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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting	2021/1							
Period								
B	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. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit							
	a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	MEDIACOM ILLINOIS LLC							
	02748820211							
				027488	2021/1			
	ONE MEDIACOM WAY							
	MEDIACOM PARK, NY 10918							
	INCTRUCTIONS: In line 4 since care has been as trade a care of the	Jamesia, sharibara			ila a a a			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of							
System	IDENTIFICATION OF CABLE SYSTEM:	<u> </u>	-	•				
.,	MEDIACOM ILLINOIS LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	1102 N. Fourth Street P.O. Box 334							
	(Number, street, rural route, apartment, or suite number)							
	Chillicothe, IL 61523 (City, town, state, zip code)							
D								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on page	1b			
Area	with all communities.	T						
Served	CITY OR TOWN	STATE						
First Community	Community							
Community	Below is a sample for reporting communities if you report multiple cha			ı				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	3 GRP#			
Sample	Alda Alliance	MD MD	A B		2			
	Gering	MD	В		3			
					-			

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 SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 027488 MEDIACOM ILLINOIS LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **Sugar Grove** IL AA 1 **First Elburn** IL AA 1 Community **Kane County** IL AA 1 Hinkley IL AA 1 Shabbona IL AA 1 Waterman IL 1 AA See instructions for Somonauk IL AA 1 additional information on alphabetization. IL 1 Dekalb/Water AA **EARLVILLE** IL AA 1 **LELAND** ΪL 1 AA Kaneville IL 1 AA Add rows as necessary. IL **Dekalb/Somon** AA

 		 	••••••
	·		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC

SYSTEM ID# 027488

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	2,843	29.95-51.54				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	2	29.95-51.54				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	PP	Motel, hotel		Family Cable \$ 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		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 027488 MEDIACOM ILLINOIS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 2. B'CAST 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER STATION (If Distant) WBBM/WBBM(HD 12 N No Chicago, IL WCIU/WCIU(HD) 27 ı No Chicago, IL See instructions for WCIU-DT2 The U 27.2 ı No Chicago, IL additional information on alphabetization WCIU-DT3 MeTV 27.3 ı No Chicago, IL WCIU-DT4 Heros 27.4 I No Chicago, IL WCIU-DT5 Me TV-27.5 ı No Chicago, IL WCPX/WCPX(HD) 38 ı No Chicago, IL WCPX-DT2 Bound 38.2 ı No Chicago, IL **WCPX-DT3 Court** 38.3 ı No Chicago, IL WFLD/WFLD(HD) Chicago, IL 31 ı No WGBO/WGBO(HD ı Joliet, IL 38 No WGBO-DT2 Laff 38.2 ı Joliet, IL No WGN/WGN(HD) IN 19 ı No Chicago, IL WGN-DT2 Antenna 19.2 ı No Chicago, IL WGN-DT3 Court T 19.3 I No Chicago, IL WJYS-IND ı Tinley Park, IL 62 No WLS/WLS(HD) AB 7 Ν Chicago, IL No WLS-DT2 LIVE WE 7 ī Chicago, IL No

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC

SYSTEM ID#
Name
Name

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 specifc 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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: 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.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMAQ/WMAQ(HD	5	N	No		Chicago, IL
WMAQ-DT2 Cozi	5.2	N	No		Chicago, IL
WPWR/WPWR (H	51	I	No		Gary, IN
WSNS/WSNS(HD)	45	I	No		Chicago, IL
WSNS-DT2 Exitos	45.2	ı	No		Chicago, IL
WWTO TBN	35	ı	No		Naperville, IL
WTTW/WTTW(HD	47	Е	No		Chicago, IL
WTTW-DT2 Prime	47.2	ı	No		Chicago, IL
WTTW-DT3 PBS (47.3	I	No		Chicago, IL
WTTW-DT4 V-Me	47.4	I	No		Chicago, IL
WBBM-DT2 Start	12.2	ı	No		Chicago, IL
WFLD-DT2 Movie	31.2	ı	No		Chicago, IL
WFLD-DT3 BUZZI	31.3	l	No		Chicago, IL
WGBO-DT3 getTV	38.3	ı	No		Joliet, IL
WGBO-DT4 Justic	38.4	ı	No		Joliet, IL
WGBO-DT5 Grit	38.5	l	No		Joliet, IL
WBBM-DT3 DABL	. 12.3	ı	No		Chicago, IL

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2021/
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
MEDIACOM ILL	INOIS LLC				027488	- Namo
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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 specife 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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), "" (for independent), "I-M" (for i						
Note: If you are utilizing	ig multiple chan	<u> </u>	•		channel line-up.	
_		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 027488 MEDIACOM ILLINOIS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 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

