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	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	08/30/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	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		-		
В	Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo	-	ary of another corporation, give the full corpo	orate title of
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a statement of account and royalty fee paym		e last day of the accounting period should sub od.	mit a single
	Check here if this is the system's first filing.	. If not, enter the system's ID number as	signed by the Licensing Division.	27121
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	Mediacom Wisconsin 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 nu	umber)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busing names already appear in space B. In line 2			
System	IDENTIFICATION OF CABLE SYSTEM:		, ,	<u> </u>
	1 Mediacom Wisconsin LLC			

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.

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

ONE MEDIACOM WAY

MEDIACOM PARK, NY 10918 (City, town, state, zip code)

2

New Dot of the set of the		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the community." Please use it as the first community on all future filings. Area Served CITY OR TOWN First Community CITY OR TOWN Community Essman & Able WI Clayton clayton IA Marquette WI Marquette WI Garnavillo IA Garnavillo IA WI Garnavillo Garnavillo WI Garnavillo WI Garnavillo WI Marquette WI Garnavillo IA WI Garnavillo Garnavillo IA WI Guttenberg WI Guttenberg WI Harper's Ferry	Name		
B separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discurst or unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the community." Please use it as the first community on all future filings. Area Served CITY OR TOWN First Community CITY OR TOWN Community Essman & Able VI Clayton Clayton IA Marquette WI Marquette WI Marquette WI Grant City IA Grant City WI Grant City WI Marquette WI Grant City WI Grant City WI Grant City WI Marquette WI Grant City WI Marquette WI Grant City WI Guttenberg WI Grant City WI Guttenberg WI			
Image: Comparison of the system identification hereafter known as the community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity. First Community CITY OR TOWN Strate Strate Image: City of the system identification hereafter known as the community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity. First Community CITY OR TOWN Strate Strate Image: City of the system identification hereafter known as the community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity. Image: City of the system identification hereafter known as the community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification. Image: City of the system identification hereafter known as the city. Image: City of the system identification hereafter known as the city. Image: City of the system identidentification hereafter known as the city. </td <td></td> <td>Instructions: List each separate community served by the cable system. A "community"</td> <td>is the same as a "community unit" as defined in FCC rules: "</td>		Instructions: List each separate community served by the cable system. A "community"	is the same as a "community unit" as defined in FCC rules: "
Area Served Area initial or portion of system identification interaction with as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification interaction interactio	D		
Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity. First CITY OR TOWN STATE First Community Essman & Able WI Area Served Miter State Miter State Area City OR TOWN STATE State Community Essman & Able WI Clayton IA Miter State Area Clayton MI Miter State Mode State Miter State Miter State Marquette WI Miter State Marquette WI Miter State Garnavillo IA Miter State Grant City WI WI Harper's Ferry WI WI			e as a form of system identification hereafter known as the "
Area Served city. First CITY OR TOWN STATE Community Boscobel City WI Community Essman & Able WI Clayton IA Clayton IA Marquette WI Marquette WI McGregor IA Garnavillo IA Grant City WI Harper's Ferry WI			
Served CITY. First CITY OR TOWN Community STATE First Boscobel City Community WI Community Clayton Id Rows as Necessary Elkader Marquette WI Marquette WI MacGregor IA Makon WI Garnavillo IA Grant City WI Marquet's Ferry WI	Aroa		ne parks should be reported in parentheses below the identi
First CITY OR TOWN STATE Community Boscobel City WI Community Essman & Able WI Clayton IA IA Clayton IA IA Clayton IA IA Marquette WI WI Marquette WI IA MacGregor IA IA Garnavillo IA IA Grant City WI WI Guttenberg WI WI		city.	
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d Rows as Necessary d Rows as Necessary Clayton IA G Rows as Necessary Elkader WI Marquette WI McGregor IA Garnavillo IA Grant City WI Guttenberg WI Harper's Ferry WI			
d Rows as Necessary d Rows	Community		
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Grant City WI Guttenberg WI Harper's Ferry WI			WI
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Guttenberg WI Harper's Ferry WI			WI
Harper's Ferry WI			
Warkon Junction Withermoscient Image: Imag			
		Waukon Junction	WI
Image: state in the state in			
Image: state of the state of			
			· · · · · · · · · · · · · · · · · · ·

