This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	Ľ.	MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite number)
		EXCELSIOR SPRINGS, MO 64024
		(City, town, state, zip code)
Dubur and And Made		

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/30/21

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name		SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	4026
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	roommunity" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first r mobile home parks should be reported in parentheses below the identified
Area Served	city.	
	CITY OR TOWN	STATE
First ommunity	CARROLTON	MO
as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name								515	402
	MEDIACOM SOUTHEAS		RULL	ION, MO)					
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission	•		•					
Secondary	about other services (including p					•			
Transmission	last day of the accounting period	l (June 30 or D	ecembe	r 31, as the cas	e may b	e).		C C	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					,	,	
Rates	each category by counting the n								
	separately for the particular serv	rice at the rate	, indicated	d-not the num	ber of se	ts receiving serv	, /ice).	0	
	Rate: Give the standard rate of	-	-						
	unit in which it is generally billed category, but do not include disc	• •	,		y standa	ird rate variation	s within a j	particular rate	
	Block 1: In the left-hand block				es of sec	condary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			U U		•			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	0			· · ·			41	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					,	,,	, 0	
	sufficient.								
	BLC	OCK 1 NO. OF					BLOCK	(2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		215	74.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel			74.40					
	Commercial Converter		0	74.49					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rain not covered in space E, that is, t	•	,		•	, ,			
•	service for a single fee. There a								
Services	furnished at cost or (2) services	or facilities fur	nished to	nonsubscriber	s. Rate i	nformation shou	ld include	both the	
Other Than	amount of the charge and the ur		usually	billed. If any rat	es are cl	harged on a vari	able per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for eac	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	t your cable sys	stem fur	nished or offere	d during	the accounting	period that		
	listed in block 1 and for which a				hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip			te for each.			1		
		BLO					0.4750	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV tion: Non-resid		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	PP		el, hotel	Jential		FAMIL	Y	85.9
	• Pay cable—add'l channel	PP		nmercial					
	• Fire protection		-	cable					
	•Burglar protection		• Pay	cable-add'l cha	annel				
	Installation: Residential		• Fire	protection					
	• First set	109.99	• Burg	glar protection					
	 Additional set(s) 	15.00-49.00		ervices:					
	• FM radio (if separate rate)			onnect		49.00			
	Converter	10.50	• Disc	connect					
			-			4			
				et relocation		15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Name	MEDIACOM SOUTHEA	ST LLC (CARROLLTON, MO)		40
	PRIMARY TRANSMITTERS:	TELEVISION		
c		ify every television station (including tr		
G		during the accounting period, except (effect on June 24, 1981, permitting the		
Primary	76.59(d)(2) and (4), 76.61(e)	2) and (4), or 76.63 (referring to 76.61		
ransmitters: Television		explained in the next paragraph. With respect to any distant stations car	ried by your cable system on a substi	tute program
relevision	basis under specific FCC rule	s, regulations, or authorizations:		
	 Do not list the station here i station was carried only on a 	n space G—but do list it in space I (the substitute basis.	e Special Statement and Program Log	j)—if the
	· List the station here, and als	io in space I, if the station was carried		
		concerning substitute basis stations, s call sign. Do not report origination pro		
	multicast stream associated w "WETA-2" as the same on th	vith a station according to its over-the-	air designation. For example, report r	nultistream
		number the FCC assigned to the telev	ision station for broadcasting over the	air in its community
		C is channel 4 in Washington, D.C. ase whether the station is a network st	ation an independent station or a no	ncommercial
	educational station, by enterin	ng the letter "N" (for network), "N-M" (for	or network multicast), "I" (for independ	lent), "I-M"
		E" (for noncommercial educational), or ns, see page (iv) of the general instruct		al multicast).
		of each station. For U.S. stations, list t		icensed by the
	FCC. For Mexican or Canadia	an stations, if any, give the name of the	e community with which the station is i	identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO
Rows as Necessary	KCPT-DT3 PBS Create	18.3	E-M	KANSAS CITY, MO
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO
	KCTV/KCTV(HD)CBS	24	N	KANSAS CITY, MO
	KCTV-DT2 COMET	24.2	I-M	KANSAS CITY, MO
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO
	KCWE CW/KCWE CW HD	31	I	KANSAS CITY, MO
	KCWE-DT2 Justice Network	31.2	I-M	KANSAS CITY, MO
	KMBC/KMBC(HD)ABC	29	N	KANSAS CITY, MO
	KMBC-DT2 METV	29.2	I-M	
				KANSAS CITY, MO
	KMCI/KMCI (HD) IND	41	I	LAWRENCE, KS
	KMCI-DT2 BOUNCE TV	41.2	I-M	LAWRENCE, KS
	KMCI-DT3 Court TV Mystery	41.3	I-M	LAWRENCE, KS
	KMCI-DT4 Court TV	41.4	I-M	LAWRENCE, KS
	KMOS PBS	15	E	SEDALIA, MO
	KPXE ION/KPXE ION HD	51	I	KANSAS CITY, MO
	KPXE-DT2 Court	51.2	I-M	KANSAS CITY, MO
	KPXE-DT3 Grit	51.3	I-M	KANSAS CITY, MO
	KQTV ABC	7	N	ST JOSEPH, MO
	KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO
	KSHB-DT2 Grit	42.2	I-M	KANSAS CITY, MO
	KSHB-DT3 LAFF	42.3	I-M	KANSAS CITY, MO
			1	KANSAS CITY, MO
	KSMO/KSMO (HD) MYNET	47	•	
	KSMO/KSMO (HD) MYNET KSMO-DT2 thegrio	47 47.2	i I-M	KANSAS CITY, MO
	KSMO-DT2 thegrio	47.2	I-M	KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL	47.2 47.3	I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle	47.2 47.3 47.4 47.5	I-M I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX	47.2 47.3 47.4 47.5 34	I-M I-M I-M I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX WDAF-DT2 ANTENNA TV	47.2 47.3 47.4 47.5 34 34.2	I-M I-M I-M I I I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX WDAF-DT2 ANTENNA TV WDAF-DT3 Court TV	47.2 47.3 47.4 47.5 34	I-M I-M I-M I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX WDAF-DT2 ANTENNA TV	47.2 47.3 47.4 47.5 34 34.2	I-M I-M I-M I I I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX WDAF-DT2 ANTENNA TV WDAF-DT3 Court TV	47.2 47.3 47.4 47.5 34 34.2 34.3	I-M I-M I-M I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX WDAF-DT2 ANTENNA TV WDAF-DT3 Court TV	47.2 47.3 47.4 47.5 34 34.2 34.3	I-M I-M I-M I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX WDAF-DT2 ANTENNA TV WDAF-DT3 Court TV	47.2 47.3 47.4 47.5 34 34.2 34.3	I-M I-M I-M I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX WDAF-DT2 ANTENNA TV WDAF-DT3 Court TV	47.2 47.3 47.4 47.5 34 34.2 34.3	I-M I-M I-M I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX WDAF-DT2 ANTENNA TV WDAF-DT3 Court TV	47.2 47.3 47.4 47.5 34 34.2 34.3	I-M I-M I-M I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX WDAF-DT2 ANTENNA TV WDAF-DT3 Court TV	47.2 47.3 47.4 47.5 34 34.2 34.3	I-M I-M I-M I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD) FOX WDAF-DT2 ANTENNA TV WDAF-DT3 Court TV	47.2 47.3 47.4 47.5 34 34.2 34.3	I-M I-M I-M I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO

Accounting P							FORM	/I SA1-2E. PAGE
			YSTEM: CARROLLTON, MO)					SYSTEM ID
	SUUTHEA		(CARROLLION, MO)					402
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou m.	y the sys be recei t the Co	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried.	t the system's hea system's FM ante	adend, and (2 nna, during ce) it can b ertain sta	be expected, ated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stati this by placing ive the station	he statio on's sigr g a check n's locatio	n is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio	-						FOR	M SA1-2E. PAGE 5			
Name	LEGAL NAME OF OWNER OF O			DN. MO)				SYSTEM ID# 4026			
				,				4020			
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televis priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> static C rules, regula	ations, or aut	thorizations.	For a further			
Carriage:	1. SPECIAL STATEMENT				general motio						
Special Statement and	During the accounting period				s, any nonne	twork televis	sion prograr	n			
Program Log	broadcast by a distant stat	tion?					YES	× NO			
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2. 2. LOG OF SUBSTITUTE										
	period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every not distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast statio atian statio th and day re "5/7." es when the Example: a er "R" if the and regulation ming that y	add additional i nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ins, if any, the o when your sys e substitute pro program carri listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tabl." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute p gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") that d for the prog eral instruction in titles, for ex- lo." m. station is licent station is ident program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	t, during the ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tim 8:30 p.m. s our system ter "P" if the	e accounting another sta er informatio we Lucy" or FCC or, in with the mo nes accurate hould be was <i>require</i> listed progr	g tion n. nth ely ed			
	s	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F			7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	IMES — TO	DELETION			
							_				
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Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)		4026
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	5,365.18 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-month	
		•	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	-	
	1. Base amount under statutory formula \$ 263,800.00	,	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	•	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and		50.00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		ts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (CARROL	LTON, M	0)		SYSTEM ID# 4026
M				s on which the cable system carried television b ber of activated channels during the accounting		
		al number of channels on which ad television broadcast stations		9		42
	on which the	I number of activated channel cable system carried televisio dcast services	on broadca	st stations		69
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Identify an individual to	whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm Mediacom Park, NY (City, town, state, zip)		e number)		
	Email	Copyrights@me	ediacomc	c.com Fax (op	otional	
	CERTIFICATION	(This statement of account mu	ust be cert	ified and signed in accordance with Copyright O	ffice regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but onl</i>	<i>v one</i> , of the boxes.)		
	(Owne	r other than corporation or pa	partnership) I am the owner of the cable system as identified	in line 1 of space E	3; or
				rtnership) I am the duly authorized agent of the o not a corporation or partnership; or	wner of the cable s	ystem as identified
	(Offic			tion) or a partner (if a partnership) of the legal enti	ity identified as owr	er of the cable system
		te, and correct to the best of my		lare under penalty of law that all statements of fac le, information, and belief, and are made in good f		
				/s/ Kenneth J. Kohrs	tatement.	
			Enter sign	ature using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or printed	d name:	Kenneth J. Kohrs		
		Title: (Tit		resident, Financial Reporting		
		Date:		8/3	9/2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (CARROLLTON, MO)	4026
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.