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.	8408
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM MINNESOTA LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unler 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:	
		MEDIACOM MINNESOTA LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)	
	-	(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				
Name	MEDIACOM MINNESOTA LLC	284				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.					
<b>A</b>	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the identif				
Area Served	city.					
	CITY OR TOWN	STATE				
First	Morris	MN				
Community	Hancock	MN				
	Belgrade	MN				
d Rows as Necessary	Brooten Chokio	MN MN				
	Starbuck	MN				
	Clontarf	MN				
	Sunburg	MN				
	Morris Township	MN				

								FORM SA1	TEM ID	
Name	LEGAL NAME OF OWNER OF C/							313	2840	
Е	SECONDARY TRANSMISSION									
<b>L</b>	In General: The information in s system, that is, the retransmission	-		-		•				
Secondary	about other services (including p									
Transmission	last day of the accounting period	of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-		Both blocks in space E call for the number of subscribers to the cable system, broken								
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates		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 of							ge and the		
	unit in which it is generally billed	· ·		,		rd rate variatior	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					ondary transmi	ssion sarvi	ce that cable		
	systems most commonly provide	•		•						
	that applies to your system. Not									
	categories, that person or entity					υ.				
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that an	e different i	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	wo- or thre	e-word descript	ion of the s	service is		
	sufficient.						BLOCK	()		
	BLU	NO. OF	:				BLUC	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		468	29.99-74.49						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel			20.00.74.40						
	Commercial Converter		U	29.99-74.49						
	Residential									
	Non-residential			+						
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
F	In General: Space F calls for rate									
Г	not covered in space E, that is, t									
Services	service for a single fee. There and furnished at cost or (2) services	•			•		0.	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Nates	<b>Block 2:</b> 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		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	99.0	
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Co	mmercial						
	Fire protection		•Pa	y cable						
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l cl	hannel					
	Installation: Residential		• Fir	e protection						
	• First set	109.99		rglar protection	l					
	<ul> <li>Additional set(s)</li> </ul>	15.00-49.00		services:						
	<ul> <li>FM radio (if separate rate)</li> </ul>			connect		49.00				
		40.50								
	Converter	10.50		sconnect						
	• Converter	10.50	۰Ou	sconnect Itlet relocation ove to new addi		15.00-49.00				

