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

coplicsoa@loc.gov

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

Α	ACC	DUNTING 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		
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 (CADIZ, KY) 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		RUCTIONS: 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.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	_	90 NORTH MAIN
	2	(Number, street, rural route, apartment, or suite number)
		BENTON, KY 42025
		(City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MEDIACOM SOUTHEAST LLC (CADIZ, KY)	24
	Instructions: List each separate community served by the cable system. A "commu	
D	separate and distinct community or municipal entity (including unincorporated con unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, disc serve as a form of system identification hereafter known as the "
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	e home parks should be reported in parentheses below the identi
Served		
	CITY OR TOWN	STATE
First	CADIZ	КҮ
Community	TRIGG COUNTY	KY
d Rows as Necessary		
· · · · · · · · · · · · · · ·		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM ID	
Name	MEDIACOM SOUTHEAS		DIZ, KY)					2413	
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable									
Cocondom	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
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						ble system	n, broken		
scribers and	down by categories of secondary			•		•				
Rates	each category by counting the n	•		U V V		•		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	· · ·	,		ing orainad					
	Block 1: In the left-hand block	•		0						
	systems most commonly provide									
	that applies to your system. Note categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system	has rate categ	ories for	secondary tra	nsmission	service that are	e different t	from those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tv	vo- or thre	e-word descript	ion of the s	service is		
	sufficient.	DCK 1					BLOCK	()		
		NO. OF					DLOOI	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATI	
	Residential:									
	 Service to first set 		695	74.49						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		0	74.49						
	Converter									
	• Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	6					
F	In General: Space F calls for rat	te (not subscrit	per) infor	mation with re	spect to a	ll your cable sy	stem's serv	vices that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • •	,		
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the		-			-		-		
ransmissions:	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									
	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.									
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	/ICE	RATE	CATEGO	BLOCK 2 ORY OF SERVICE	RATE	
	Continuing Services:	TUTE		tion: Non-resi		TUTE	ONTEON		TUTE	
	Pay cable	PP		el, hotel	aonnai		Family	Cable	83.9	
	• Pay cable—add'l channel	PP		nmercial			i anny	Cubic	00.0	
	Fire protection			cable						
	•Burglar protection			cable-add'l ch	annel					
	Installation: Residential			protection						
	First set	109.99		glar protection						
	Additional set(s)	15.00-49.00		ervices:						
	• FM radio (if separate rate)	13.00-49.00		onnect		49.00				
	• Converter	10.50				43.00				
	- Converter	10.50		connect		15 00 40 00				
			• Out	et relocation		15.00-49.00				
			- 1 4 -	e to new addr						

Accounting Period: 2	2021/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID				
	MEDIACOM SOUTHEA	AST LLC (CADIZ, KY)		2413				
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <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)—lif 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 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 in the station is a network station, an independent station is licensed by the FCC. For Mexican or Canadian stations, is tation. For U.S. stations, list the community with which the station is licensed							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WEHT ABC	7	N	EVANSVILLE, IN				
	WJFB MeTV	16	N	NASHVILLE, TN				
	WKMU/WKMU(HD) KET PI	36	E	MURRAY, KY				
Add Rows as Necessary	WKMU-DT2 KET2 (HD)	36.2	I-M	MURRAY, KY				
	WKMU-DT3 KET KY	36.3	I-M	MURRAY, KY				
	WKMU-DT4 PBS Kids	36.4	E-M	MURRAY, KY				
	WKRN/WKRN(HD)ABC	27	N	NASHVILLE, TN				
	WMKU(HD)PBS	21	Е	MURRAY, KY				
	WNAB-DT1 Dabl	23	I	NASHVILLE, TN				
	WNPT/WNPT(HD)PBS							
	WPSD NBC	32	N	PADUCAH, KY				
	WSMV/WSMV(HD)NBC	10	N	NASHVILLE, TN				
	WTVF/WTVF (HD)CBS	5	N	NASHVILLE, TN				
	WUXP MY NET	21	I	NASHVILLE, TN				
	WZTV/WZTV(HD) FOX	15	I	NASHVILLE, TN				
	WZTV-DT2 CW	15.2	I-M	NASHVILLE, TN				

			VOTEM.				FORI	W SA1-2E. PAGE 4
LEGAL NAME OF			YSTEM: (CADIZ, KY)					SYSTEM ID
			(,,					2413/
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								
receivable if (1) on the basis of r	it is carried by monitoring, to rmation abou	y the sys be recei	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the s pyright Office regulations on th	the system's hea ystem's FM ante	adend, and (2) nna, during ce	it can b ertain sta	e expected, ated intervals.	Primary Transmitters: Radio
Column 2: Si Column 3: If signal, indicate t Column 4: G	tate whether t the radio stati this by placing ive the station	he statio ion's sigr g a check n's locatio	each station carried. n is AM or FM. nal was electronically processe c mark in the "S/D" column. on (the community to which the	e station is licens	ed by the FCC			
		ľ	the community with which the s		-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				
				·				
				·				
		+						

