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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	7106
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM WISCONSIN 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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	Ľ	MEDIACOM WISCONSIN LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)	
	_	Waseca, MN 56093	
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	MEDIACOM WISCONSIN LLC	271
D	Instructions: List each separate community served by the cable system. A "community" i separate and distinct community or municipal entity (including unincorporated commun	is the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discre
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identific
Area Served	city.	
	CITY OR TOWN	STATE
First	Viroqua	WI
Community	Cashton	WI
	Gays Mills	WI
dd Rows as Necessary	La Crosse	WI
	La Crosse County	WI
	Viola (Vernon County)	WI
	La Farge	WI
	Readstown	WI
	Shelby	WI
	Soldiers Grove Viola (Richland County)	WI WI
	Brookview	WI
	Westby	WI
	COON VALLEY	WI
	DeSota	WI

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							-2E. PAGE	
Name	MEDIACOM WISCONSIN								2710	
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									
_	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including 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 Number of Subscribers: Both						hla system	broken		
scribers and		•					,	,		
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged									
	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the									
	unit in which it is generally billed	-	-					-		
	category, but do not include disc	· · ·		,	ny stanua		s wiu iir a			
	Block 1: In the left-hand block	in space E, th	e form	lists the catego						
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted o	once again und	er "Ser	vice to additiona	al set(s)."					
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.		c ngni-i							
	BLOCK 1						BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		442	20.45-67.11						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		0	20.45-67.11						
	Converter									
	• Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;					
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) description and include the rate for each.									
		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		otel, hotel			Family	Cable	100.	
	Pay cable—add'l channel	PP		mmercial						
	Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential	100.00		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		sconnect Itlet relocation		15 00 49 00				
	1		• • • • •	ILLEL LEIOCATION		15.00-49.00				
			• • • 4 -	ove to new addre	200					

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE				
Name	MEDIACOM WISCONS	SIN LLC		2				
	PRIMARY TRANSMITTERS:	TELEVISION						
6	In General: In space G, identify every television station (including translator stations and low power television stations)							
G	carried by your cable system during the accounting period, <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	5	(2) and (4) , or 76.63 (referring to 76.61)		-				
ransmitters: Television		s explained in the next paragraph. With respect to any distant stations car	rried by your cable system on a sub-	etitute program				
lelevision	basis under specific FCC rul	lles, regulations, or authorizations:						
	 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 							
	• List the station here, and al	also in space I, if the station was carried						
		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-	•					
	"WETA-2" as the same on the column 2: Give the channel	he form. el number the FCC assigned to the telev	vision station for broadcasting over t	he air in its community				
	of license. For example, WF	RC is channel 4 in Washington, D.C.	C C					
		case whether the station is a network si ring the letter "N" (for network), "N-M" (for	•					
	(for independent multicast),	"E" (for noncommercial educational), or	r "E-M" (for noncommercial education					
		rms, see page (iv) of the general instruc n of each station. For U.S. stations, list t		s licensed by the				
		dian stations, if any, give the name of the	•					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WEAU/WEAU(HD) NBC	38	N	Eau Claire WI				
	WEAU-DT2 Cozi	38.2	N	Eau Claire WI				
	WEAU-DT3 Me	38.3	N	Eau Claire WI				
	WEAU-DT4 Movies!	38.4	N	Eau Claire WI				
	WEAU/WEAU-DT5 (HD) CW	38.5	N	Eau Claire WI				
	WHLA/WHLA(HD) PBS	30	E	La Crosse WI				
d Rows as Necessary	WHLA-DT2 PBS	30.2	E-M	La Crosse WI				
	WHLA-DT3 PBS Create	30.3	E-M	La Crosse WI				
	WHLA-DT4 Kids	30.3	E-M	La Crosse WI				
	WKBT/WKBT(HD) CBS	8	N	La Crosse WI				
	WKBT-DT2 (MyNET)	8.2	I-M	La Crosse WI				
	WLAX/WLAX(HD) FOX	17	I	La Crosse WI				
	WLAX-DT2 Antenna	17.2	I-M	La Crosse WI				
	WLAX-DT3 Laff	17.3	I-M	La Crosse WI				
	WLAX-DT4 Grit	17.4	I-M	La Crosse WI				
	WXOW/WXOW(HD) ABC	48	Ν	La Crosse WI				
	WXOW-DT2 Decades	48.2	I-M	La Crosse WI				
	WXOW-DT3 This	48.3	I-M	La Crosse WI				
	WXOW-DT4 Court TV	48.4	I-M	La Crosse WI				
	WXOW-DT5 True Crime	48.5	I-M	La Crosse WI				
		48.5	I-M	La Crosse WI				
		48.5	I-M	La Crosse WI				