TORWI SASE, TAGE 5.						Accoonting	T EMOD. 2021/1
MEDIACOM ILLINOIS I		EM:			S	027488	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOC	ì			
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.							
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per	iod, did you	ır cable system	carry, on a substitute bas	s, any nonne	twork television program	ı	Special Statement and
broadcast by a distant stat Note: If your answer is "No"		rest of this nad	ne blank If your answer is	'Ves " vou m		⊠No	Program Log
log in block 2.	, icave tric	rest of this pag	ge blank. If your answer is	ics, you in	ust complete the program	•	
2. LOG OF SUBSTITUTE	PROGRA	MS					
In General: List each subst				wherever po	ssible, if their meaning is		
clear. If you need more spa			al pages. ision program (substitute p	rogram) that	during the accounting		
period, was broadcast by a						ion	
under certain FCC rules, re	gulations, o	or authorization	s. See page (vi) of the ger	eral instructi	ons located in the paper		
SA3 form for futher informa titles, for example, "I Love L	tion. Do no	ot use general α RΔ Raskethall:	categories like "movies", oi - 76ers vs. Bulls "	"basketball"	. List specific program		
			r "Yes." Otherwise enter "N	lo."			
			asting the substitute progra				
the case of Mexican or Can		`	ne community to which the		•		
			tem carried the substitute			th	
first. Example: for May 7 giv		1 (1)					
to the nearest five minutes.			gram was carried by your o			/	
stated as "6:00-6:30 p.m."	•		, ,	·	•		
			was substituted for progra			I	
to delete under FCC rules a gram was substituted for pr							
effect on October 19, 1976.	-	,	on nac pominios to soloto		aloo alla rogalaliono ill		
				1 10/11/1	EN OUDOTITUTE		
S	UBSTITUT	E PROGRAM	1	1 1	EN SUBSTITUTE HAGE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
	722 27 772						
		 					
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ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 927488										
	PART-TIME CA	PART-TIME CARRIAGE LOG									
J Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."										
		T	DA	TES	AND HOURS	OF F	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN	N CARRIAGE O	CCU	IRRED		CALL SIGN	WHE	N CARRIAGE O	CCUI	RRED
	CALL SIGN	DATE	H- FROM	OUF	RS TO		CALL SIGN	DATE	H FROM	OUR	s TO
		57112	1110111	_	10			57112	THOM	_	1.0
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				-							

1	LI NAME OF OWNER OF CABLE SYSTEM: DIACOM ILLINOIS LLC		SYSTEM ID# 027488	Name				
Inst all a (as pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	dary transmission se	805,521.69	K Gross Receipts				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.								
3 be If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.		ock					
Block 1	Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at							
Block 2	This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and co	4, you must check						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	-					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	-					
Block 4	 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter 	\$	8,570.75 0.00	Cable systems submitting additional				
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)							
	Line 4. FILING FEE							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	9,295.75	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (So general instructions located in the paper SA3 form for more information.)	ee page (i) of the		additional lees.				

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	
Name		27488
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Kenneth J. Kohrs Telephone 845-443-2762	
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)	
	Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Kenneth J. Kohrs	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: August 16, 2021	

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 027488	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cab service of providing secondary transmissions of primary broadcast transmitters, the sy scribers and amounts collected from subscribers receiving secondary transmissions properties of the prop	le system for the basic stem shall not include sub- ursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late properties for an explanation of interest assessment, see page (viii) of the general instructions in the pa		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdaysx 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	, ,	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day lat	e.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the please list below the owner, address, first community served, accounting period, and ID number filing.		
Owner Address		
First community served		
Accounting period ID 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.

ACCOUNTING PERIOD: 2021/1

DSE SCHEDULE, PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located in
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
- 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

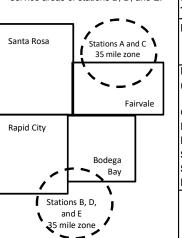
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carr	ied	Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
n	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 600,000.00
 .00

		\$0,304.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2021/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABL MEDIACOM ILLINOIS LI				S	4STEM ID# 027488
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	ı.			0.00	
2 Computation of DSEs for	Instructions: In the column headed "Call S of space G (page 3). In the column headed "DSE" mercial educational station, giv	: for each indepe	endent station, give the DSE 5."	as "1.0"; for ea		
Category "O"			CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.		·				
Remember to copy all		 				
formula into new						
rows.		<u>.</u>				
		<mark></mark>				
		<u>.</u>				
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		<u> </u>		<u> </u>		<u> </u>