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						515	TEM ID 2712
	Mediacom Wisconsin L	LC							2/12
_	SECONDARY TRANSMISSION	I SERVICE: SU	BSCRIB	ERS AND RA	TES				
E	In General: The information in s	space E should	cover all	categories of	seconda				
Cocondom	system, that is, the retransmissi about other services (including)								
Secondary Transmission	last day of the accounting period	, , ,	,		,		liiose exis	ung on the	
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call	for the numbe	r of subso	cribers to the ca			
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv			•••		•		charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· · ·	,		ny standa	rd rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	condarv transmi	ssion servi	ce that cable	
	systems most commonly provid	•		•					
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	•							
	printed in block 1 (for example, with the number of subscribers								
	sufficient.		s right ha						
	BL	OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	000001110			C, TT				
	Service to first set		1,547 2	9.99-61.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1 2	9.99-61.54					
	Converter Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATES					
F	In General: Space F calls for ra		,		•				
•	not covered in space E, that is, service for a single fee. There a								
Services	furnished at cost or (2) services	•	-		0		0.		
Other Than	amount of the charge and the u		usually b	illed. If any ra	tes are cl	narged on a var	iable per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cable	system for ea	ch of the	applicable servi	ices listed		
Rates	Block 2: List any services that			•				were not	
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	le the rate	e for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		DRY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: Pay cable	PP		ion: Non-resi I, hotel	dential		Family	Cablo	86.9
	• Pay cable—add'l channel	PP		mercial			1 anny	Cable	00.5
	• Fire protection	FF	• Pay						
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential		-	protection					
	• First set	109.99		lar protection					
	Additional set(s)	15.00-49.00	Other se	ervices:					
	1		• Pecc			49.00			1
	• FM radio (if separate rate)		- 1.600	onnect		40.00			
	 FM radio (if separate rate) Converter 	10.50		onnect					
	,	10.50	• Disco • Outle			15.00-49.00			

	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTEM
Name	Mediacom Wisconsin L			27
	PRIMARY TRANSMITTERS:			
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 a Substitute Basis Stations: A basis under specific FCC rule • Do <i>not</i> list the station here i station was carried <i>only</i> on a • List the station here, and als basis. For further information Column 1: List each station's multicast stream associated w "WETA-2" as the same on the Column 2: Give the channel of license. For example, WR Column 3: Indicate in each c educational station, by enterin (for independent multicast), "F For the meaning of these term Column 4: Give the location	lso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	(1) stations carried only on a part-tim he carriage of certain network program (1(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs he Special Statement and Program Lo d both on a substitute basis and also of see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a n (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ne basis under ms [sections ions carried on a stitute program .og)—if the on some other 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	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
	KCRG-DT2/KCRG-DT2 MyNet	9.2	I-M	Cedar Rapids, IA
d Rows as Necessary	KCRG-DT3 Antenna TV	9.3	I-M	Cedar Rapids, IA
The second s	KCRG-DT4 Heroes & Icons	9.4	I-M	Cedar Rapids, IA
	KCRG-DT5 Start TV	9.5	I-M	Cedar Rapids, IA
	KCRG-DT6 Circle	9.6	I-M	Cedar Rapids, IA
	KFXA/KFXA(HD) FOX	27	1	Cedar Rapids, IA
	KFXA-DT2 Charge!	27.2	I-M	Cedar Rapids, IA
	KFXA-DT3 TBD	27.3	I-M	Cedar Rapids, IA
	KFXA-DT4 Stadium	27.4	I-M	Cedar Rapids, IA
	KFXB CTN	43	I	DUBUQUE, IA
	KGAN/KGAN(HD) CBS	51	N	Cedar Rapids, IA
	KGAN-DT2/KGAN DT2 HD FO	51.2	I-M	Cedar Rapids, IA
	KGAN-DT3 getTV	51.3	I-M	Cedar Rapids, IA
	KGAN-DT4 DABL	51.4	I-M	Cedar Rapids, IA
	KIIN/KIIN(HD) PBS	12	E	lowa City, IA
		12.2	E-M	lowa City, IA
	KIIN-DT2 PBS KIDS (HD)		(
	KIIN-DT2 PBS KIDS (HD) KIIN-DT3 PBS World	12.3	E-M	lowa City, IA
			E-M E-M	lowa City, IA Iowa City, IA
	KIIN-DT3 PBS World	12.3		
	KIIN-DT3 PBS World KIIN-DT4 PBS Create	12.3 12.4		Iowa City, IA
	KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR (HD) ION	12.3 12.4 47		lowa City, IA Cedar Rapids, IA
	KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB(HD) Court TV N	12.3 12.4 47 25	E-M I	Iowa City, IA Cedar Rapids, IA Iowa City, IA