Accounting Period:	2021/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
Name	MEDIACOM WISCON	ISIN LLC		2710
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part-time	basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	I(e)(2) and (4))]; and (2) certain station rried by your cable system on a substit e Special Statement and Program Log both on a substitute basis and also on see page (v) of the general instructions rogram services such as HBO, ESPN, -air designation. For example, report n vision station for broadcasting over the station, an independent station, or a non for network multicast), "I" (for independ r "E-M" (for noncommercial educationa ctions in the paper SA1-2 form. the community to which the station is li	is carried on a tute program i)—if the in some other is, etc. Identify each multistream e air in its community incommercial dent), "I-M" al multicast).
				1
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

			ISIEM:					SYSTEM ID
	WISCONSI	NLLC						2710
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					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 nonitoring, to rmation abou m. entify the call ate whether t the radio stati his by placing ive the statior	y the syst be receivent t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anter his point, see pag ed by the cable sy e station is license	dend, and (2) nna, during ce e (v) of the ge stem as a sep 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
		ľ	the community with which the		-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2								
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID	
	MEDIACOM WISCONS	SIN LLC						2710	
I	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a	ify every non accounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former F	y a <i>distant</i> statio 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	1. SPECIAL STATEMENT	-				tuork talau			
Statement and	 During the accounting per broadcast by a distant star 		il cable system	r carry, on a substitute ba	isis, any nonne			NO	
Program Log	NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
		o", leave the	rest of this pag	ge blank. If your answer i	s "Yes," you m	ust complet	e the progra	am	
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS						
	 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 5: Give the broadcast station's location (the community to 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 effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was in the substitute of elete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was in the substitute of elete under FCC rules and regulations in effect during the accounting period; enter t								
	stated as "6:00–6:30 p.m." Column 7: Enter the lett 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 perio	od; enter the le	tter "P" if the	e listed pro		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	er "R" if the and regulation nming that y	listed program ons in effect du /our system wa	was substituted for prog uring the accounting perio as permitted to delete und	od; enter the le der FCC rules a	tter "P" if the and regulati	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 progran effect on October 19, 1976	er "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	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulati	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	er "R" if the and regulation ming that y GUBSTITUT	ilisted program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulati	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	er "R" if the and regulation ming that y GUBSTITUT	ilisted program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulati	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	er "R" if the and regulation ming that y GUBSTITUT	ilisted program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulati	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	er "R" if the and regulation ming that y GUBSTITUT	ilisted program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulati	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	er "R" if the and regulation ming that y GUBSTITUT	ilisted program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulati	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	er "R" if the and regulation ming that y GUBSTITUT	ilisted program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete und	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulati	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 WISCONSIN LLC		S	YSTEM ID# 27106
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's see (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	ission service mount, see	5,660.60
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	n \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you		is six-month	
	accounting period is \$52.00			
	Line 1. Royalty fee for accounting period			<u> </u>
	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	100)	
	1. Base amount under statutory formula \$	263,800.00	-	
	2. Enter amount of gross receipts from space K	145,660.60	-	
	3. Subtract line 2 from line 1	118,139.40	-	
	4. Enter the amount of gross receipts from space K	\$	145,660.60	
	5. Enter the amount from line 3	\$	118,139.40	
	6. Subtract line 5 from line 4	\$	27,521.20	
	7. Multiply line 6 by .005 (enter figure here)		\$	137.61
	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		\$	137.61
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula		-	
	3. Subtract line 2 from line 1		-	
	4. Multiply line 3 by .01		-	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		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)	\$	137.61	
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		\$	157.61
	Important: Your remittance must be in the form of an electronic payment payab 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	LEGAL NAME OF O	WNER OF CABLE SYSTEM: SCONSIN LLC			SYSTEM ID# 27106
M Channels	to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	rs, and (2) the cable system's to al number of channels on which ed television broadcast stations al number of activated channels cable system carried television		counting period.	26 66
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account	R INFORMATION IS NEEDED (Identify an indi .)	vidual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 845-4	43-2762
	Address	One Mediacom Way (Number, street, rural route, apartme Mediacom Park, NY 10 (City, town, state, zip)			
	Email	Copyrights@med	iacomcc.com	Fax (optional	
_	CERTIFICATION	(This statement of account mus	t be certified and signed in accordance with Cop	pyright Office regulations)	
O Certification		ed, hereby certify that (Check one	<i>but only one</i> , of the boxes.) tnership) I am the owner of the cable system as i	identified in line 1 of space B: or	
		t of owner other than corporation	on or partnership) I am the duly authorized agen		s identified
	(Offic		owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the	legal entity identified as owner of the	cable system
		te, and correct to the best of my l	reby declare under penalty of law that all statemer nowledge, information, and belief, and are made i		
			X /s/ Kenneth J. Kohrs		
		Typed or printed r	ame: Kenneth J. Kohrs		
			Vice President, Financial Reporting of official position held in corporation or partnership)	1	
		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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM WISCONSIN LLC	2710
 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	
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	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	-
xdays	-
x days 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	-
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 - 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	-
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 - 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.	-
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 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 days 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 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 - - - - * 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. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
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 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 - - - - * 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. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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C	Cab	ole Late a t	Total amount of remittance	Number of SAs rec'd		Initials	
	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	
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	
	Phone call/Date/Contact	