Name		ILLINOIS LLC						027488
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-1 Column 6	st the call sign of all distar :: For each station, give the correspond with the inform :: For each station, give the correspond with the inform :: For each station, give the column of the station of the column of the call station of the column of the column of the call station of the column of the call station of the ca	ne number of ho mation given in the total number mn 2 by the figu nal point. This is station, give the umn 4 by the fig	ours your cable system space J. Calculate on of hours that the staticure in column 3, and go the "basis of carriage" "type-value" as "1.0."	n carried the stati- ly one DSE for each on broadcast ove ive the result in de e value" for the standard For each network	on during the accounting ach station. r the air during the accouncecimals in column 4. This ation. x or noncommercial eductions of the column 6. Round to no lead	unting period. s figure must ational station, ess than the	
Capacity		(CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	OF HOU CARRIE	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR				SE
			÷			<u>x</u>	<u>=</u>	
			÷			x	<u>_</u>	
			÷		=	x	=	
			÷ .		·····	x	=	
	Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as "2.5." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. CALL 2. NUMBER 3. NUMBER 0. OF HOURS CARRIAGE VALUE 0. AND AIR 1. CALL SYSTEM 0. ON AIR 1. CARRIAGE VALUE 0. AND AIR 1. CARRIAGE VALUE 0. ON AIR 1. CARRIAGE 0. AND AIR 1. CARRIAGE 0. C							
					=	·····	=	
4 Computation	Instructions: Column 1: Giv • Was carried tions in effe	of each station. Im here and in line 2 of pa e the call sign of each state by your system in substict on October 19, 1976 (a	art 5 of this sche	ace I (page 5, the Log gram that your system e letter "P" in column 7	of Substitute Prowas permitted to	ograms) if that station: delete under FCC rules	and regular-	
of DSEs for Substitute- Basis Stations	space I). Column 2: I at your option. Column 3: I Column 4: I	For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE (number of live, spond with the ir in the calendar in 2 by the figure (For more inforn	nonnetwork programs nformation in space I. year: 365, except in a e in column 3, and giv nation on rounding, se	s carried in substi a leap year. e the result in col ee page (viii) of th	tution for programs that w umn 4. Round to no less e general instructions in	were deleted	1).
	I	SL	JBSTITUTE-				T	T
	_	OF	OF DAYS	S		OF	3. NUMBER OF DAYS IN YEAR	4. DSE
								=
							····	=
							····	=
	Add the DSEs	of SUBSTITUTE-BASIS	S STATIONS:					riod. nust tation, the e paper 6. DSE =
5		ER OF DSEs: Give the amo		oxes in parts 2, 3, and	4 of this schedule	and add them to provide t	he total	
Total Number	1. Number	of DSEs from part 2 ●				>	0.00	
of DSEs	2. Number	of DSEs from part 3 ●				•	0.00	
	3. Number	of DSEs from part 4 ●				>	0.00	
	TOTAL NUMBE	R OF DSEs				,	•	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF C	WNER OF CABLE S	SYSTEM:					s	YSTEM ID# 027488	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa		of the DSE schedu	ule blank and	complete part t	8, (page 16) of the		6
,	, ,	-		TELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Com	1981?	schedule—D0	•	er markets as defin LETE THE REMAIN			C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	 Es			
Column 1: CALL SIGN	FCC rules and re	of distant sta egulations pric ne DSE Sched	ntions listed in porto June 25, 1	part 2, 3, and 4 of th 1981. For further ex e letter M below ref	nis schedule t planation of p	hat your syster ermitted station	ns, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station previous	ales and regulated pursuant to on as defined all educationad station (76.6 or DSE scheduant to individuviously carried JHF station wi	ations cited be to the FCC mare in 76.5(kk) (76 I station [76.59 is) (see paragrule). all waiver of FC d on a part-tim thin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 357, 76.59(b), (1), 76.63(a) is (a) referring to stitution of grades s prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	l of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
			1			11		0.00	
		E	BLOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of l	DSEs from p	oart 5 of this s	schedule			,		
Line 2: Enter the	sum of permitted	d DSEs from	block B abo	ve			,,	-	
				of DSEs subject t of this schedule)		ite.	,	0.00	
Line 4: Enter gro	ess receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here						partially permited/ partially
Line 6: Enter tota	al number of DSE	Es from line 3	3				x		nonpermitted carriage? If yes, see part 9 instructions.
l ine 7: Multinly li	ine 6 by line 5 and	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	

Name	027488	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 927488									
			ED)	(CONTINU	SION MARKETS	A: TELEVIS	BLOCK				
6	3. DSE	2. PERMITTED BASIS		3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN		
Computati 3.75 Fe											
										<mark>-</mark>	
										••••	
	<u></u>										

ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **MEDIACOM ILLINOIS LLC** 027488 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED DSE PERIOD CARRIAGE SIGN DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	MEDIACOM ILLINOIS LLC	SYSTEM ID# 027488	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	805,521.69	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	<u> </u>	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)	_	
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		MEDIACOM ILLINOIS LLC	SYSTEM ID# 027488						
7 Computation of the	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)							
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)							
Surcharge		C. Multiply line B by 3.000 and enter here.							
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge. \$							
8 Computation of Base Rate Fee	6 was of In blood of If you blank. What is were loo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B believes.	ow						
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)	.69_						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	0.00						
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts (the amount in section 1)	<u>-</u>						
		B. Enter 0.00701 of gross receipts (the amount in section 1)							
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here	<u>-</u>						
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
		Base Rate Fee	<u> </u>						

