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
08/30/21	\$ 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	ACCO	DUNTING 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.	25640
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Illinois, LLC (Greenup, IL)	
		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	
	INICTO	[City, town, state, zip) RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	and these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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.

Accounting Period:	2021/1	FORM SAL 2E DACE 16
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	MCC Illinois, LLC (Greenup, IL)	25640
	Instructions: List each separate community served by the cable system. A "commun	
_	separate and distinct community or municipal entity (including unincorporated com	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will so	
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Greenup	IL .
Community	Toledo	IL
Add Rows as Necessary		

Accounting Period: 2021/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Illinois, LLC (Greenup, IL)

SYSTEM ID# 25640

E

Secondary Transmission Service: Sub-

scribers 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		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	305	29.99-61.54				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	29.99-61.54				
Converter						
Residential						
Non-residential						
		1		·		

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	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
Continuing Services:		Installation: Non-residential				
• Pay cable	PP	Motel, hotel		Family TV	86.99	
Pay cable—add'l channel	PP	Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	109.99	Burglar protection				
Additional set(s)	15.00-49.00	Other services:				
FM radio (if separate rate)		Reconnect	49.00			
Converter	10.50	Disconnect				
		Outlet relocation	15.00-49.00			
		Move to new address				

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25640

MCC Illinois, LLC (Greenup, IL)

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAND/WAND(HD) NBC	17	N	Decatur, IL
WAND-DT2 COZI TV	17.2	N	Decatur, IL
WBUI/WBUI(HD) CW	22	l	Decatur, IL
WBUI-DT2 DABL	22.2	l	Decatur, IL
WBUI-DT3 Stadium	22.3	<u>l</u>	Decatur, IL
WCCU/WCCU(HD) FOX	26	<u>l</u>	URBANA, IL
WCCU-DT2 MeTV	26.2	l	URBANA, IL
WCCU-DT3 Antenna	26.3	<u>l</u>	URBANA, IL
WCIA/WCIA(HD) CBS	48	N	Champaign, IL
WCIA-DT3 Bounce TV	48.3	N	Champaign, IL
WCIA-DT4 Grit	48.4	N	Champaign, IL
WCIX-DT/WCIX (HD)	13	l	SPRINGFIELD, IL
WCIX-DT3 Escape	13.3	I	SPRINGFIELD, IL
WCIX-DT4 Laff	13.4	l	SPRINGFIELD, IL
WEIU/WEIU(HD)PBS	50	E	Charleston, IL
WEIU-DT2 PBS MHz Worldvie	50.2	E	Charleston, IL
WICD/WICD(HD)ABC	41	N	CHAMPAIGN, IL
WICD-DT2 COMET	41.2	N	Champaign, IL
WICD-DT3 TBD	41.3	N	Champaign, IL
WICD-DT4 Charge	41.4	N	Champaign, IL
WILL/WILL(HD) PBS	9	E	URBANA, IL
WILL-DT2 PBS World	9.2	E-M	URBANA, IL
WILL-DT3 PBS Create	9.3	E-M	URBANA, IL
WUSI PBS/WUSI PBS (HD)	19	E	Olney, IL
WUSI-DT2 PBS World	19.2	E-M	Olney, IL
WUSI-DT3 PBS Create	19.3	E-M	Olney, IL
WUSI-DT4 PBS KIDS	19.4	E-M	Olney, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

25640

MCC Illinois, LLC (Greenup, IL)

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

Н

Primary Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

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.

