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

Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED	AMOUNT				
2-28-22	\$				
	ALLOCATION NUMBER				

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: (YYYY/(Period))	
	2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional - see instructions)	
Accounting		
Period		
	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	
В	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.	
Owner	List diff other nume of numes under when 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	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	_
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	ONE MEDIACOM WAY	
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip)	
C	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
C System	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:	
-	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
-	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM:	
-	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC MAILING ADDRESS OF CABLE SYSTEM: D. Dex 324, 1492 N. Exuth Street	
-	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	
-	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC MAILING ADDRESS OF CABLE SYSTEM: P.O. Box 334, 1102 N. Fourth Street (Number, street, rural route, apartment, or suite number) Chillicothe, IL 61523 Chillicothe, IL 61523	
-	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC MAILING ADDRESS OF CABLE SYSTEM: 2 P.O. Box 334, 1102 N. Fourth Street (Number, street, rural route, apartment, or suite 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
	MEDIACOM ILLINOIS LLC	23					
D	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	inities within unincorporated areas and including single, disci					
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the identi					
Area Served	city.						
	CITY OR TOWN	STATE					
First Community	Robinson Crawford County						
community	Hutsonville	IL IL					
d Rows as Necessary	Oblong						
nows as necessary	Palestine						
	Stoy	IL					

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								-2E. PAGE
Name	MEDIACOM ILLINOIS LLC								2327
_	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	IBERS AND RA	TES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary Transmission	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).								
Service: Sub-	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	y transmission	service	e. In general, yo	u can com	pute the numb	er of subso	ribers in	
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed	-	-					-	
	category, but do not include disc	ounts allowed	for adv	ance payment.					
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to	additior	nal sets would b	e includeo	in the count ur	nder "Servi	ce to the	
	first set" and would be counted o					a am daa that an	different	from these	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1 NO. OF					BLOCH	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		907	29.95-61.54					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		1	29.95-61.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5				
F	In General: Space F calls for rat					Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t					•			
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		υ.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	86.9
	 Pay cable—add'l channel 	PP		mmercial					
	 Fire protection 			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	109.99		rglar protection					
	Additional set(s)	15.00-49.00		services:		10.00			
	• FM radio (if separate rate)	40.50		connect		49.00			
	Converter	10.50		sconnect		45.00.40.00			
				itlet relocation		15.00-49.00			