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 027488	Name
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		_
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
C. Multiply line B by 3.000 and enter here ▶		Base Rate Fee
D. Enter 0.00330 of gross receipts (the amount in section 1)		
(uio airioant iri osodori 1)		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
F. Multiply line D by line E and enter here >		
G. Add lines A. C, and F. This is your base rate fee.		
Enter here and in block 3, line 1, space L (page 7)		
Base Rate Fee ▶ \$	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chain Space G.	•	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate receipts from subscribers located within the station's local service area, from your system's total gross receipts. To tak		Computation
exclusion, you must:		of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distart station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determing DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	ine the number of	and Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B if your cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant carried to that community.	station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were outside the station's local service area. A subscriber located outside the local service area of a station is distant to that the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are dista subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note system will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your s groups.	ystem's subscriber	
In each section:		
Identify the communities/areas represented by each subscriber group.		
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to subscribers in the group.	all of the	
• If:		
 your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave of this schedule; or, 	it in parts 2, 3, and	
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it i part 6 of this schedule. 	n block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gener in the paper SA3 form.	al instructions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on t page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not actual calculations on the form.	(that is, the total	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	MEDIACOM ILLINOIS LLC	027488
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	Э
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	
	1	

LEGAL NAME OF OWNER MEDIACOM ILLING		E SYSTEM:				\$	027488	Name
				TE FEES FOR EACH			ID	
COMMUNITY/ AREA		SUBSCRIBER GROU	<u>''</u>	SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivity
				-				Surcharge for
								Partially
								Distant
								Stations
								
								
Γotal DSEs		-	0.00	Total DSEs		=	0.00	
Gross Receipts First Gr	oup	\$ 805	5,521.69	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····	-				
	····		····					
				-				
			-					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Sase Rate Fee: Add th			iber group a	s shown in the boxes a	bove.	\$	0.00	

LEGAL NAME OF OWI MEDIACOM ILLI		E SYSTEM:				\$	027488	Name
		COMPUTATION C SUBSCRIBER GRC		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
			<u></u>					Surcharge for
								Partially
								Distant Stations
			····					Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO						
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		=	0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add	I the base rat	e fees for each subs	criber group a	as shown in the boxes a	above.			
Enter here and in blo			5 1 -			\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 927488								Name
				TE FEES FOR EAC			ID.	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	TENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated Exclusivity
								Surcharge for Partially
								Distant Stations
Total DSEs Gross Receipts First	Group	•	0.00	Total DSEs 0.00 Gross Receipts Second Group \$ 0.00				
IGIOSS Receipts Filst	Group	3	0.00	I Gross Receipts Sect	oria Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
			criber group a	as shown in the boxes	above.			
Enter here and in blo	ck 3, line 1, s	pace L (page 7)				\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 927488								
				TE FEES FOR EAC		BER GROUP SUBSCRIBER GRO		
		SUBSCRIBER GRO	UP		9			
COMMUNITY/ AREA	All Con	nmunities		COMMUNITY/ ARE	Computatio			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	DSE CALL SIGN DSE		
								Base Rate Fe
								and
								Syndicated
	<mark></mark>							Exclusivity
			····					Surcharge for
	····		····					Partially
								Distant
								Stations
	<u>.</u>							
	<mark></mark>		<u>.</u>					
								
	····		·····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 80	5,521.69	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
			····			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	e fees for each subs	criber group a	II as shown in the boxes	above.			
Enter here and in block			J r-			\$	0.00	

	OIS LLC						027488	Name
				ATE FEES FOR EAC				
COMMUNITY/ADEA	FIFTH	SUBSCRIBER GRO	0 0	SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
COMMUNITY/ AREA			U	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
			·····		······		······	for Partially
				-			·····	Distant
								Stations
Total DSEs			0.00	Total DSEs				
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP					
OMMUNITY/ AREA 0			COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
	DSE	CALL SIGN				CALL SIGN	DSE	
Fotal DSEs			0.00	Total DSEs	DSE		DSE	
Total DSEs		CALL SIGN			DSE	CALL SIGN	DSE	
Total DSEs Gross Receipts Third G	Group	\$	0.00	Total DSEs Gross Receipts Fou	DSE	\$	0.00 0.00	
Total DSEs	Group		0.00	Total DSEs	DSE		DSE	

Nonpermitted 3.75 Stations

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 927488								
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:		
0	IP	SUBSCRIBER GROU		UP	SUBSCRIBER GRO	NINTH			
9 Computati	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I									
and									
Syndicate Exclusivit									
Surcharg			···		····		····		
for							····		
Partially			···		····				
Distant									
Stations									
			<u> </u>						
					<u></u>				
	0.00			Total DSEs	0.00			otal DSEs	
	Gross Receipts Second Group \$ 0.00				0.00	\$	roup	otal DSEs Gross Receipts First G	
	0.00	•	a Oroup	Gross Receipts decor	0.00	4	тоир	ross receipts i list of	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G	
	TWELVTH SUBSCRIBER GROUP					SUBSCRIBER GRO	ELEVENTH	E	
	COMMUNITY/ AREA 0					OMMUNITY/ AREA 0			
				COMMUNITY/ AREA					
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN			
	DSE			Total DSEs	DSE			Total DSEs	

FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 027488 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 027488 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWN		E SYSTEM:				S	027488	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee and Syndicated Exclusivity Surcharge
								for Partially Distant Stations
							0.00	
Total DSEs	_		0.00	Total DSEs				
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	<u>0</u>	SIXTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 027488								Name
				TE FEES FOR EAC				
SEVI COMMUNITY/ AREA	ENTEENTH	SUBSCRIBER GRO	<u>UP</u>	EIGHTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
						Computation		
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								and
								Syndicated
								Exclusivity
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								Partially
								Distant
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,	'	·			- ,	\$	0.00	
Base Rate Fee First C		\$	0.00	Base Rate Fee Seco		\$	0.00	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add t Enter here and in bloc			criber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 927488								
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
TWI	NTY-FIRST	SUBSCRIBER GRO	UP	TWEN	ITY-SECOND	SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				Computation of
								Base Rate F
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								Exclusivity
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								Partially
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		TWEN				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
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2.300 Roodpla Hillu	Jioup	-		S. Coc Recorpts 1 out	C.Oup	*		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	Group the base rat	e fees for each subs		Gross Receipts Four Base Rate Fee Four as shown in the boxes	th Group	\$ \$	0.00	

LEGAL NAME OF OWNI MEDIACOM ILLIN		E SYSTEM:				S	027488	Name
				TE FEES FOR EACH				
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						Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
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								Syndicated
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First (\$ CLIDSODIDED ODG	0.00	Base Rate Fee Secon		SUBSCRIBER GROU	0.00	
COMMUNITY/ AREA	r-SEVENTH	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA				
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourtl	h Group	\$	0.00	
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THIRTY-FIRST SUBSCRIBER GROUP IMUNITY/ AREA 0 COMMUNITY/ AREA 0									
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LEGAL NAME OF OWN MEDIACOM ILLIN		E SYSTEM:				S	027488	Name
TH		COMPUTATION C SUBSCRIBER GRO		THIR		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
TH	IIRTY-FIFTH	SUBSCRIBER GRO	UP	Th	HIRTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	II as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE MEDIACOM ILLIN		E SYSTEM:				\$	027488	Name
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
THIRTY	-SEVENTH	SUBSCRIBER GRO	DUP	THIRTY-EIGHTH SUBSCRIBER GROUP			JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
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			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIE	RTY-NINTH	SUBSCRIBER GRO	DUP		FORTIETH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>		····					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add tl Enter here and in block			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLII		E SYSTEM:				S	027488	Name
Er		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
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								Base Rate Fee
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								Distant
								Stations
			····					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
FC	ORTY-THIRD	SUBSCRIBER GRO	UP	FOR	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	•	0.00	Gross Receipts Four	th Group	•	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				\$	027488	Name
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COMMUNITY/ AREA			<u>U</u>	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
		SUBSCRIBER GRO		FOI	RTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
			criber group a	as shown in the boxes a	above.	c		
Enter here and in blo	uk э, IIПё 1, S	pace ∟ (page 7)				Φ		

Name	027488	S				SYSTEM:		LEGAL NAME OF OWNER MEDIACOM ILLINO
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION C	BLOCK A:	B
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9 Commutati	0	COMMUNITY/ AREA 0						COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base F a Sync Excl Surc Par	LEGAL NAME OF OWNER MEDIACOM ILLING		E SYSTEM:				•	027488	Name
FIFTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0	E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CMMUNITY/ AREA 0 CMMUN								UP	0
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Par Dis Sta Total DSES 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP FIFTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		<u> </u>							Surcharge for
Sta Sta Sta Sta Sta Sta Sta Sta		<u></u>		····					Partially
Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O									Distant
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O Gross Receipts Second Group \$ 0.00 FIFTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O									Stations
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O Gross Receipts Second Group \$ 0.00 FIFTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O Gross Receipts Second Group \$ 0.00 FIFTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA						•••••			
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O Gross Receipts Second Group \$ 0.00 FIFTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O									
Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Total DSEs			0.00	Total DSEs			0.00	
FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA	Base Rate Fee First Gr	roup	¢	0.00	Base Rate Fee Seco	and Group	¢	0.00	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
		TY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA				COMMUNITY/ AREA				
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		 		····					
		<u></u>							
		<u></u>		····					
Total DSEs 0.00 Total DSEs 0.00	Fotal DSEs			0.00	Total DSEs			0.00	
		roup	<u> </u>			th Group	<u> </u>		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	orosa Necelpis Tilifa G	ioup	4	0.00	Gioss Receipts Four	ит Стоир	Ψ	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

LEGAL NAME OF OWN MEDIACOM ILLIN		E SYSTEM:				S	027488	Name
				TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU		
FIFT' COMMUNITY/ AREA	Y-SEVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	JP 0	9		
CONNICION 17 7 ARCEN				- CONNINGIALITY / NACE /				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
			····					Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
F	IFTY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····		····				·····	
	······		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
		·				·		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Raco Data East Add	the bee s ===	o foos for oach sub	oribor grows	as shown in the boxes a	phove			
Enter here and in bloo			unei Aionh s	is shown in the boxes a	ab∪v€.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 027488								
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	IXTY-FIRST	SUBSCRIBER GRO		SIXTY-SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
57 LLL 51511	332	0,122 0.011	332	07.22 5.5.1	202	0/122 01011	302	Base Rate I
								and
								Syndicate
			<u></u>					Exclusivit
								Surcharg
	<u>.</u>		····					for Partially
	·····		····					Distant
	••••		····		•••••			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-THIRD SUBSCRIBER GROUP			DUP	Siz	KTY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>		····					
	·····		····					
	·····		····			-		
						-		
			····					
			····			-		
							·····	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Dana Bata Free William	0			Dana Barri Erri E	#b			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	uı Group	\$	0.00	
		e fees for each subs	criber group a	as shown in the boxes	above.	e e		

