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

STATEM	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-	ry Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	ms (Short Form)			coplicsoa@loc.gov
			\$	For additional information, contact the U.S. Copyright
	ctions are located	08/30/21		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	-
A	ACCOUNTING PERIOD COVERED) BY THIS STATEMENT: (YY	YY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
	Instructions:	the cable system. If the owner is a subsid	liary of another corporation, give the full corpo	orate title of
B	the subsidiary, not that of the parent co			
Owner	List any other name or names under wh	ich the owner conducts the business of the	e cable system.	
	If there were different owners during th	ne accounting period, only the owner on th	ne last day of the accounting period should sub	omit a single
		ayment covering the entire accounting per		
	Check here if this is the system's first fil	ing. If not, enter the system's ID number a	ssigned by the Licensing Division.	27106
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM		
	MEDIACOM WISCONSIN LLC			
		OF CABLE SYSTEM (IF DIFFERENT)		
		· · · · · · · · · · · · · · · · · · ·		
	MAILING ADDRESS OF OWNER O	E CABLE SYSTEM		
	ONE MEDIACOM WAY			
	(Number, street, rural route, apartment, or suit	e number)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
	INSTRUCTIONS: In line 1, give any bus	sinces or trade names used to iden	tify the business and energian of the	avatam unlaga thaga
С	names already appear in space B. In line			
System		:		
	MEDIACOM WISCONSIN LLC			
	MAILING ADDRESS OF CABLE SYST	EM:		
	2 1504 Second Street S.E.			
	 (Number, street, rural route, apartment, or suit 	e number)		

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.

Waseca, MN 56093 (City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MEDIACOM WISCONSIN LLC	27
	Instructions: List each separate community served by the cable system. A "community" is	
D	separate and distinct community or municipal entity (including unincorporated communit unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	ties within unincorporated areas and including single, disc s a form of system identification hereafter known as the "
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	parks should be reported in parentheses below the ident
Served	city.	
	CITY OR TOWN	STATE
First	Viroqua	WI
Community	Cashton	WI
	Gays Mills	WI
d Rows as Necessary	La Crosse	WI
	La Crosse County	WI
	Viola (Vernon County)	WI
	La Farge	WI
	Readstown	WI
	Shelby	WI
	Soldiers Grove	WI
	Viola (Richland County)	WI
	Brookview	WI
	Westby	WI
	COON VALLEY	WI
	DeSota	WI

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
	MEDIACOM WISCONSIN	N LLC							2710
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi	pace E should	cover a	all categories of	seconda	•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-		• •				-	
	category, but do not include disc				iy stanua		s wiu iir a j		
	Block 1: In the left-hand block	in space E, th	e form	lists the categor					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			0		•			
	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, 1 with the number of subscribers a								
	sufficient.								
	BLO	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				-		-		
	Service to first set		474	20.45-67.11					
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	20.45-67.11					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ran not covered in space E, that is, the space E is the space E								
-	service for a single fee. There a					•			
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	tes are ch	narged on a vari	able per-p	rogram basis,	
Transmissions:	Block 1: Give the standard ra		he cabl	e system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a brief (two- or three-word) description				hed. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERV		RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	TVITE		ation: Non-resi		TUTE	O, (TEO)		
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	84.9
	• Pay cable—add'l channel	PP	۰Co	mmercial					
	Fire protection		۰Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l cha	annel				
	Installation: Residential		• Fir	e protection					
	• First set	109.99	• Bu	rglar protection					
	 Additional set(s) 	15.00-49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
			D .						
	Converter	10.50		sconnect					
	• Converter	10.50	۰Ou	sconnect tlet relocation ove to new addre		15.00-49.00			