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Mediacom Wisconsin I	LLC		27
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)	tify every television station (including tr during the accounting period, <i>except</i> (effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph.	 stations carried only on a part-tim e carriage of certain network program 	e basis under ns [sections
Television	Substitute Basis Stations:	With respect to any distant stations car	rried by your cable system on a subs	titute program
	• Do <i>not</i> list the station here i station was carried <i>only</i> on a			-
	basis. For further information Column 1: List each station's multicast stream associated v "WETA-2" as the same on the	so in space I, if the station was carried a concerning substitute basis stations, s is call sign. <i>Do not</i> report origination pro- with a station according to its over-the- the form.	see page (v) of the general instructio ogram services such as HBO, ESPN air designation. For example, report	ns. I, etc. Identify each : multistream
	of license. For example, WR Column 3: Indicate in each of educational station, by enterin (for independent multicast), "	RC is channel 4 in Washington, D.C. case whether the station is a network st ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or	tation, an independent station, or a n or network multicast), "I" (for indeper r "E-M" (for noncommercial education	oncommercial ident), "I-M"
	Column 4: Give the location	ms, see page (iv) of the general instruc of each station. For U.S. stations, list t ian stations, if any, give the name of the	the community to which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KWKB-DT5 theGrio	25.5	I-M	Iowa City, IA
	KWKB-DT6 Quest	25.6	I-M	Iowa City, IA
	KWWL/KWWL(HD) NBC	7	N	Waterloo, IA
	KWWL-DT2/KWWL-DT2(HD) (7.2	I-M	Waterloo, IA
	KWWL-DT3 MeTV	7.3	I-M	Waterloo, IA
		7.4	I-M	Waterloo, IA
	KWWL-DT4 Court TV			1
	KWWL-D14 Court 1V KWWL-DT5 Justice Network	7.5	I-M	Waterloo, IA
			I-M E	
	KWWL-DT5 Justice Network	7.5		Waterloo, IA
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS	7.5 18	E	Waterloo, IA Mason City, IA
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD)	7.5 18 18.2	E E-M	Waterloo, IA Mason City, IA Mason City, IA
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World	7.5 18 18.2 18.3	E E-M E-M	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create	7.5 18 18.2 18.3 18.4	E E-M E-M	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create WIFS Ion Plus	7.5 18 18.2 18.3 18.4 57	E E-M E-M E-M I	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA Janesville, WI
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create WIFS Ion Plus WHA (PBS)	7.5 18 18.2 18.3 18.4 57 20	E E-M E-M I I E	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA Janesville, WI MADISON, WI