	LEGAL MANE OF OWNER OF			SYSTEM					
Name	LEGAL NAME OF OWNER OF O			23					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	 PRIMARY TRANSMITTERS: IELEVISION 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 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 <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, see page (v) of no envork multicast), "I' (for 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 instruc								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
		39	N						
	WAWV/WAWV(HD) ABC	00		TERRE HAUTE, IN					
	WAWV/WAWV(HD) ABC	39.2	I-M	TERRE HAUTE, IN					
	WAWV-DT Grit	39.2	I-M	TERRE HAUTE, IN					
l Rows as Necessary	WAWV-DT Grit WAWV-DT3 Bounce TV	39.2 39.3	I-M I-M	TERRE HAUTE, IN TERRE HAUTE, IN					
I Rows as Necessary	WAWV-DT Grit WAWV-DT3 Bounce TV WCIX-DT MYNET	39.2 39.3 13.1	I-M I-M I-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL					
I Rows as Necessary	WAWV-DT Grit WAWV-DT3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS	39.2 39.3 13.1 50	I-M I-M I-M E	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL					
J Rows as Necessary	WAWV-DT Grit WAWV-DT3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX	39.2 39.3 13.1 50 50.2	I-M I-M I-M E E-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL					
J Rows as Necessary	WAWV-DT Grit WAWV-DT3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL/WILL(HD) PBS	39.2 39.3 13.1 50 50.2 9	I-M I-M I-M E E-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL					
J Rows as Necessary	WAWV-DT Grit WAWV-DT3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL/WILL(HD) PBS WILL-DT2 PBS WORLD	39.2 39.3 13.1 50 50.2 9 9.2	I-M I-M E E-M E-M E-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL URBANA, IL URBANA, IL					
d Rows as Necessary	WAWV-DT Grit WAWV-DT3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 FNX WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE	39.2 39.3 13.1 50 50.2 9 9.2 9.3	I-M I-M I-M E E-M E E-M E-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL URBANA, IL					
d Rows as Necessary	WAWV-DT Grit WAWV-DT3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS	39.2 39.3 13.1 50 50.2 9 9.2 9.3 10	I-M I-M E E-M E-M E-M E-M N	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN					
J Rows as Necessary	WAWV-DT Grit WAWV-DT3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 PBS WORLD WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI/DT-2/WTHI-DT2(HD) FO	39.2 39.3 13.1 50 50.2 9 9.2 9.3 10 10.2	I-M I-M I-M E E-M E-M E-M N N I-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN					
d Rows as Necessary	WAWV-DT Grit WAWV-DT 3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 FNX WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO	39.2 39.3 13.1 50 50.2 9 9.2 9.3 10 10.2 10.3	I-M I-M I-M E E-M E-M E-M E-M I-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN Terre Haute, IN					
d Rows as Necessary	WAWV-DT Grit WAWV-DT 3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 PBS WORLD WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CV WTWO/WTWO(HD) NBC	39.2 39.3 13.1 50 50.2 9 9.2 9.3 10 10.2 10.3 36	I-M I-M I-M E E-M E-M E-M N I-M I-M I-M N	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL URBANA, IL Terre Haute, IN					
d Rows as Necessary	WAWV-DT Grit WAWV-DT 3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 FNX WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CW WTWO/WTWO(HD) NBC WTWO-DT2 Laff	39.2 39.3 13.1 50 50.2 9 9.2 9.3 10 10.2 10.3 36 36.2	I-M I-M I-M E E-M E-M E-M E-M I-M I-M I-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN					
d Rows as Necessary	WAWV-DT Grit WAWV-DT 3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 FNX WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CV WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Court	39.2 39.3 39.3 13.1 50 50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3	I-M I-M I-M E E-M E-M E-M N I-M I-M I-M I-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL URBANA, IL Terre Haute, IN					
d Rows as Necessary	WAWV-DT Grit WAWV-DT 3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 FNX WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT2(HD) FO WTHO/WTWO(HD) NBC WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Court WTWO-DT4 Antenna TV	39.2 39.3 39.3 13.1 50 50.2 9 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4	I-M I-M I-M E E E-M E-M E-M I-M I-M I-M I-M I-M I-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN					
d Rows as Necessary	WAWV-DT Grit WAWV-DT Grit WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 FNX WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI-DT3 PBS CREATE WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CW WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT2 Laff WTWO-DT3 Court WTWO-DT4 Antenna TV WUSI/WUSI (HD) PBS	39.2 39.3 13.1 50 50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4 19	I-M I-M I-M E E-M E E-M E-M I-M I-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Terre Haute, IN					
d Rows as Necessary	WAWV-DT Grit WAWV-DT Grit WAWV-DT3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 PBS WORLD WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI/WTHI(HD) CBS WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CW WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Court WTWO-DT3 Court WTWO-DT4 Antenna TV WUSI/WUSI (HD) PBS WUSI-DT2 PBS WORLD	39.2 39.3 39.3 13.1 50 50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4 19 19.2	I-M I-M I-M E E E-M E-M E-M N I-M I-M I-M I-M I-M I-M I-M E E E E E	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL Charleston, IL URBANA, IL URBANA, IL Terre Haute, IN Donley, IL					
d Rows as Necessary	WAWV-DT Grit WAWV-DT Grit WEIV-DT3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 FNX WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI-DT3 PBS CREATE WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CW WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Court WTWO-DT4 Antenna TV WUSI/WUSI (HD) PBS WUSI-DT2 PBS WORLD WUSI-DT3 PBS CREATE	39.2 39.3 13.1 50 50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4 19 19.2 19.3	I-M I-M I-M E E-M E E-M E-M I-M I-M I-M I-M I-M I-M E E E-M E-M E-M E-M I-M I-M I-M E E E E E-M E-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL URBANA, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Onley, IL Onley, IL Onley, IL					
d Rows as Necessary	WAWV-DT Grit WAWV-DT Grit WEIV-DT3 Bounce TV WCIX-DT MYNET WEIU/WEIU(HD) PBS WEIU-DT2 FNX WILL-DT2 FNX WILL-DT2 PBS WORLD WILL-DT3 PBS CREATE WTHI-DT3 PBS CREATE WTHI-DT-2/WTHI-DT2(HD) FO WTHI-DT-3/WTHI-DT3(HD) CW WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Court WTWO-DT4 Antenna TV WUSI/WUSI (HD) PBS WUSI-DT2 PBS WORLD WUSI-DT3 PBS CREATE	39.2 39.3 13.1 50 50.2 9 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4 19 19.2 19.3	I-M I-M I-M E E-M E E-M E-M I-M I-M I-M I-M I-M I-M E E E-M E-M E-M E-M I-M I-M I-M E E E E E-M E-M	TERRE HAUTE, IN TERRE HAUTE, IN Springfield, IL Charleston, IL URBANA, IL URBANA, IL URBANA, IL URBANA, IL Terre Haute, IN Onley, IL Onley, IL Onley, IL					

