i> , MO)				SYSTEM ID# 1800		
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or aut	thorizations.	For a further		
Substitute Carriage: Special Statement and Program Log	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. <b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b> • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  • VFS • Voc Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is dentified). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substitute for programming that your system was <i>required</i>									
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	er FCC rules a		7. REASON FOR						
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION		
							_			
							_			
							_			

Accounting Period:	2021/1	FORM SA1-2	2E. PAGE 6.
Name		SYS	TEM ID#
	MEDIACOM SOUTHEAST LLC (LOWRY CITY, MO)		1800
K 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 transmi (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	<b>72.03</b> receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	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 th accounting period is \$52.00	is six-month	
	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,	100)	
	1. Base amount under statutory formula		
	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 \$ 263,800.00		
	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		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: OUTHEAST LLC (LOWRY (	СІТҮ, МО	))		SYSTEM ID# 1800
M Channels	to its subscriber	s, and (2) the cable system's	total num	s on which the cable system carried television ber of activated channels during the accountir		
		I number of channels on whic d television broadcast station		e		6
		I number of activated channe cable system carried televisio		ast stations		
		-				51
N Individual to		BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Identify an individual	l to whom	
Be Contacted for Further	Name	Kenneth J. Kohrs			Telephone	845-443-2762
Information						
	Address	One Mediacom Way (Number, street, rural route, apartr	tment, or sui	e number)		
		Mediacom Park, NY				
		(City, town, state, zip)				
	Email	Copyrights@me	ediacomo	c.com Fax	(optional	
		This statement of account mu	ust be cer	ified and signed in accordance with Copyrigh	t Office regulations)	
ο					n onioo rogananono)	
Certification	• I, the undersigne	d, hereby certify that (Check or	one, <i>but oni</i>	<i>y one</i> , of the boxes.)		
	(Owne	r other than corporation or p	partnershi	<b>b)</b> I am the owner of the cable system as identifi	ied in line 1 of space E	3; or
	X (Agent	of owner other than corpora	ation or pa	rtnership) I am the duly authorized agent of the	e owner of the cable s	ystem as identified
		·		not a corporation or partnership; or		
		er or partner) I am an officer (i in line 1 of space B.	(if a corpor	ation) or a partner (if a partnership) of the legal e	entity identified as owr	er of the cable system
		te, and correct to the best of m		lare under penalty of law that all statements of f ge, information, and belief, and are made in goo		
			X	/s/ Kenneth J. Kohrs		
				electronic signature on the line above to certify th ature using an "/s/ signature" (e.g., /s/ John Smit		
		Typed or printed	d name:	Kenneth J. Kohrs		
		Title:		resident, Financial Reporting position held in corporation or partnership)		
		Date:			8/10/2021	

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unting Period: 2021/1	FORM SA1-2E. PAGE
IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (LOWRY CITY, MO)	180
<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:         <ul> <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> </ul> </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     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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessment
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	L Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L C Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La linterest Assessmen

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