NI	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM MINNESO	TA LLC		28				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rule • Do <i>not</i> list the station here is station was carried <i>only</i> on a • List the station here, and als basis. For further information	lso in space I, if the station was carried n concerning substitute basis stations, s	(1) stations carried only on a part-time carriage of certain network program (e) (2) and (4))]; and (2) certain station arried by your cable system on a substance of the system on a substance of the system on a substitute basis and also be see page (v) of the general instruction	ne basis under ms [sections ions carried on a stitute program og)—if the on some other ons.				
	multicast stream associated v "WETA-2" as the same on th		-air designation. For example, repor	t multistream				
	of license. For example, WR Column 3: Indicate in each of educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location	<b>Column 2:</b> 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. <b>Column 3:</b> 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. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KARE/KARE (HD) NBC	11	N	Minneapolis, MN				
	KARE-DT2 Court TV	11.2	I-M	Minneapolis, MN				
Rows as Necessary	KARE-DT3 True Crime	11.3	I-M	Minneapolis, MN				
	KMSP/KMSP (HD) FOX	9	1	Minneapolis, MN				
	KMSP-DT4 BUZZR	9.4	I-M	Minneapolis, MN				
		I						
	KPXM/KPXM (ION) HD	40	I	ST CLOUD, MN				
	KPXM/KPXM (ION) HD KPXM-DT2 Bounce	40 40.2	I I-M	ST CLOUD, MN ST CLOUD, MN				
	KPXM-DT2 Bounce			ST CLOUD, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit	40.2 40.3		ST CLOUD, MN ST CLOUD, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND	40.2 40.3 45	I-M I-M I	ST CLOUD, MN ST CLOUD, MN MINNEAPOLIS-ST PAUL, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV	40.2 40.3 45 45.2	I-M I-M I	ST CLOUD, MN ST CLOUD, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV KSTC-DT3 Antenna TV	40.2 40.3 45 45.2 45.3	I-M I-M I I-M I-M	ST CLOUD, MN ST CLOUD, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV KSTC-DT3 Antenna TV KSTC-DT4 This TV	40.2 40.3 45 45.2 45.3 45.4	I-M I-M I I I-M I-M	ST CLOUD, MN ST CLOUD, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV KSTC-DT3 Antenna TV KSTC-DT4 This TV KSTP/KSTP(HD) ABC	40.2 40.3 45 45 45.2 45.3 45.4 35	I-M I-M I I-M I-M I-M N	ST CLOUD, MN         ST CLOUD, MN         MINNEAPOLIS-ST PAUL, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV KSTC-DT3 Antenna TV KSTC-DT4 This TV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icon	40.2 40.3 45 45.2 45.3 45.4 35 35.2	I-M I-M I I-M I-M I-M N	ST CLOUD, MN ST CLOUD, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV KSTC-DT3 Antenna TV KSTC-DT4 This TV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icon KTCA PBS TPT 2 (HD)	40.2 40.3 45 45.2 45.2 45.3 45.4 35 35 35.2 34	I-M I-M I I I-M I-M I-M I-M I-M E	ST CLOUD, MN         ST CLOUD, MN         ST CLOUD, MN         MINNEAPOLIS-ST PAUL, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV KSTC-DT3 Antenna TV KSTC-DT4 This TV KSTP/KSTP(HD) ABC KSTP/CSTP(HD) ABC KSTP-DT2 Heros and Icon KTCA PBS TPT 2 (HD) KTCA-DT2 (HD) PBS Kids	40.2 40.3 45 45 45.2 45.3 45.4 35 35 35.2 34 34 34.2	I-M I-M I I I-M I-M I-M I-M I-M E E E-M	ST CLOUD, MN         ST CLOUD, MN         ST CLOUD, MN         MINNEAPOLIS-ST PAUL, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV KSTC-DT3 Antenna TV KSTC-DT4 This TV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icon KTCA-PBS TPT 2 (HD) KTCA-DT2 (HD) PBS Kids KWCM/KWCM(HD) PBS	40.2 40.3 45 45.2 45.3 45.4 35 35.2 34 34 34.2 10	I-M I-M I I I-M I-M I-M I-M I-M E E E-M E	ST CLOUD, MN         ST CLOUD, MN         MINNEAPOLIS-ST PAUL, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV KSTC-DT3 Antenna TV KSTC-DT4 This TV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icon KTCA PBS TPT 2 (HD) KTCA-DT2 (HD) PBS Kids KWCM/KWCM(HD) PBS	40.2 40.3 45 45 45.2 45.3 45.4 35 35.2 34 34 34.2 10 10.2	I-M I-M I I I-M I-M I-M I-M E E-M E-M E-M	ST CLOUD, MN         ST CLOUD, MN         MINNEAPOLIS-ST PAUL, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV KSTC-DT3 Antenna TV KSTC-DT4 This TV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icon KTCA-DT2 Heros and Icon KTCA-DT2 (HD) PBS Kids KWCM/KWCM(HD) PBS KWCM-DT2 PBS create	40.2 40.3 45 45.2 45.3 45.4 35 35.2 34 34 34 34.2 10 10.2 10.3	I-M I-M I I I I-M I-M I-M I-M I-M I-M E E E E E E E E I I I I I I I I I I I	ST CLOUD, MN         ST CLOUD, MN         ST CLOUD, MN         MINNEAPOLIS-ST PAUL, MN         Appleton, MN         Appleton, MN         Appleton, MN				
	KPXM-DT2 Bounce KPXM-DT3 Grit KSTC/KSTC(HD) IND KSTC-DT2 MeTV KSTC-DT3 Antenna TV KSTC-DT4 This TV KSTC-DT4 This TV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icon KTCA-DT2 Heros and Icon KTCA-DT2 (HD) PBS Kids KWCM/KWCM(HD) PBS KWCM-DT2 PBS create KWCM-DT3 PBS MN Channel KWCM-DT4 PBS WORLD	40.2 40.3 45 45 45.2 45.3 45.4 35 35.2 34 34 34.2 10 10.2 10.3 10.4	I-M I-M I I I-M I-M I-M I-M E E E-M E-M E-M E-M	ST CLOUD, MN         ST CLOUD, MN         MINNEAPOLIS-ST PAUL, MN         Appleton, MN         Appleton, MN         Appleton, MN         Appleton, MN         MINNEAPOLIS, MN				
	KPXM-DT2 Bounce         KPXM-DT3 Grit         KSTC/KSTC(HD) IND         KSTC-DT2 MeTV         KSTC-DT3 Antenna TV         KSTC-DT4 This TV         KSTP/KSTP(HD) ABC         KSTP-DT2 Heros and Icon         KTCA-PBS TPT 2 (HD)         KTCA-DT2 (HD) PBS Kids         KWCM/KWCM(HD) PBS         KWCM-DT2 PBS create         KWCM-DT3 PBS MN Channel         KWCM-DT4 PBS WORLD	40.2 40.3 45 45.2 45.3 45.4 35 35.2 34 34 34.2 10 10.2 10.3 10.4 32	I-M I-M I I I I-M I-M I-M I-M I-M I-M I-	ST CLOUD, MN         ST CLOUD, MN         MINNEAPOLIS-ST PAUL, MN         Appleton, MN         Appleton, MN         Appleton, MN         Appleton, MN				