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM WISCONS			27*
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul	tify every television station (including during the accounting period, <i>except</i> effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations: in space G—but do list it in space I (th	(1) stations carried only on a part-tin e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub	ne basis under ms [sections ions carried on a stitute program
	basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	so in space I, if the station was carried a concerning substitute basis stations, is call sign. <i>Do not</i> report origination p with a station according to its over-the form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ing the letter "N" (for network), "N-M" ('E" (for noncommercial educational), o ms, see page (iv) of the general instru- of each station. For U.S. stations, list	see page (v) of the general instruction rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over t station, an independent station, or a for network multicast), "I" (for independent r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station i	ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	ian stations, if any, give the name of the	3. TYPE OF STATION	4. LOCATION OF STATION
	WEAU/WEAU(HD) NBC	38	N	Eau Claire WI
	WEAU-DT2 Antenna TV	38.2	N	Eau Claire WI
			N	
	WEAU-DT3 H&I	38.3	IN	Eau Claire WI
	WEAU-DT3 H&I	38.3		Eau Claire WI Eau Claire WI
	WEAU-DT4 Movies!	38.4	N	Eau Claire WI
	WEAU-DT4 Movies! WEAU-DT5 Start TV	38.4 38.5	N N	Eau Claire WI Eau Claire WI
ld Rows as Neressary	WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS	38.4 38.5 30	N N E	Eau Claire WI Eau Claire WI La Crosse WI
ld Rows as Necessary	WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS	38.4 38.5 30 30.2	N N E E-M	Eau Claire WI Eau Claire WI La Crosse WI La Crosse WI
ld Rows as Necessary	WEAU-DT4 Movies! WEAU-DT5 Start TV WHLAWHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create	38.4 38.5 30 30.2 30.3	N N E E-M E-M	Eau Claire WI Eau Claire WI La Crosse WI La Crosse WI La Crosse WI
ld Rows as Necessary	WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids	38.4 38.5 30 30.2 30.3 30.3	N N E E-M E-M E-M	Eau Claire WI Eau Claire WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI
ld Rows as Necessary	WEAU-DT4 Movies! WEAU-DT5 Start TV WHLAWHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS	38.4 38.5 30 30.2 30.3 30.3 30.3 8	N N E E-M E-M E-M N	Eau Claire WI Eau Claire WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI
ld Rows as Necessary	WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET)	38.4 38.5 30 30.2 30.3 30.3 8 8 8.2	N N E E-M E-M E-M	Eau Claire WI Eau Claire WI La Crosse WI
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counting Period:	2021/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM I
Name	MEDIACOM WISCON	ISIN LLC		271
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including tem during the accounting period, <i>except</i>	(1) stations carried only on a part-time	basis under
Primary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6		
Transmitters:		as explained in the next paragraph.		
Television	Substitute Basis Stations	s: With respect to any distant stations ca	arried by your cable system on a substi	tute program
		ules, regulations, or authorizations:		N 191
	 Do not list the station her station was carried only or 	re in space G—but do list it in space I (th	he Special Statement and Program Log	j)—it the
		also in space I, if the station was carried	hoth on a substitute basis and also or	some other
		on concerning substitute basis stations,		
		on's call sign. <i>Do not</i> report origination p		
		d with a station according to its over-the	-air designation. For example, report r	nultistream
	"WETA-2" as the same on			
		nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C.	vision station for broadcasting over the	air in its community
		h case whether the station is a network s	station, an independent station, or a no	ncommercial
		ering the letter "N" (for network), "N-M" (, , , , , , , , , , , , , , , , , , , ,	
	· · · · · · · · · · · · · · · · · · ·), "E" (for noncommercial educational), o		al multicast).
		erms, see page (iv) of the general instru		
		on of each station. For U.S. stations, list	5	5
	FUC. For Mexican or Cana	adian stations, if any, give the name of th	ie community with which the station is i	laenunea.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF			I G I EM.					SYSTEM II 271
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si	it is carried by monitoring, to rrmation abou m. entify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	it the system's hea system's FM ante this point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
ignal, indicate i Column 4: G	this by placing ive the statior	g a checl n's locati	c mark in the "S/D" column. on (the community to which the community with which the	ne station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		ONLE OTON		0,0		