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create WIFS Ion Plus WHA (PBS) WHA-DT2 (PBS)	7.5 18 18.2 18.3 18.4 57 20 20.2	E E-M E-M I I E E-M	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA Janesville, WI MADISON, WI
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create WIFS Ion Plus WHA (PBS) WHA-DT2 (PBS) WHA-DT3 CREATE	7.5 18 18.2 18.3 18.4 57 20 20.2 20.2 20.3	E E-M E-M I E E E-M E-M	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA Janesville, WI MADISON, WI MADISON, WI
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create WIFS Ion Plus WHA (PBS) WHA-DT2 (PBS) WHA-DT3 CREATE WHA-DT4 PBS KIDS	7.5 18 18.2 18.3 18.4 57 20 20.2 20.2 20.3 20.4	E E-M E-M I E-M E E E-M E-M E-M	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA Janesville, WI MADISON, WI MADISON, WI MADISON, WI
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create WIFS Ion Plus WHA (PBS) WHA-DT2 (PBS) WHA-DT2 (PBS) WHA-DT3 CREATE WHA-DT4 PBS KIDS WHLA/WHLA(HD) (PBS)	7.5 18 18.2 18.3 18.4 57 20 20.2 20.3 20.4 30	E E-M E-M I E E E-M E-M E-M E-M E-M E	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA Janesville, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI La Crosse, WI
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create WIFS Ion Plus WHA (PBS) WHA-DT2 (PBS) WHA-DT3 CREATE WHA-DT3 CREATE WHA-DT4 PBS KIDS WHLA/WHLA(HD) (PBS) WISC/WISC(HD) CBS	7.5 18 18.2 18.3 18.4 57 20 20.2 20.3 20.4 30 50	E E-M E-M I E-M E-M E-M E-M E-M E-M N	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA Janesville, WI MADISON, WI
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create WIFS Ion Plus WHA (PBS) WHA-DT2 (PBS) WHA-DT3 CREATE WHA-DT4 PBS KIDS WHA-DT4 PBS KIDS WHA-DT4 (PBS) WHA-DT4 (PBS) WHA-DT4 (PBS) WHA-DT4 (PBS)	7.5 18 18.2 18.3 18.4 57 20 20.2 20.3 20.4 30 50 8	E E-M E-M I E-M E-M E-M E-M E-M E-M N N	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA Janesville, WI MADISON, WI La Crosse, WI La Crosse, WI
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create WIFS Ion Plus WHA (PBS) WHA-DT2 (PBS) WHA-DT3 CREATE WHA-DT3 CREATE WHA-DT4 PBS KIDS WHLA/WHLA(HD) (PBS) WISC/WISC(HD) CBS WKBT (CBS) WKOW/WKOW(HD) ABC	7.5 18 18.2 18.3 18.4 57 20 20.2 20.3 20.4 30 50 8 25	E E-M E-M I E-M E-M E-M E-M E-M E-M N N N	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA Janesville, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI La Crosse, WI Madison, WI La Crosse, WI Madison, WI
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 KIDS (HD) KYIN-DT3 World KYIN-DT4 Create WIFS Ion Plus WHA (PBS) WHA-DT2 (PBS) WHA-DT3 CREATE WHA-DT3 CREATE WHA-DT4 PBS KIDS WHLA/WHLA(HD) (PBS) WISC/WISC(HD) CBS WKBT (CBS) WKOW/WKOW(HD) ABC WKOW-DT2 MeTV HD	7.5 18 18.2 18.3 18.4 57 20 20.2 20.3 20.4 30 50 8 25 25.2	E E-M E-M I E-M E-M E-M E-M E-M E-M N N N N N	Waterloo, IA Mason City, IA Mason City, IA Mason City, IA Mason City, IA Janesville, WI MADISON, WI La Crosse, WI Madison, WI Madison, WI Madison, WI