LEGAL NAME OF OWN		E SYSTEM:				S	YSTEM ID# 027488	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCR	BER GROUP		
S	IXTY-FIFTH	SUBSCRIBER GROU			SIXTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity
								Surcharge for
	····		···				••••	Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Secon		\$	0.00	
SIXTY	'-SEVENTH	SUBSCRIBER GROU	JP	SIX	(TY-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	·····				····			
	····		···		····			
	<u></u>							
	<u>.</u>	-			<u>.</u>		·····	
Total DSEs			0.00	Total DSEs			0.00	
	Group	¢	0.00		h Group	¢	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	п отоир	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group a	as shown in the boxes a	bove.	\$		

EGAL NAME OF OWNER MEDIACOM ILLINO		SYSTEM:				\$	027488	Name
B	LOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		SEVENTIETH SUBSCRIBER GROUP			JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivity
			····					Surcharge for
			···					Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
3ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GRO	UP	SEVEN	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<mark></mark>					
			<u></u>					
			····		•••••			
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ee Third Gi	oup base rate	\$	0.00		th Group			

LEGAL NAME OF OWN MEDIACOM ILLIN		E SYSTEM:				•	027488	Name
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
SEVE		SUBSCRIBER GRO		SEVENTY-FOURTH SUBSCRIBER GROUP			JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge for
								Partially
								Distant
								Stations
						-		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
SEVI	ENTY-FIFTH	SUBSCRIBER GRO	UP	SEV	'ENTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			····		·····			
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	s	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				S	027488	Name
				TE FEES FOR EAC				
SEVENT COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
			<u> </u>					and Syndicated
								Exclusivity
								Surcharge for
			····					Partially
								Distant
								Stations
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO			EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			<u></u>					
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	s		
Lines fiere and in bio	o o, mio 1, 5	pado E (page 1)				Ψ		

GN DSE Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations	BER GROUP SUBSCRIBER GROU CALL SIGN		TE FEES FOR EACH EIGHT COMMUNITY/ AREA CALL SIGN		COMPUTATION (SUBSCRIBER GRO CALL SIGN		
GN DSE Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations	SUBSCRIBER GROU	/-SECOND	EIGHT	JP 0	SUBSCRIBER GRO	GHTY-FIRST	EIGH
Computation SN DSE Base Rate F and Syndicate Exclusivity Surcharge for Partially Distant Stations	CALL SIGN	DSE			CALL SIGN	DSE	COMMUNITY/ AREA
Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations							CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations							
Partially Distant Stations							
Surcharge for Partially Distant Stations 0.00							
for Partially Distant Stations							
Partially Distant Stations							
Distant Stations 0.00				···			
0.00							
				<u> </u>			
	-						
			Total DSEs	0.00			Total DSEs
0.00	\$	d Group	Gross Receipts Second	0.00	\$	Group	Gross Receipts First G
0.00	\$	d Group	Base Rate Fee Second	0.00	\$	Group	Base Rate Fee First G
ER GROUP	SUBSCRIBER GROU	Y-FOURTH	EIGHT	JP	EIGHTY-THIRD SUBSCRIBER GROUP		
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
ON DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	_						
				···			
0.00			Total DSEs	0.00			Γotal DSEs
0.00	\$	Group	Gross Receipts Fourth	0.00	<u>\$</u>	Group	Gross Receipts Third G
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

LEGAL NAME OF OWNI		E SYSTEM:				\$	027488	Name
				TE FEES FOR EAC				
EIG COMMUNITY/ AREA	HTY-FIFTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
	T = ==	П				II		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
	····							for
								Partially
								Distant
	····		····					Stations
Total DSEs	<u>'</u>		0.00	Total DSEs	•		0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
EIGHTY	-SEVENTH	SUBSCRIBER GRO	UP	EIGH	HTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group a	II as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLIN		E SYSTEM:				S	027488	Name
F10				ATE FEES FOR EACH			ID	
COMMUNITY/ AREA	mit-iniiniH	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA	ININTETH	SUBSCRIBER GROU	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and Syndicated Exclusivity
								Surcharge for Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NIN COMMUNITY/ AREA	IETY-FIRST	SUBSCRIBER GRO	JP 0	NINET	TY-SECOND	SUBSCRIBER GROU	JP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs Gross Receipts Third	Group	\$	0.00	Total DSEs Gross Receipts Fourtl	n Group	\$	0.00	
Base Rate Fee Third		\$	0.00	Base Rate Fee Fourth		\$	0.00	
Base Rate Fee: Add t			riber group a	II	bove.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 027488							
				TE FEES FOR EACH	F BASE RA	COMPUTATION O	BLOCK A:	E
9	JP O	SUBSCRIBER GROU	Y-FOURTH	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL		NINE COMMUNITY/ AREA
Computat		П	T			T		
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
Syndicate								
Exclusivi	•••••							
Surcharg								
for								
Partially								
Distant								
Stations								
	0.00			Total DSEs	0.00			Γotal DSEs
	Gross Receipts Second Group \$ 0.00				0.00	ross Receipts First Group \$ 0.00		
			•				•	·
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	Group	Base Rate Fee First Gr
						•		
	JP	SUBSCRIBER GROU	ETY-SIXTH	NINE	JP	SUBSCRIBER GROU	NETY-FIFTH	NINE
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NINE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU		
		SUBSCRIBER GROU	DSE			SUBSCRIBER GROU		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			CALL SIGN
	DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