Accounting Perio			E 1.4					RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF MEDIACOM WISCONS		EM:					SYSTEM ID#
								27106
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	ify every non ccounting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or a	uthorizations	. For a further
Carriage:	1. SPECIAL STATEMENT	-			general metre			
Special Statement and	During the accounting per				is, any nonnet	twork telev	vision progra	am
Program Log	broadcast by a distant stat	tion?					YES	×NO
	Note: If your answer is "No"	", leave the i	rest of this pag	e blank. If your answer is	"Yes," you mu	ist comple	te the progr	am
	log in block 2.				-			
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	ace, please a of every nor distant stations, or ries like "mov Bulls." m was broad sign of the s adcast station adian station th and day ve "5/7." es when the	add additional r nnetwork televi on and that you r authorizations vies" or "baske least live, enter station broadca n's location (th ns, if any, the o when your syst substitute pro	ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific progra "Yes." Otherwise enter " sting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your	program") tha ed for the prog eral instruction m titles, for ex- No." am. station is lice station is liden program. Use cable system.	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals List the tii	ne accountir of another st ner informati ove Lucy" c ne FCC or, ir , with the ma mes accurat	ng ation on. or n onth
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the l and regulation nming that ye	listed program	was substituted for progr ring the accounting period	; enter the let	ter "P" if th	e listed pro	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the l and regulatic nming that ye	listed program	was substituted for progr ring the accounting period s permitted to delete unde	l; enter the letter FCC rules a	ter "P" if th	ie listed prog ions in	7. REASON FOR
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the l and regulatic nming that ye	listed program ons in effect du our system wa	was substituted for progr ring the accounting period s permitted to delete unde	l; enter the letter FCC rules a	ter "P" if th ind regulat N SUBST AGE OCC	ie listed prog ions in	gram
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatic nming that ye GUBSTITUT 2. LIVE?	ilisted program ons in effect du our system wa <u>E PROGRAM</u> 3. STATION'S	was substituted for progr ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC	TITUTE CURRED	7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatic nming that ye GUBSTITUT 2. LIVE?	ilisted program ons in effect du our system wa <u>E PROGRAM</u> 3. STATION'S	was substituted for progr ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC	TITUTE CURRED	7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatic nming that ye GUBSTITUT 2. LIVE?	ilisted program ons in effect du our system wa <u>E PROGRAM</u> 3. STATION'S	was substituted for progr ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC	TITUTE CURRED	7. REASON FO
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ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	A1-2E. PAGE
Name	MEDIACOM WISCONSIN LLC			-	2710
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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.	system's ion of how	secondary transn v to compute this	amount, see	0,941.94
		eceipis.		(Amount of gr	oss 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less t	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that	you must pay for t	nis six-month	
	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			-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE			,	
	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			150,941.94	
	5. Enter the amount from line 3			112,858.06	
	6. Subtract line 5 from line 4				100 42
	7. Multiply line 6 by .005 (enter figure here)			\$	<u>190.42</u> 0.00
	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		\$	190.42
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (b	ut less than \$52	7,600)	
	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).				
	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	6		
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and					
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	190.42	
Due	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			\$	210.42
	1				

Accounting Period:	2021/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: SCONSIN LLC		SYSTEM ID# 27106
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's and (2) the cable system's a	of channels on which the cable system carried television broadcast stations total number of activated channels during the accounting period. h the cable	26
	2. Enter the tota on which the	al number of activated channel cable system carried televisio	ls	66
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Kenneth J. Kohrs	Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY 1 (City, town, state, zip)		
	Email	Copyrights@me	diacomcc.com Fax (optional	
0	CERTIFICATION	(This statement of account mu	ist be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but only one</i> , of the boxes.)	
	(Owne	r other than corporation or pa	artnership) I am the owner of the cable system as identified in line 1 of space B	; or
	X (Agent	-	tion or partnership) I am the duly authorized agent of the owner of the cable sy e owner is not a corporation or partnership; or	/stem as identified
	(Offic	er or partner) I am an officer (i in line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
		te, and correct to the best of my	ereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith.	
			X /s/ Kenneth J. Kohrs	
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name: Kenneth J. Kohrs	
		Title: (Tit	Vice President, Financial Reporting le of official position held in corporation or partnership)	
		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.

unting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM WISCONSIN LLC	27106
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. \$	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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