This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for 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				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	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.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CARLE SYSTEM						
		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 (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 ILLINOIS LLC						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	P.O. Box 334, 1102 N. Fourth Street						
	_	(Number, street, rural route, apartment, or suite number)						
		Chillicothe, IL 61523						
L		(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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 18					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID: 2763					
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated counincorporated 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.	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first					
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the identified					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.						
	CITY OR TOWN	STATE					
First	Tampico	IL .					
Community							
Rows as Necessary							
•							

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27637

MEDIACOM ILLINOIS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

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 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).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken 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 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. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	52	40.49-54.04				
Service to additional set(s)						
FM radio (if separate rate)						
Motel, hotel						
Commercial	0	40.49-54.04				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	PP	Motel, hotel			Family	97.00
 Pay cable—add'l channel 	PP	Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	109.99	Burglar protection				
Additional set(s)	15.00-49.00	Other services:				
• FM radio (if separate rate)		Reconnect	49.00			
Converter	10.50	Disconnect				
		Outlet relocation	15.00-49.00			
		 Move to new address 				

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27637

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

MEDIACOM ILLINOIS LLC

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, except (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 only 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. Do not 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), 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 Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGCW/KGCW(HD) CW	41	l	BURLINGTON, IA
KGCW-DT2 ThisTV	41.2	I-M	BURLINGTON, IA
KGCW-DT3 Laff	41.3	I-M	BURLINGTON, IA
KIIN/KIIN(HD) PBS	12	E	IOWA CITY, IA
KIIN-DT2 KIDS HD	12.2	E-M	IOWA CITY, IA
KIIN-DT3 WORLD	12.3	E-M	IOWA CITY, IA
KIIN-DT4 PBS Create	12.4	E-M	IOWA CITY, IA
KLJB/KLJB (HD) FOX	49	l	Davenport, IA
KLJB-DT2 METV	49.2	I-M	DAVENPORT, IA
KLJB-DT4 (HD) Bounce	49.4	I-M	DAVENPORT, IA
KWQC/KWQC(HD) NBC	36	N	Davenport, IA
KWQC-DT3 Cozi TV	36.3	I-M	DAVENPORT, IA
KWQC-DT4 H&I	36.4	I-M	DAVENPORT, IA
KWQC-DT5 Start TV	36.5	I-M	DAVENPORT, IA
KWQC-DT6 Circle	36.6	I-M	DAVENPORT, IA
WHBF/WHBF(HD) CBS	4	N	Rock Island, IL
WHBF-DT2 Court TV	4.2	I-M	Rock Island, IL
WHBF-DT3 Grit	4.3	I-M	Rock Island, IL
WHBF-DT4 Escape	4.4	I-M	Rock Island, IL
WMWC (TBN) HD	8	I	GALESBURG, IL
WMWC-DT2 Hillsong Channe	8.2	I-M	GALESBURG, IL
WMWC-DT3 Smile	8.3	I-M	GALESBURG, IL
WMWC-DT4 Enlace USA	8.4	I-M	GALESBURG, IL
WQAD/WQAD(HD) ABC	38	N	MOLINE, IL

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27637

MEDIACOM ILLINOIS LLC

PRIMARY TRANSMITTERS: TELEVISION

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, except (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 only 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. Do not 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), 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 Canadian stations, if any, give the name of the community with which the station is identified.

WQAD-DT3/WQAD-DT3 (HD) 38.3	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WQAD-DT4 True Crime 38.4 I-M MOLINE, IL WQPT/WQPT(HD) PBS 23 E MOLINE, IL WQPT-DT2 PBS 23.2 E-M MOLINE, IL Image: Control of the properties of	WQAD-DT2 Antenna TV	38.2	I-M	MOLINE, IL
## WQPT/WQPT(HD) PBS 23 E MOLINE, IL ## WQPT-DT2 PBS 23.2 E-M MOLINE, IL ## WQPT-DT	WQAD-DT3/WQAD-DT3 (HD) I	38.3		MOLINE, IL
WQPT-DT2 PBS 23.2 E-M MOLINE, IL	WQAD-DT4 True Crime	38.4	I-M	
	WQPT/WQPT(HD) PBS	23	E	
	WQPT-DT2 PBS	23.2	E-M	MOLINE, IL

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

SYSTEM ID#

MEDIACOM ILLINOIS LLC

27637

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.

