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

SA1-2E **Short Form**

STATEMENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2-28-22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

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

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 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	MEDIACOM MINNESOTA LLC 20						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in For separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including si unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h city.	ome parks should be reported in parentheses below the identi					
	CITY OR TOWN	CTATE					
First	WORTHINGTON	STATE MN					
Community	LUVERNE	MN					
d Rows as Necessary							

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM IC		
Name	MEDIACOM MINNESOTA LLC								2048		
	SECONDARY TRANSMISSION		IBSCR		TES						
E	In General: The information in s					y transmission	service of	the cable			
	system, that is, the retransmission										
Secondary		cluding pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission Service: Sub-	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										
scribers and	down by categories of secondary	•					,	,			
Rates	each category by counting the n							s charged			
	separately for the particular serv							in and the			
	Rate: Give the standard rate c unit in which it is generally billed	-						-			
	category, but do not include disc	· · ·		,	ly Stanua		is within a	particular rate			
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servi	ice that cable			
	systems most commonly provide										
	that applies to your system. Not			0		0					
	categories, that person or entity subscriber who pays extra for ca						•				
	first set" and would be counted of										
	Block 2: If your cable system	-		•							
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in the	e right-l	hand block. A tw	o- or thre	e-word descript	ion of the	service is			
		DCK 1					BLOC	٢2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:	CODOCIAD		TUTE	0/11		THE	COBCORDERCO	TVT		
	Service to first set		519	40.49-74.49							
	Service to additional set(s)										
	• FM radio (if separate rate)			······							
	Motel, hotel										
	Commercial		1	40.49-74.49							
	Converter										
	Residential			······							
	Non-residential										
				1							
	SERVICES OTHER THAN SEC In General: Space F calls for rate					ll vour cable sve	stom's son	vices that were			
F	not covered in space E, that is, t	•	,		-	• •					
	service for a single fee. There are					•					
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the un		usually	/ billed. If any rat	tes are ch	narged on a var	iable per-p	rogram basis,			
Secondary ransmissions:	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.										
Rates	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.										
	brief (two- or three-word) descrip	otion and inclue	le the r	ate for each.			1				
	BLOCK 1							BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATI		
	Continuing Services:			ation: Non-resi	dential		Family	Cabla	00.0		
	• Pay cable	PP		otel, hotel			Family	Cable	99.0		
	• Pay cable—add'l channel	PP		mmercial							
	Fire protection			y cable							
	•Burglar protection			y cable-add'l cha	annei						
	Installation: Residential	400.00		e protection							
	First set	109.99		rglar protection							
	Additional set(s) EM radio (if concrete rate)	15.00-49.00		services:		40.00					
	FM radio (if separate rate)	40.50		connect		49.00					
	Converter	10.50	• Dis	sconnect							
			~	+		45 00 40 00					
				itlet relocation		15.00-49.00					