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID
Name	MEDIACOM SOUTHEA	AST LLC ((CADIZ, KY)					2413
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2.	tify every nor accounting pe- ning that mus T CONCER riod, did you ation?	nnetwork televis eriod, under spe st be included ir NING SUBST ır cable system	ion program, broadcast b ecific present and former F this log, see page (v) of t ITUTE CARRIAGE carry, on a substitute ba	y a <i>distant</i> stati CC rules, regul <u>he general instr</u> asis, any nonne	ations, or au uctions in th twork televi	thorizations e paper SA sion progra	. For a further 1-2 form. Im
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in defect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in defect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in defect during							
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the and regulation mming that y	ons in effect du	iring the accounting perio	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 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	rring the accounting perions permitted to delete un	ramming that y od; enter the le der FCC rules a WHE	tter "P" if the and regulation	e listed prog ons in TUTE	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y	ons in effect du	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	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 was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	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 was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	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 was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	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 was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	e listed prog ons in TUTE JRRED IMES	7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	e listed prog ons in TUTE JRRED IMES	7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	e listed prog ons in TUTE JRRED IMES	7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	e listed prog ons in TUTE JRRED IMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	e listed prog ons in TUTE JRRED IMES	7. REASON F
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	e listed prog ons in TUTE JRRED IMES	7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	e listed prog ons in TUTE JRRED IMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	e listed prog ons in TUTE JRRED IMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa E PROGRAM 3. STATION'S	rring the accounting perions permitted to delete un	variant of the second s	tter "P" if the and regulation N SUBSTIT AGE OCCU	e listed prog ons in TUTE JRRED IMES	7. REASON F

Accounting Period:	2021/2			FORMS	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CADIZ, KY)			:	8YSTEM ID# 24132
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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 \$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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	ut less tha	in \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (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	\$	235,082.47		
	3. Subtract line 2 from line 1	\$	28,717.53		
	4. Enter the amount of gross receipts from space K		\$ 2	235,082.47	
	5. Enter the amount from line 3		\$	28,717.53	
	6. Subtract line 5 from line 4		\$ 2	206,364.94	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,031.82
	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 a	and 8		\$	1,031.82
	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		
	Subtract line 2 from line 1	¥	200,000.00		
	4. Multiply line 3 by .01				
	 Workprint S by .01 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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,031.82	
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			\$	1,051.82
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-				jhts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		NER OF CABLE SYSTEM: THEAST LLC (CADIZ, K)		SYSTEM ID# 24132
M Channels	to its subscribers, a 1. Enter the total n	and (2) the cable system's umber of channels on whic	tal number of activated char the cable	e system carried television broadcast station	s 22
	on which the cal	umber of activated channe ble system carried televisio ast services			65
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of accou		ED (Identify an individual to whom	
for Further Information	Name K	Kenneth J. Kohrs		Telephor	e 845-443-2762
		One Mediacom Way lumber, street, rural route, apartr Mediacom Park, NY lity, town, state, zip)	. ,		
	Email	Copyrights@me	diacomcc.com	Fax (optional	
•	CERTIFICATION (Th	is statement of account mu	st be certified and signed in a	ccordance with Copyright Office regulations;)
O Certification	• I, the undersigned, I	hereby certify that (Check or	e, <i>but only one</i> , of the boxes.)		
	(Owner of	ther than corporation or p	rtnership) I am the owner of t	he cable system as identified in line 1 of space	B; or
	in l	line 1 of space B and that the	owner is not a corporation or p		
		or partner) I am an officer (i line 1 of space B.	a corporation) or a partner (if a	a partnership) of the legal entity identified as ov	vner of the cable system
		and correct to the best of my		law that all statements of fact contained hereir elief, and are made in good faith.	1
			X /s/ Kenneth J.	Kohrs	_
			Enter an electronic signature or Enter signature using an "/s/ sig	n the line above to certify this statement. gnature" (e.g., /s/ John Smith)	
		Typed or printed	name: Kenneth J. Ko	ohrs	
		Title:	Vice President, Finan a of official position held in corporat		
		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.

ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (CADIZ, KY)	24132
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	
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	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	
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 \$	
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	
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	
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C	Cab	ole Late a t	Total amount of remittance	Number of SAs red	'd Initials
	vvor	ksneet		-	
			Date of remittance	Check DEFT	☐ FILING FEES
Cable ID #					Amount Initia
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	Ľ	Information received	
		d	[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	☐ Information received	
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	
Accepted	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	□ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	