LEGAL NAME OF OWN		E SYSTEM:					027488	Name
	BLOCK A:	: COMPUTATION (OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
NINET		SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and
								Syndicate
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		<u> </u>						
Γotal DSEs		I.I.	0.00	Total DSEs			0.00	
ross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00	
'		,						
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINETY-NINTH SUBSCRIBER GROUP			DUP	ONE I	HUNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				Ш				
3ase Rate Fee: Add	the base rat	e fees for each subs	criber group a	as shown in the boxes	above.			
Enter here and in blo			ŭ i			\$		

LEGAL NAME OF OWNE		E SYSTEM:				\$	027488	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDF	RED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
0.122.5.0.1				0.122.31011		0.1223.0.1		Base Rate Fo
								and
								Syndicated
								Exclusivity
								Surcharge
			<u></u>					for
								Partially Distant
								Stations
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u></u>					
			<u></u>					
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	h Group	\$	0.00	
Group \$ 0.00 Gross Receip	\$ 0.00 Gross Receip	0.00 Gross Receip	Gross Receip				0.00	

LEGAL NAME OF OWNE		SYSTEM:				S	027488	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	RED FIFTH	SUBSCRIBER GROL			RED SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u> </u>					and
								Syndicated Exclusivity
	····				<u></u>			Surcharge
								for
								Partially
					<u></u>			Distant Stations
					<u></u>			Otations
					<u></u>			
					-			
	···				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon	-	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		11	ED EIGHTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>				<u></u>			
	···							
	···		·		<u> </u>		····	
			<u></u>		<u></u>			
					-			
			<u>.</u>		<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	027488	Name
				TE FEES FOR EACH				
	RED NINTH	SUBSCRIBER GROU		11	RED TENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	·····		<u>.</u>		····			Syndicated
			<u></u>					Exclusivity Surcharge
								for
								Partially
								Distant
			<u></u>					Stations
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GROU		ll .) TWELVTH	SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····		<u></u>		····			
			"		····			
	·····				···			
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add t Enter here and in block			riber group a	as shown in the boxes al	bove.	\$		

LEGAL NAME OF OWN		E SYSTEM:				\$	027488	Name
ONE HUNDRED T				ATE FEES FOR EACH			ID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs		-	0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
	•				•			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
			criber group a	as shown in the boxes a	above.			
Enter here and in blo	ск 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWN MEDIACOM ILLIN		E SYSTEM:				s	027488	Name
				TE FEES FOR EACH				
ONE HUNDRED SEV		SUBSCRIBER GRO	UP 0	ONE HUNDRED E		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA				COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>				·····	and Syndicated
								Exclusivity
								Surcharge
			<u></u>					for Partially
			<u></u>					Distant
								Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			 					
			<u></u>					
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group a	ns shown in the boxes a	above.	s		
Litter liere alla III bio	ا بان ال	pade L (page 1)				٧		

LEGAL NAME OF OWN		E SYSTEM:				S	027488	Name
	BLOCK A:	COMPUTATION O	BASE RA	ATE FEES FOR EAC	H SUBSCR	BER GROUP		
ONE HUNDRED TW	ENTY-FIRST	SUBSCRIBER GROU		ONE HUNDRED TWE	NTY-SECONE	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
				-		-		Surcharge for
		-						Partially
								Distant
	<u></u>							Stations
			-					
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROUP		H		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							·····	
	·····						·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			iber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE		E SYSTEM:					027488	Name
	BLOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	H SUBSCRI	BER GROUP		
	ENTY-FIFTH	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	·····				·····			Exclusivity Surcharge
								for
								Partially
	<u>.</u>							Distant
	<u>.</u>							Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0.00	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>				<u></u>			
	····		<u> </u>		<u> </u>			
	<u>.</u>							
	<mark>.</mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourtl	h Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	II as shown in the boxes a	bove.	\$		