ounting Period:	2021/2			FORM SA1-2E. PA					
Name	LEGAL NAME OF OWNER O	IF CABLE SYSTEM:		SYSTEM					
	MEDIACOM MINNES	OTA LLC		28					
	PRIMARY TRANSMITTERS:	TELEVISION							
G		lentify every television station (including tra	•	,					
G	,, ,	em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the	, , ,						
Primary	0	(e)(2) and (4), or 76.63 (referring to 76.61)	0 1 0	•					
ransmitters:	substitute program basis, a	as explained in the next paragraph.							
Television		s: With respect to any distant stations carr	ried by your cable system on a sub	stitute program					
		rules, regulations, or authorizations: re in space G—but do list it in space I (the	Special Statement and Program L	oa)—if the					
	station was carried only on			.09/- 11 010					
		also in space I, if the station was carried b							
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. <b>Column 1:</b> 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.								
	<b>Column 2:</b> 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. <b>Column 3:</b> 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. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WFTC-DT4 Movies!	29.4	I-M	Minneapolis, MN					
	WUCW/WUCW (HD) CW	22	I	MINNEAPOLIS, MN					
	WUCW-DT2 COMET	22.2	I-M	MINNEAPOLIS, MN					
	WUCW-DT3 Charge!								

EGAL NAME OF			YSTEM:					SYSTEM II 284
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable					Н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation about m. entify the call tate whether the the radio stati this by placing ive the station	/ the syst be receivent t the Co sign of e he station on's sign g a check i's location	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the sy pyright Office regulations on th each station carried. n is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anten is point, see pag ed by the cable sy e station is licens	adend, and (2) nna, during ce le (v) of the ge ystem as a se ed by the FCC	it can b ertain sta eneral in parate a	e expected, tted intervals. structions in the. nd discrete	Primary Transmitters Radio
	ANA . 514	0/5			AN4 . 515	0/2		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		·			·			
		·			·			
		·			·			
		·			··			
		<b>-</b>						
					·			
		·						