Name MEDIACOM MINNESOTA LLC 20 FINATY TRANSMITTER:		LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM				
PRIMARY TRANSMITTERS: TLEUSOIN In General: In space G, identify every letevision station (including translator stations and low power television stations) crimet by your cable system during the accounting period. CPG (1) stations carried only on a patientine basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (seations Television Tel	Name								
Arrow a second					· · · · · · · · · · · · · · · · · · ·				
I. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KARE NBC 11 N MINNEAPOLIS, MN KOLT/KDLT(HD) NBC 47 N SIOUX FALLS, SD KOLT-DT2/KDLT-DT2 FOX 47.2 I-M SIOUX FALLS, SD KOLT-DT3 Antenna TV 47.3 I-M SIOUX FALLS, SD KOLT-DT4 Cozi TV 47.4 I-M SIOUX FALLS, SD KLO/KELO/KELO(HD) CBS 11 N SIOUX FALLS, SD KELO/KELO(HD) CBS 8 E BROOKINGS, SD KESD/MESD(HD) PBS 8 E BROOKINGS, SD KESD-DT3 Create 8.3 E-M BROOKINGS, SD KESP-DT3 Create 8.3 E-M BROOKINGS, SD KESP-DT3 Create 8.4 E-M BROOKINGS, SD KSFY/KSFY(HD) ABC 13.2 I-M SIOUX FALL, SD KSFY-DT2 (HD) 13.2 I-M SIOUX FALL, SD KSFY-DT3 ME TV 13.3 I-M SIOUX FALL,	Primary Transmitters:	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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station, or a noncommercial educational station, by entering the letter "N" (for network, multicast), "I' (for independent), "I-M" (for independent multicast), "E'' (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
KARE NBC11NMINNEAPOLIS, MNKARE NBC11NSIOUX FALLS, SDKDLT/KDLT/HD) NBC47NSIOUX FALLS, SDKDLT-DT2/KDLT-DT2 FOX47.2I-MSIOUX FALLS, SDKDLT-DT3 Antenna TV47.3I-MSIOUX FALLS, SDKDLT-DT4 Cozi TV47.4I-MSIOUX FALLS, SDKELO/KELO(HD) CBS11NSIOUX FALLS, SDKELO-DT2 MYUTV11.2I-MSIOUX FALLS, SDKESD/KESD(HD) PBS8EBROOKINGS, SDKESD-DT2 PBS World8.2E-MBROOKINGS, SDKESD-DT3 Create8.3E-MBROOKINGS, SDKESD-DT4 PBS Kids8.4E-MBROOKINGS, SDKSFY/KSFY-DT2 (HD)13.2I-MSIOUX FALL, SDKSFY-DT3 ME TV13.3I-MSIOUX FALL, SDKTCA-DT PBS34.1E-MMINNEAPOLIS, MNKTW This TV7ISIOUX FALL, SDKTW This TV7ISIOUX FALL, SD									
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		KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV KTCA-DT PBS KTTW This TV	8 8.2 8.3 8.4 13 13.2 13.3 34.1 7	E E-M E-M N I-M I-M E-M I	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD				
		KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV KTCA-DT PBS KTTW This TV	8 8.2 8.3 8.4 13 13.2 13.3 34.1 7	E E-M E-M N I-M I-M E-M I	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD				
		KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV KTCA-DT PBS KTTW This TV KWCM (PBS)	8 8.2 8.3 8.4 13 13.2 13.3 34.1 7 10	E E-M E-M N I-M I-M I-M I-M E-M I E-M	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD APPLETON, MN				
		KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV KTCA-DT PBS KTTW This TV KWCM (PBS)	8 8.2 8.3 8.4 13 13.2 13.3 34.1 7 10	E E-M E-M N I-M I-M I-M I-M E-M I E-M	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD APPLETON, MN				
		KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV KTCA-DT PBS KTTW This TV KWCM (PBS)	8 8.2 8.3 8.4 13 13.2 13.3 34.1 7 10	E E-M E-M N I-M I-M I-M I-M E-M I E-M	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD APPLETON, MN				

ccounting Period:	2021/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID				
Name	MEDIACOM MINNESC	DTA LLC		2048				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	ntify every television station (including to n during the accounting period, <i>except</i> (1) stations carried only on a part-time	basis under				
Primary		n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61						
Transmitters:		s explained in the next paragraph.						
Television		: With respect to any distant stations ca	ried by your cable system on a substit	tute program				
		iles, regulations, or authorizations: e in space G—but do list it in space I (the	Special Statement and Drearow Log) if the				
	station was carried only on		e Special Statement and Program Log					
		also in space I, if the station was carried	both on a substitute basis and also on	some other				
		n concerning substitute basis stations, s						
		n's call sign. <i>Do not</i> report origination pr		-				
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.							
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community							
		RC is channel 4 in Washington, D.C.						
		case whether the station is a network s	, , ,					
	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).							
		rms, see page (iv) of the general instruc		inducast).				
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