9								
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A:	B
		SUBSCRIBER GROUP	THIRTIETH	ONE HUNDRED		SUBSCRIBER GROUP	ITY-NINTH	ONE HUNDRED TWEN
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi								
Surcharg					<u>.</u>			
for	·····							
Partially Distant								
Stations	·····							
_	0.00			Total DSEs	0.00			otal DSEs
_	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIS
)	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	·····							
	·····							
	·····							
						-		
_	0.00		•	Total DSEs	0.00			otal DSEs
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third Gr
]	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third Gr

LEGAL NAME OF OWN MEDIACOM ILLIN		E SYSTEM:				•	027488	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED TH		SUBSCRIBER GROUP		П		SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
								and
								Syndicated
								Exclusivity
			····					Surcharge for
		-						Partially
								Distant
								Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	HIRTY-FIFTH	SUBSCRIBER GROUP		ll .		SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	•••••		···		•••••			
	······		····					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	<u> </u>	0.00	Gross Receipts Four	th Group	\$	0.00	
	-F	·			I ₂			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add			criber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER MEDIACOM ILLINO		SYSTEM:				S	YSTEM ID# 027488	Name
	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	I SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TH	IRTY-EIGHTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OTTEL STORY	502	GALLE GIGIT	562	OF REE STOTE	502	O, LEE OTOTA	562	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
					····		·····	for
					····		·····	Partially Distant
					••••		····	Stations
					····			
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second		\$	0.00	
	RTY-NINTH	SUBSCRIBER GROUP		 		SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>.</u>			
					····		·····	
					••••			
					<u></u>			
					····		····	
				-	····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE		SYSTEM:				S	027488	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRII	BER GROUP		
ONE HUNDRED FO	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
							·····	Surcharge for
	····							Partially
	····							Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FO	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			ļ					
Total DSEs		<u> </u>	0.00	Total DSEs			0.00	
					. 0	•		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	ı Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th			iber group a	as shown in the boxes al	oove.	\$		

LEGAL NAME OF OWNE		SYSTEM:				s	027488	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FO	ORTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED F	ORTY-SIXTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	·····							Syndicated Exclusivity
	····							Surcharge
								for
								Partially
								Distant
	<mark></mark>							Stations
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00 0.00	
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0.00 0.00 ROUP	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					····			
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add to			iber group a	II	oove.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	YSTEM ID# 027488	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCRI	BER GROUP		
ONE HUNDRED FOR	RTY-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRE	ED FIFTIETH	SUBSCRIBER GROU	Р	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity
								Surcharge
	<mark></mark>	-			<u>.</u>		<u>.</u>	for
	·····							Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	<u>\$</u>	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED FI	FTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>						<u>.</u>	
	<u>.</u>							
			-					
			-				<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in block			iber group a	II	above.	\$		

LEGAL NAME OF OWNER MEDIACOM ILLING		E SYSTEM:				S	027488	Name
				TE FEES FOR EACH				
ONE HUNDRED FIF COMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GROU	1P 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROU	IP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
					<u></u>			
					···			Otations
					···			
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00 0.00 R GROUP	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED F	IFTY-SIXTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0.00 0.00 BER GROUP	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					···		O.00 O.00 O.00 O.00 O.00 O.00 O.00 O.00	
	<u></u>							
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	YSTEM ID# 027488	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	I SUBSCRI	BER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED F	IFTY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
Of ILL GIGIT	1002	O/ ILL SIGIT	562	O/ IEE SIGIT	502	OF ILLE OF IT	562	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
	····						·····	Partially Distant
								Stations
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	IFTY-NINTH	SUBSCRIBER GROUP		 		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							·····	
							····	
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
							$\neg \neg $	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	bove.	\$		

Nonpermitted 3.75 Stations

	Name
COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP	9
O COMMUNITY/ AREA O C	Computat
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant Stations 0.00 \$ 0.00
В	Base Rate
	and
	Syndicated Exclusivity Surcharge for Partially Distant Stations
\$ 0.00 Gross Receipts Second Group \$ 0.00	<u>o</u>
\$ 0.00 Base Rate Fee Second Group \$ 0.00	
SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP	
O COMMUNITY/ AREA O	
CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	
0.00 Total DSEs 0.00	

Nonpermitted 3.75 Stations

EGAL NAME OF OWNER OF MEDIACOM ILLINOIS I		TOLEM:					027488	Name
				TE FEES FOR EACH				
	ENTH S	UBSCRIBER GROL		ii –	GHTEENTH	SUBSCRIBER GROU		9
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ase Rate Fee First Group	\$		0.00	Base Rate Fee Secon	d Group	\$	0.00	0.00
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Nonpermitted 3.75 Stations

Name	027488						OIS LLC	MEDIACOM ILLIN
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۵		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GRO	NTY-FIRST	
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LEGAL NAME OF OWNE MEDIACOM ILLIN		E SYSTEM:				•	027488	Name
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Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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FOF	RTY-THIRD	SUBSCRIBER GRO)UP	FO	RTY-FOURTH	SUBSCRIBER GRO	UP	
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Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

						027488	Name
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ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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otal DSEs		0.00	Total DSEs			0.00	
ross Receipts Third Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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NI	027488						OIS LLC	MEDIACOM ILLIN
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FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 027488 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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