H Primary

Transmitters:

Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		ļ					
		}					
		 					
		ļ					
		[
		 					
		ļ					
		}					

Form SA1-2E Short Form (Rev. 05-17)

Association Doub	d. 2021/2						F01	DM CA4 OF DACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FOI	SYSTEM ID#
Name	MEDIACOM ILLINOIS L							27637
Substitute	BUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG n 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 programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:								
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES NO							
Statement and Program Log								
	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst		_	ata lina. Usa abbraviatia	ne whorovo	noccible if t	hoir mooning	ic
	clear. If you need more spa				ilis Wilelevel	possible, il t	nen meaning	15
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re	distant stat gulations, c	tion and that your or authorization	our cable system substitus. See page (v) of the g	uted for the eneral instru	programming octions for fur	of another s ther informat	tation ion.
	Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran	Bulls." n was broa	dcast live, ente	er "Yes." Otherwise ente	r "No."	r example, "I	Love Lucy" o	or
	Column 3: Give the call : Column 4: Give the broathe case of Mexican or Can	idcast statio adian statio	on's location (t ons, if any, the	he community to which community with which t	the station is the station is	identified).		
	Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time	/e "5/7."	, ,					
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette							red
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulati aming that y	ons in effect d	uring the accounting pe	riod; enter th	e letter "P" if	the listed pro	
	S	SUBSTITUTE PROGRAM				/HEN SUBS RRIAGE OC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MON AND D		TIMES TO	DELETION
							_	
							_	
								
			l					
			l					
							_	
							_	

Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	YSTEM ID# 27637
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to compupage (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.	transmission service te this amount, see	4,220.53
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or eqi Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527, 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 LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must paccounting period is \$52.00	pay for this six-month	
	Line 1. Royalty fee for accounting period	<u>\$</u>	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	·	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	n \$137,100)	
	1. Base amount under statutory formula	800.00	
	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)	· · · · <u> </u>	
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less that	an \$527,600)	
	Enter the amount of gross receipts from space K		
		300.00	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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		
	12.10122741510712112111111111111111111111111111111		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to th See page i of the general instructions in the paper SA1-2 form for more in		nts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF MEDIACOM ILLINOIS LI					SYSTEM ID# 27637
M Channels	to its subscribers, and (2) 1. Enter the total number of system carried television	the cable system's to of channels on which on broadcast stations	otal numb	s on which the cable system carried tele per of activated channels during the acc	counting period.	37
	Enter the total number on which the cable syst and nonbroadcast servi	em carried televisior	n broadca			63
N Individual to Be Contacted	we can contact about this	statement of accour		RMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name Kenne	th J. Kohrs			Telepho	ne 845-443-2762
	Address One M (Number, s	ediacom Way treet, rural route, apartm	nent, or suite	e number)		
	Mediac (City, town	com Park, NY 'state, zip)	10918			
	Email	Copyrights@me	diacomco	c.com	Fax (optional	
	CERTIFICATION (This state	ment of account mu	st be certi	ified and signed in accordance with Cop	pyright Office regulations	s)
O Certification	I, the undersigned, hereby of	certify that (Check on	e, <i>but only</i>	one, of the boxes.)		
	(Owner other tha	in corporation or pa	artnership	o) I am the owner of the cable system as i	identified in line 1 of spac	e B; or
				rtnership) I am the duly authorized agent not a corporation or partnership; or	t of the owner of the cabl	e system as identified
	(Officer or partr in line 1 of		a corpora	ation) or a partner (if a partnership) of the	legal entity identified as o	wner of the cable system
		ect to the best of my	-	lare under penalty of law that all statemer ge, information, and belief, and are made i		in
			X	/s/ Kenneth J. Kohrs		_
				electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh	•	
		Typed or printed	name:	Kenneth J. Kohrs		
		Title:		resident, Financial Reporting position held in corporation or partnership)	<u> </u>	
		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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM ILLINOIS LLC	27637
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."	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Mailing Address	-
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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 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	
Address	
ID number	
First community served	
Accounting period	

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.

CONTROL #: REMITTANCE #:

C	Cable
	Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	_ □Check	□EFT	□FILING	FEES	
Cable ID #						Amount	Initials	
Examined by	Review	ed by	Date examination completed	Allocation	number			
Space A Accounting Period								
	□January 1 - Jun	e 30, 2017	☐July 1 - December 31, 2017					
	☐Letter sent		☐ Information received					
	□Accepted		☐Phone call/Date/Contact					
Space B Owner								
☐Letter sent			[☐Information rece	ived			
			Phone call/Date/Contact					
Space D Area Served								
	☐Letter sent			☐Information received				
□Accepted			[Phone call/Date/	Contact			
Space E Secondary Transission								
Service Subscribers:	☐Letter sent			☐Information rece	ived			
and Rates	□Accepted]	Phone call/Date/	Contact			
Space G Primary Transmitters:								
Television	□ Letter sent □ Information received							
	□Accepted]	Phone call/Date/	Contact			
Space H Primary Transmitters:								
Radio	□Accepted			□Phone call/Date/Contact				

		Space I Substitute Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐Information received	(SA3 only)
□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 Fees
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	