- 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2021/1 LEGAL NAME OF OWNER OF O	ARI E SYST	FM·							SYSTEM ID#	
Name	MCC Illinois, LLC (Gree		LIVI.							25640	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO)G						
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former	FCC	rules, regula	ations, or a	uthorizatio	ons. F	or a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE							
Special	During the accounting peri				asis	any nonne	twork telev	ision pro	aram		
Statement and	broadcast by a distant stat	-	r cable cyclem	oury, or a ouscatate s	40.0	, arry mormo			Ĭ [X NO	
Program Log	·	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
		,		,		55, you	p.:	a	- g. a		
	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 call sign of the station broadcasting the substitute program. Column 4: 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 identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "577." 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 substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								h ,			
	effect on October 19, 1976.	П				I					
	SUBSTITUTE PROGRAM						0,			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	6. FROM	TIMES — T	0	DELETION	
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ons: As a cable system with gross recing period is \$52.00 Royalty fee for accounting period Interest charge. Enter the amount from	able system by subsciting period. For a fund in the paper SA1-2 condary transmission that it is space P concern owe: In space K is \$137,1 in space K is more to in the paper SA1-2 fek 1: GROSS RECEIVED of \$137,100 or implied to the paper SA1-2 feepts of \$137,100 or	cribers for the s rther explanatic p form. In service(s) erning gross re 100 or less than \$137,100 I than \$263,800 I form for more in EIPTS OF \$13' less, the royalty ge 8	but less that but less that but less that formation.	n or equal to \$20 n \$527,600	\$ 8 (Amount of gr	2564 27,467.08 ross receipts) 52.00				
S RECEIPTS tions: The figure you give in this spunts (gross receipts) paid to your cautified in space E) during the accountil of the general instructions located as receipts from subscribers for sering the accounting period	able system by subsciting period. For a fund in the paper SA1-2 condary transmission that it is space P concern owe: In space K is \$137,1 in space K is more to in the paper SA1-2 fek 1: GROSS RECEIVED of \$137,100 or implied to the paper SA1-2 feepts of \$137,100 or	cribers for the s rther explanatic p form. In service(s) erning gross re 100 or less than \$137,100 I than \$263,800 I form for more in EIPTS OF \$13' less, the royalty ge 8	but less that but less that but less that formation.	n or equal to \$20 n \$527,600	\$ 8 (Amount of gr	27,467.08 ross receipts)				
GHT ROYALTY FEE ns: To compute the royalty fee you te block 1, block 2, or block 3. k1 if the amount of gross receipts ck 2 if the amount of gross receipts ck 3 if the amount of gross receipts ck 3 if the amount of gross receipts vi) of the general instructions located BLOCI cons: As a cable system with gross receing period is \$52.00 Royalty fee for accounting period	in space K is \$137,1 in space K is more to in space K is more to in space K is more to do in the paper SA1-2 for K 1: GROSS RECE ceipts of \$137,100 or multiple M in the A, space Q, page OR ACCOUNTING PRECEIPTS OF \$26	100 or less than \$137,100 l than \$263,800 l form for more ir EIPTS OF \$13' less, the royalty	but less than but less than aformation. 7,100 OR L	n \$527,600 ESS u must pay for thi	63,800 s six-month					
ns: To compute the royalty fee you te block 1, block 2, or block 3. ck 1 if the amount of gross receipts ck 2 if the amount of gross receipts ck 3 if the amount of gross receipts ck 3 if the amount of gross receipts wi) of the general instructions located BLOCI cons: As a cable system with gross recing period is \$52.00 Royalty fee for accounting period	in space K is \$137,1 in space K is more to in space K is more to in space K is more to do in the paper SA1-2 for K 1: GROSS RECE ceipts of \$137,100 or m line 4, space Q, particles of the paper SA1-2 for ACCOUNTING PRECEIPTS OF \$26	than \$137,100 I than \$263,800 I form for more in EIPTS OF \$13' less, the royalty	but less than nformation. 7,100 OR L	n \$527,600 ESS u must pay for thi	s six-month	52 00				
ons: As a cable system with gross recing period is \$52.00 Royalty fee for accounting period Interest charge. Enter the amount from TOTAL ROYALTY FEE PAYABLE FOR BLOCK 2: GROSS amount under statutory formula	m line 4, space Q, par OR ACCOUNTING P	less, the royalty	fee that you	u must pay for thi		52 00				
rotal Royalty fee for accounting period nterest charge. Enter the amount fror TOTAL ROYALTY FEE PAYABLE FO BLOCK 2: GROSS amount under statutory formula	m line 4, space Q, par OR ACCOUNTING P	ge 8				52 00				
TOTAL ROYALTY FEE PAYABLE FOR BLOCK 2: GROSS amount under statutory formula	m line 4, space Q, par OR ACCOUNTING P RECEIPTS OF \$26	ge 8			\$	52 00				
BLOCK 2: GROSS amount under statutory formula	OR ACCOUNTING P									
BLOCK 2: GROSS amount under statutory formula	RECEIPTS OF \$26	PERIOD. Add lir				0.00				
BLOCK 2: GROSS amount under statutory formula	RECEIPTS OF \$26		nes 1 and 2		. \$	52.00				
•		Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
amount of gross receipts from space			\$	263,800.00						
	к									
act line 2 from line 1										
the amount of gross receipts from sp	pace K									
the amount from line 3										
act line 5 from line 4										
ly line 6 by .005 (enter figure here)										
st charge. Enter the amount from line	e 4, space Q, page 8					0.00				
AL ROYALTY FEE PAYABLE FOR A	ACCOUNTING PERIO	OD. Add lines 7	and 8							
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)										
the amount of gross receipts from sp	oace K									
amount under statutory formula			\$	263,800.00						
act line 2 from line 1										
oly line 3 by .01										
ty due on the first \$263,800 of gross i	receipts (under statut	tory formula)		\$	1,319.00					
st charge. Enter the amount from line	e 4, space Q, page 8				0.00					
AL ROYALTY FEE PAYABLE FOR A	ACCOUNTING PERIO	OD. Add lines 4	, 5, and 6							
FILING FEE	E AND TOTAL REN	MITTANCE DU	ΙE							
tv Fee Pavable for Accounting Period	d (from Block 1, 2, or	3. above)		. \$	52.00					
					15.00					
						67 65				
AL AMOUNT DUE FOR ACCOUNTIN	NG PERIOD. Add lin	es 2 and 3			\$	67.00				
	bly line 6 by .005 (enter figure here) . st charge. Enter the amount from line L ROYALTY FEE PAYABLE FOR A BLOCK 3: GROSS F the amount of gross receipts from sp amount under statutory formula act line 2 from line 1 bly line 3 by .01	st charge. Enter the amount from line 4, space Q, page 8 LENCYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. BLOCK 3: GROSS RECEIPTS OF MOF the amount of gross receipts from space K	st charge. Enter the amount from line 4, space Q, page 8	st charge. Enter the amount from line 4, space Q, page 8 LROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but I the amount of gross receipts from space K amount under statutory formula	st charge. Enter the amount from line 4, space Q, page 8. AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, the amount of gross receipts from space K. amount under statutory formula	st charge. Enter the amount from line 4, space Q, page 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) the amount of gross receipts from space K amount under statutory formula st line 2 from line 1 by line 3 by .01 ty due on the first \$263,800 of gross receipts (under statutory formula) st charge. Enter the amount from line 4, space Q, page 8 CHOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1,319.00 1,319.				