	LEGAL NAME OF OWNER O	E CARLE SYSTEM		SYSTEM					
Name				23					
	PRIMARY TRANSMITTERS: TELEVISION								
G	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								
Primary ransmitters:	76.59(d)(2) and (4), 76.61(substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.	(e)(2) and (4))]; and (2) certain station	ns carried on a					
Television	basis under specific FCC ru • Do <i>not</i> list the station here	: With respect to any distant stations car ules, regulations, or authorizations: e in space G—but do list it in space I (the							
	station was carried <i>only</i> on	a substitute basis. also in space I, if the station was carried	both on a substitute basis and also or	a some other					
	basis. For further information	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro	ee page (v) of the general instruction	S.					
	"WETA-2" as the same on								
	Column 2: Give the channel number the FCC 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. 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 (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								
	FCC. For Mexican or Cana	dian 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
MEDIACOM	ILLINOIS L	LC						232
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be receivent t the Co sign of e he statio on's sign g a check d's locatio	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes at mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anten his point, see page ed by the cable se e station is licens	adend, and (2) nna, during ce je (v) of the ge ystem as a sej ed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
		-	-	1		C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio										
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID		
	MEDIACOM ILLINOIS	LLC						2327		
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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 programm	•			ne general instr	uctions in the	e paper SA	1-2 form.		
Carriage: Special	1. SPECIAL STATEMENT	-								
Special Statement and Program Log	• During the accounting per	•	ir cable system	carry, on a substitute ba	sis, any nonne	twork televis	· •			
Program Log	broadcast by a distant sta						YES	NO		
	Note: If your answer is "No	o", 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		MS							
	In General: List each subs		-	te line. Use abbreviations	s wherever pos	sible, if thei	r meaning	is		
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi	of every no a distant stat egulations, o ries like "mo Bulls." m was broad sign of the adcast statio nadian static nation static nth and day we "5/7." tes when the . Example: a	onnetwork televition and that yo or authorization ovies" or "baske dcast live, enter station broadca on's location (th ons, if any, the when your sys e substitute pro-	ision program ("substitute our cable system substitut s. See page (v) of the gen atball." List specific progra r "Yes." Otherwise enter " asting the substitute progra the community to which the community with which the tem carried the substitute ogram was carried by your	ed for the prog neral instructio im titles, for ex "No." e and the station is lice e station is lice e program. Use r cable system	gramming of ns for furthe ample, "I Lo ensed by the ntified). e numerals, . List the tim	For another st rinformation ve Lucy" of FCC or, in with the mo-	ation on. r		
	to delete under FCC rules a	ter "R" if the and regulati	ions in effect du	a b .	d; enter the le	tter "P" if the	listed prog			
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y	ons in effect du your system wa	uring the accounting periods as permitted to delete und	d; enter the le ler FCC rules a	tter "P" if the and regulation	iisted prog ons in	jram		
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	re PROGRAM	uring the accounting periods as permitted to delete und	d; enter the le ler FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL	UTE JRRED MES			
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	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 mming that y 5. SUBSTITUT 2. LIVE?	re PROGRAM	uring the accounting periods as permitted to delete und	d; enter the le ler FCC rules a WHE CARRI 5. MONTH	N SUBSTIT AGE OCCL	UTE JRRED MES	7. REASON FO		

Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC				SYSTEM ID# 23271				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts receipts from subscribers for secondary transmission service(s)	system's se on of how to	condary transmi compute this a	ssion service mount, see \$2					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha information	ın \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR I	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	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 I	ines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (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								
	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								
	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	. \$	289,356.07						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	25,556.07						
	4. Multiply line 3 by .01		\$	255.56					
	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 .		\$	1,574.56				
	FILING FEE AND TOTAL REMITTANCE D	JE							
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,574.56					
Total Remittance Due	 Filing Fee (See the instructions for more information on filing fee calculations). 			20.00					
				•	4 50 4 50				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,594.56				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!				

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7				
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: L INOIS LLC		SYSTEM ID: 2327				
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 28							
	2. Enter the tota on which the	al number of activated channe cable system carried televisio		67				
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Identify an individual to who nt.)	m				
for Further Information	Name	Kenneth J. Kohrs		Telephone 845-443-2762				
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)	· ,					
	Email	Copyrights@me	ediacomcc.com Fax (option	nal				
	CERTIFICATION	(This statement of account mu	ist be certified and signed in accordance with Copyright Office	regulations)				
O Certification		ed, hereby certify that (Check or						
			artnership) I am the owner of the cable system as identified in lin tion or partnership) I am the duly authorized agent of the owner					
	(Offic		e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity id	entified as owner of the cable system				
		I the statement of account and I te, and correct to the best of m	nereby declare under penalty of law that all statements of fact con y knowledge, information, and belief, and are made in good faith.	tained herein				
			X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this states Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ment.				
		Typed or printed	name: Kenneth J. Kohrs					
		Title: (Ti	Vice President, Financial Reporting le of official position held in corporation or partnership)					
		Date:	2/11/20	22				

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

unting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM ILLINOIS LLC	2327
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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Line 1 Enter the amount of late payment or underpayment	Lange Lang
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Landerest Assessmer

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		
		ed	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	