Accounting Perio							FORM	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESO		TEM:					SYSTEM ID# 28408
		IALLO						20400
I	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a	ify every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati CC rules, regul	ations, or auth	orizations.	For a further
Substitute Carriage:	explanation of the programm	-		• • • • • •	e general instr	uctions in the	paper SA1	-2 form.
Special	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting per</li> </ol>	-			is any nonne	atwork televisi	on program	n
Statement and Program Log	broadcast by a distant sta		a cable system	really, on a substitute bas	sis, any nonne		YES	× NO
r rogram Eog	5		reat of this no.	na blank. If your analysis	"Vee"			
	<b>Note:</b> If your answer is "No	, leave the	rest of this pag	ge blank. If your answer is	res, you m	ust complete	the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broa the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no distant sta gulations, o ies like "mo Bulls." m was broa sign of the adcast statii and an station th and day ve "5/7." es when th Example: er "R" if the	add additional ponetwork televition and that your or authorization povies" or "basked dcast live, enter station broadca on's location (the pons, if any, the when your syster e substitute pro- a program carr listed program	rows to the tables. rision program ("substitute our cable system substitute s. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra- he community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01 n was substituted for progr	program") the ed for the prog eral instruction m titles, for ex No." am. e station is lice station is ide program. Use cable system :15 p.m. to 6: amming that y	at, during the gramming of a ons for further cample, "I Lov ensed by the F ntified). e numerals, w I. List the time 28:30 p.m. sh your system w	accounting another station information e Lucy" or FCC or, in with the modes accurate ould be was require	g ntion n. hth ely
	was substituted for program effect on October 19, 1976		your system wa	· 	WHE	EN SUBSTITU	JTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	1ES	DELETION
						_		
						_		
						_		
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Accounting Period:	2021/2		FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC		S	¥STEM ID# 28408
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amoun 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	ssion service mount, see	5,914.39 5ss receipts)
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	175,914.39		
	3. Subtract line 2 from line 1	87,885.61		
	4. Enter the amount of gross receipts from space K	\$ 1	75,914.39	
	5. Enter the amount from line 3	\$	87,885.61	
	6. Subtract line 5 from line 4	\$	88,028.78	
	7. Multiply line 6 by .005 (enter figure here)		\$	440.14
	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		\$	440.14
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but I	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	·		
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	440.14	
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		\$	460.14
	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		WNER OF CABLE SYSTEM: NNESOTA LLC	SYSTEM ID# 28408
M Channels	to its subscribe 1. Enter the tot: system carrie 2. Enter the tot: on which the	You must give (1) the number of channels on which the cable system carried television broadca rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable ad television broadcast stations	
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name Address	Kenneth J. Kohrs         One Mediacom Way         (Number, street, rural route, apartment, or suite number)	Telephone 845-443-2762
	Email	Mediacom Park, NY 10918         (City, town, state, zip)         Copyrights@mediacomcc.com       Fax (optional	
O Certification	I, the undersigned     (Owned)     X     (Agen     (Offic     I have examined)	(This statement of account must be certified and signed in accordance with Copyright Office regard, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         ar other than corporation or partnership) I am the owner of the cable system as identified in line 1         t of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or         er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ident in line 1 of space B.         It the statement of account and hereby declare under penalty of law that all statements of fact contain te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]         It the statement of account and hereby declare under penalty of law that all statements of fact contain te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]         It there an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Kenneth J. Kohrs	1 of space B; or f the cable system as identified tified as owner of the cable system ined herein
		Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
		Date: 2/11/2022	

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

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM MINNESOTA LLC	2840
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?         X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3       Multiply line 2 by the number of days late and enter the sum here       -       -         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         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter 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.	-
x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here	
x	
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       -       -       -       -       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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Cable Worksheet		Total amount of remittance	Number of SAs rec'o	l Initials
		Date of remittance	Check DEFT	☐ FILING FEES
Cable ID #				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period				
	□ January 1 - June 30, 2017	Ŀ	July 1 - December 31, 2017	
	Letter sent	C	Information received	
	Accepted	Ľ	Phone call/Date/Contact	
Space B Owner				
	Letter sent	Ľ	Information received	
		E	Phone call/Date/Contact	
Space D Area Served				
	Letter sent	C	Information received	
		C	Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	Letter sent	Ľ	Information received	
and Rates		E	Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent	Γ	Information received	
		C	Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio		[	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	