				0.101	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYS	
	Mediacom Wisconsin	LLC			2712
	PRIMARY TRANSMITTERS:	TELEVISION			
G		ntify every television station (including tra during the accounting period, <i>except</i> (1		,	
Duine out	ő	effect on June 24, 1981, permitting the (2) and (4) on 70.62 (referring to 70.64)	0 1 0		
Primary Transmitters:		(2) and (4), or 76.63 (referring to 76.61(explained in the next paragraph.	e)(2) and (4))]; and (2) certain sta	tions carried on a	
Television		With respect to any distant stations carr	ied by your cable system on a su	ostitute program	
		es, regulations, or authorizations: in space G—but do list it in space I (the	Special Statement and Program	Loa)—if the	
	station was carried only on a				
		so in space I, if the station was carried b			
		n concerning substitute basis stations, se s call sign. <i>Do not</i> report origination pro			
		with a station according to its over-the-a	ir designation. For example, repo	ort multistream	
	"WETA-2" as the same on th Column 2: Give the channel	ne form. I number the FCC assigned to the televis	sion station for broadcasting over	the air in its community	
		RC is channel 4 in Washington, D.C.	sion station for broaddasting over		
		case whether the station is a network sta			
		ing the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational). or "	,		
	(for independent multicast), " For the meaning of these term	'E" (for noncommercial educational), or " ms, see page (iν) of the general instructi	"E-M" (for noncommercial educat ions in the paper SA1-2 form.	onal multicast).	
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EGAL NAME OF			YSIEM:					SYSTEM I
Mediacom W	/isconsin L	LC						27 [.]
	every radio s	tation ca	rried on a separate and discre					н
Special Instruct eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate i Column 4: G	tions Concer it is carried by monitoring, to mation abou m. entify the call tate whether t the radio stati this by placing ive the station	rning All y the sys be recei t the Co sign of e he statio ion's sign g a checl y's location	-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. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office re t the system's hea system's FM ante his point, see pag ed by the cable s le station is licens	egulations, an adend, and (2) nna, during ce ge (v) of the ge ystem as a se ed by the FCC	FM sign) it can b ertain sta eneral in parate a	al is generally be expected, ated intervals. structions in the.	Primary Transmitters Radio
		- C / -				e/=		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		l						