Accounting Period: 2	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: .C (Greenup, IL)				SYSTEM ID# 25640
M Channels	Enter the total system carried Enter the total on which the or	number of channels on which delevision broadcast station number of activated channels able system carried television	total number total		accounting period.	. 36
N Individual to Be Contacted		BE CONTACTED IF FURTH		DRMATION IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephon	e 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY 1	tment, or suit	ite number)		
	Email	(City, town, state, zip) Copyrights@me	ediacomc	cc.com	Fax (optional	
	CERTIFICATION (This statement of account mu	ust be cert	rtified and signed in accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check or	one, <i>but onl</i>	lly one , of the boxes.)		
	(Owner	other than corporation or p	partnership	ip) I am the owner of the cable system a	as identified in line 1 of space	B; or
		n line 1 of space B and that the	ne owner is	artnership) I am the duly authorized ag s not a corporation or partnership; or		
		n line 1 of space B.		ration) or a partner (if a partnership) of tl		,
		e, and correct to the best of m		clare under penalty of law that all staten Ige, information, and belief, and are mad		
			X	/s/ Kenneth J. Kohrs		_
				electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed	d name:	Kenneth J. Kohrs		
		Title:		President, Financial Reportir l position held in corporation or partnership)	ng	
		Date:			8/3/2021	

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.

counting Period: 2021/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CC Illinois, LLC (Greenup, IL)	25640
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
** 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	

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.