EGAL NAME OF			YSTEM:					SYSTEM I 204
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether the the radio stati this by placing ive the station	v the sys be receivent t the Co sign of e ne statio on's sign a check 's locatio	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the sy pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processes is mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anten is point, see pag ed by the cable sy e station is licens	adend, and (2) nna, during ce le (v) of the ge ystem as a se ed by the FCC	it can b ertain sta eneral in parate a	e expected, tted intervals. structions in the. nd discrete	Primary Transmitters Radio
	AM or FM	e/n				e/n		
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio								
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESO		TEM:					SYSTEM ID: 20489
		TALLC						2048
Ι	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a	ify every nor accounting pe	nnetwork televis eriod, under spe	<i>tion program,</i> broadcast by ecific present and former F	/ a <i>distant</i> station CC rules, regul	ations, or au	thorizations	. For a further
Substitute Carriage:	explanation of the programm	-			he general instr	uctions in th	e paper SA	1-2 form.
Special	 SPECIAL STATEMENT During the accounting per 	-			sis any nonne	twork televi	sion progra	m
Statement and Program Log	broadcast by a distant sta	•	ii cable system	i carry, or a substitute ba	ISIS, AITY HOLING			NO
Program Log	5				«», "		YES	
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust complete	e the progra	am
	log in block 2. 2. LOG OF SUBSTITUTE	E PROGRA	MS					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim	ace, please a of every no a distant stat ggulations, o ries like "mo Bulls." m was broad sign of the s adcast station addast station th and day ve "5/7."	add additional innetwork telev ion and that yo or authorization vvies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro	rows to the tables. ision program ("substitute our cable system substitut s. See page (v) of the ge- etball." List specific progra- rr "Yes." Otherwise enter " asting the substitute progra- ne community to which the community with which the tem carried the substitute ogram was carried by you	e program") tha ted for the prog neral instructio am titles, for ex "No." ram. e station is lice e station is lice e station is ide program. Use r cable system	at, during th gramming or ons for furthe (ample, "I Lo ensed by the ntified). e numerals, I. List the tin	e accountir f another st er informatio ove Lucy" o e FCC or, ir with the mo-	ng ation on. r n onth
	to delete under FCC rules a was substituted for program	er "R" if the and regulation mming that y	listed program ons in effect du	was substituted for prog uring the accounting peric	· ramming that y od; enter the le	tter "P" if the	e listed prog	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete und	ramming that y od; enter the le der FCC rules a	tter "P" if the and regulation	e listed prog ons in TUTE	gram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y	listed program ons in effect du	was substituted for prog uring the accounting perio as permitted to delete und	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation	e listed prog ons in TUTE	gram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa <u>TE PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation	E listed prog ons in TUTE JRRED IMES	gram 7. REASON FC
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa <u>TE PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation	E listed prog ons in TUTE JRRED IMES	gram 7. REASON FC
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa <u>TE PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation	E listed prog ons in TUTE JRRED IMES	gram 7. REASON FO
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa <u>TE PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation	E listed prog ons in TUTE JRRED IMES	gram 7. REASON FC
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa <u>TE PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation	E listed prog ons in TUTE JRRED IMES	gram 7. REASON FC
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Accounting Period:	2021/2		FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC		S	*YSTEM ID 20489
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmi compute this a	ssion service mount, see	9,901.90 pss receipts)
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 tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	169,901.90		
	3. Subtract line 2 from line 1	93,898.10		
	4. Enter the amount of gross receipts from space K	\$ 1	169,901.90	
	5. Enter the amount from line 3	\$	93,898.10	
	6. Subtract line 5 from line 4	\$	76,003.80	
	7. Multiply line 6 by .005 (enter figure here)		\$	380.02
	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		\$	380.02
	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	263,800.00		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	380.02	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	400.02
	Important: Your remittance must be in the form of an electronic payment payat See page i of the general instructions in the paper SA1-2 form for			nts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: NNESOTA LLC			SYSTEM ID# 20489
M Channels	to its subscriber		of channels on which the cable system carried televi total number of activated channels during the accou		24
	2. Enter the tota on which the	al number of activated chann cable system carried televisi			76
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of acco	HER INFORMATION IS NEEDED (Identify an individ unt.)	dual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 845-	443-2762
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	tment, or suite number)		
	Email	Copyrights@m	ediacomcc.com	Fax (optional	
O Certification	I, the undersigned (Owned) X (Agentic	ed, hereby certify that (Check or er other than corporation or j t of owner other than corpor in line 1 of space B and that th	ust be certified and signed in accordance with Copyr one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as ide ation or partnership) I am the duly authorized agent o ne owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the leg	entified in line 1 of space B; or of the owner of the cable system a	
		te, and correct to the best of n	hereby declare under penalty of law that all statements ny knowledge, information, and belief, and are made in		
			X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certif Enter signature using an "/s/ signature" (e.g., /s/ John	•	
		Typed or printe	d name: Kenneth J. Kohrs		
		Title:	Vice President, Financial Reporting itle of official position held in corporation or partnership)		
		Date:		2/11/2022	

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
	SYSTEM ID
DIACOM MINNESOTA LLC	20489
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address Mailing Address	- - - -
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	-
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	
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 x	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 - (interest charge) * * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. For further assistance please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
Line 3 Multiply line 2 by the number of days late and enter the sum here x	
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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.

C	Cab	ole Late a t	Total amount of remittance	Number of SAs rea	c'd Initi	als
	vvor	ksneet		-		
			Date of remittance	Check EFT	□ FILING FE	ES
Cable ID #					Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	□January	1 - June 30, 2017	C]July 1 - December 31, 2017		
	Letter s	ent	C	Information received		
		:d	Ľ	Phone call/Date/Contact		
Space B Owner						
	□Letter s	ent	C	Information received		
		d	C	Phone call/Date/Contact		
Space D Area Served						
	Letter s	ent	C	Information received		
		d	Ľ	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	□Letter s	ent	C	Information received		
and Rates		d	C	Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	□Letter s	ent	[Information received		
		d	E	Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio		ed	[Phone call/Date/Contact		_

		Space I Substitute Carriage
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
⊡Letter sent		
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□Information received	
	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent		
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	