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Mediacom Wisconsin	LLC						27121
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi substitute basis during the advised to the second state of the second state							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in th	ne paper SA1-	2 form.
Carriage: Special	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	ision progran	n
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Lice abbroviations	whorever per	ciblo if the	oir mooning is	
	clear. If you need more spa				wherever pos		en meaning is	5
				sion program ("substitute	program") tha	it, during th	ne accounting	9
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."		"Yes." Otherwise enter "				
				sting the substitute progra				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the			with the mo	nth
	first. Example: for May 7 giv		when your sys		program. 030	numerais	, with the mo	intri
				gram was carried by your				ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that v	our svsten	n was <i>require</i>	ed
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	and regulat	tions in	
	effect on October 19, 1976.							T
	s			1	CARR	EN SUBST	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	
							_	
							_	
							_	
			<u> </u>				_	
]				_	

Name	Accounting Period:	2021/1			FORM	SA1-2E. PAGE 6
Kross Receips Instructions: The figure you give in this space determines the form you file and the amount you pay. Enfort the total of the amount in grant time secondary transmissions services (a biometer secondary transmissions services): Case Streeghts and E your constraints principles and compare the secondary transmission services (a direct secondary transmission services): Case Streeghts and E your constraints principles and the secondary transmission services (a direct secondary transmission services): Case Streeghts in States (Streeghts in States (Streeghts Streeghts): Compare the secondary transmission services (a direct secondary transmission services): Case Streeghts in States (Streeghts): Compare the secondary transmission services (a direct secondary transmission services): Case Streeghts (Streeghts): Case Streeghts in States (Streeghts): Case Streeghts in Streeghts in States (Streeghts): Case Streeghts in States (Streeghts): Case Streeghts in States (Streeghts): Case Streeghts in Streeghts in Streeghts in Streeghts in States (Streeghts): Case Streeghts in Streeghts	Name					SYSTEM ID# 27121
Linetructions: To complete their cyality fee you ove: Copyright Reyalty Fee Instructions: To complete their to lock 2, or those 3. Use block 1 if the amount of grass receipts in space K is 137,100 or less. Use block 2 if the amount of grass receipts in space K is more than 317,100 but less than or equal to 528,800 Use block 2 if the amount of grass receipts in space X is more than 317,100 but less than or equal to 528,800 Line block 2 if the amount of grass receipts in space X is more than 317,100 but less than or equal to 528,800 Line block 2 if the amount of grass receipts in space X is more than 317,100 but less than or equal to 528,800 Line 2 interest charge. Enfer the amount from line 4, space 0, page 8 Line 3 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 Line 3 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 Line 3 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 Subtract line 5 from line 1 3. Subtract line 5 from line 4 3. Subtract line 5 from line 4 3. Subtract line 5 from line 4 4. Enfer the amount form line 4, space 0, page 8 0.000 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 10. Subtract line 5 from line 4 2. Subtract line 5 from line 4		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 explanati 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 se on of how to	condary transmi compute this a	ssion service mount, see \$ 4	-
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty lee that you must pay for this six-month accounting period is \$20.00 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 \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula Status		 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 	but less that	in \$527,600	63,800	
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 \$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 form line 3 5. 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 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. LOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K \$ 21,48,94,30 2. Base		BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
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7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
FILING FEE AND TOTAL REMITTANCE DUE FILING FEE AND TOTAL REMITTANCE DUE Filing Fee and Total Remittance Due \$ 3,467.94 2. Filing Fee (See the instructions for more information on filing fee calculations)		6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
Filing Fee and Total Remittance Due 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 3,467.94 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 \$ 3,487.94 Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!		7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6 .		\$	3,467.94
Total Remittance Due 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 3,467.94 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 \$ 3,487.94 Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!		FILING FEE AND TOTAL REMITTANCE D	UE			
Total Remittance Due 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 3,467.94 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 \$ 3,487.94 Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!	Filing Fee and					
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 \$ 3,487.94 Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!	Total Remittance				,	
Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!		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			\$	3,487.94
						jhts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Mediacom Wis	WNER OF CABLE SYSTEM: consin LLC				SYSTEM ID# 27121
M Channels	to its subscriber	ou must give (1) the number o s, and (2) the cable system's Il number of channels on whic	total number of a	•		
		d television broadcast station				72
	2. Enter the tota	I number of activated channel	ls			
		cable system carried televisio dcast services				69
N Individual to		BE CONTACTED IF FURTH about this statement of accou		ON IS NEEDED (Identify an ir	ndividual to whom	
Be Contacted 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)	10918			
	Email	Copyrights@me	ediacomcc.com		Fax (optional	
	CERTIFICATION	(This statement of account mu	ust be certified an	d signed in accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, <i>but only one</i> , c	f the boxes.)		
	(Owne	r other than corporation or pa	artnership) I am t	he owner of the cable system a	as identified in line 1 of space E	3; or
		of owner other than corpora in line 1 of space B and that the			ent of the owner of the cable s	ystem as identified
		er or partner) I am an officer (i in line 1 of space B.	if a corporation) or	a partner (if a partnership) of tl	he legal entity identified as owr	er of the cable system
		the statement of account and h te, and correct to the best of my ion 1001(1986)]				
			X /s/ K	enneth J. Kohrs		
				c signature on the line above to ing an "/s/ signature" (e.g., /s/ J	•	
		Typed or printed	I name: Ken ı	neth J. Kohrs		
		Title:		ent, Financial Reportir	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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
diacom Wisconsin LLC	2712
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name 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 Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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
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