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

A Accounting PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) Accounting Period Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. Units any other name or names under which the owner conducts the business of the cable system. List any other name or names under which the owner conducts the business of the cable system.
Accounting Period Barcode Data Filing Period (optional - see instructions) 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.
Accounting Period B 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.
Period Period Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
B 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.
If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
MEDIACOM 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)
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC
MAILING ADDRESS OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Nume	MEDIACOM MINNESOTA LLC	28
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commun	
D	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 "
	community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the identi
Area Served	city.	
Served		
	CITY OR TOWN	STATE
First	Chatfield	MN
Community	Rushford (Village)	MN
	Dover Twnshp	MN
Rows as Necessary	Preston	MN
nows as necessary	Spring Valley	MN
	St. Charles	MN
	Lanesboro	MN
	Adams	MN
	Leroy	MN
	Lyle	MN
	Fountain	MN
		T

									-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CA							313	2841		
Е	SECONDARY TRANSMISSION										
E	In General: The information in s			-		•					
Secondary	system, that is, the retransmission about other services (including particular services)										
Transmission	last day of the accounting period	(June 30 or December 31, as the case may be).									
Service: Sub-		blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	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										
Rates	separately for the particular service at the rate indicated-not the number of sets receiving service).										
								ge and the			
	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			-		-					
	subscriber who pays extra for ca					in the count ur	nder "Servi	ce to the			
	first set" and would be counted of					service that ar	a different f	rom those			
	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 a					,	,,	, 0			
	sufficient.		-								
	BLC	DCK 1 NO. OF	: 1				BLOCK	K 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	 Service to first set 		1,086	29.95-74.49							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		1	29.95-74.49							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		3						
-	In General: Space F calls for rat					Il your cable sys	stem's serv	vices that were			
F	not covered in space E, that is, t										
Comilana	service for a single fee. There ar										
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		usually	billed. If driy it				rogram baolo,			
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.										
	CATEGORY OF SERVICE	BLO RATE	-	ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT		
	Continuing Services:			ation: Non-res			UATEOR				
	Pay cable	PP		tel, hotel	aonnai		Family	Cable	100.0		
	• Pay cable—add'l channel			nmercial							
	Fire protection			/ cable							
	•Burglar protection		-	/ cable-add'l ch	annel						
	Installation: Residential		-	protection							
	First set	109.99		glar protection							
	Additional set(s)			services:							
	• FM radio (if separate rate)			connect		49.00					
	Converter	10.50		connect							
		.0.00		let relocation		15.00-49.00					
	1					10.00 40.00					
			• Mo	ve to new addr	ess						

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I				
Name	MEDIACOM MINNESOTA 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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitue basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station, or a noncommercial educational station, 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 with which the station is identified.							
	KAAL/KAAL (HD) ABC	36	N	4. LOCATION OF STATION				
	KAAL-DT2 ThisTV	36.2	I-M	Austin MN				
d Rows as Necessary	KIMT/KIMT(HD) CBS	42	N	Mason City IA				
ia nows as necessary	KIMT-DT2 MyNet	42.2	I-M	Mason City IA				
	KIMT-DT4 Antenna TV	42.4	I-M	Mason City IA				
	KSMQ (PBS)/KSMQ (PBS) HE	20	E	Austin, MN				
	KSMQ-DT2 PBS	20.2	E-M	Austin, MN				
	KSMQ-DT2 PBS Create	20.2	E-M	Austin, MN				
	NowiQ-DTS FDS Create	20.3						
	KENO DT4 DBS MN Channel	20.4	EM					
	KSMQ-DT4 PBS MN Channel	20.4	E-M	Austin, MN				
	KTCA -DT(PBS) TPT 2	34	E-M E-M	Austin, MN St. Paul MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD	34 10.1	E-M I	Austin, MN St. Paul MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC	34 10.1 10	E-M I N	Austin, MN St. Paul MN Rochester MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC KTTC-DT2 (CW)	34 10.1 10 10.2	E-M I N I-M	Austin, MN St. Paul MN Rochester MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons	34 10.1 10 10.2 10.3	E-M I N I-M I-M	Austin, MN St. Paul MN Rochester MN Rochester MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV	34 10.1 10 10.2 10.3 10.4	E-M I N I-M I-M I-M	Austin, MN St. Paul MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime	34 10.1 10 10.2 10.3 10.4 10.5	E-M I N I-M I-M	Austin, MN St. Paul MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime KXLT/KXLT(HD) FOX	34 10.1 10 10.2 10.3 10.4 10.5 46	E-M I N I-M I-M I-M I-M I	Austin, MN St. Paul MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime KXLT/KXLT(HD) FOX KXLT-DT2 MeTV	34 10.1 10 10.2 10.3 10.4 10.5 46 46.2	E-M I N I-M I-M I-M I-M I-M I	Austin, MN St. Paul MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff	34 10.1 10 10.2 10.3 10.4 10.5 46 46.2 46.3	E-M I N I-M I-M I-M I I I I I I I I I I I I I I	Austin, MN St. Paul MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime KXLT/KXLT(HD) FOX KXLT-DT3 Laff KXLT-DT3 Laff	34 10.1 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4	E-M I N I-M I-M I-M I-M I-M I-M I-M I-M	Austin, MN St. Paul MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT3 Laff	34 10.1 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5	E-M I N I-M I-M I-M I I I I I I I I I I I I I I	Austin, MN St. Paul MN Rochester MN				
	KTCA -DT(PBS) TPT 2 KTTC CW HD KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime KXLT/KXLT(HD) FOX KXLT-DT3 Laff KXLT-DT3 Laff	34 10.1 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4	E-M I N I-M I-M I-M I-M I-M I-M I-M I-M	Austin, MN St. Paul MN Rochester MN				

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	MEDIACOM MINNESO	TA LLC		284					
	PRIMARY TRANSMITTERS: TELEVISION								
G		In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under							
Ŭ	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary	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								
Transmitters: Television	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
	basis under specific FCC rules, regulations, or authorizations:								
	• Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.								
	• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other								
	Column 1: List each station'	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each							
	multicast stream associated "WETA-2" as the same on the	with a station according to its over-the-a ne form	ir designation. For example, repo	rt multistream					
	Column 2: Give the channel	number the FCC assigned to the televi	sion station for broadcasting over t	the air in its community					
		RC is channel 4 in Washington, D.C. case whether the station is a network sta	ation, an independent station. or a	noncommercial					
	educational station, by enteri	ng the letter "N" (for network), "N-M" (fo	r network multicast), "I" (for indepe	ndent), "I-M"					
		E" (for noncommercial educational), or ms, see page (iv) of the general instruct		onal multicast).					
		of each station. For U.S. stations, list th		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					
	1. CALL SIGN WEAU-DT3 Me	2. B'CAST CHANNEL NUMBER 38.3	3. TYPE OF STATION	4. LOCATION OF STATION					
	WEAU-DT3 Me	38.3	I-M	LA CROSSE EAU CLAIRE					
	WEAU-DT3 Me WEAU-DT4 Movies	38.3 38.4	I-M I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW	38.3 38.4 38.5	I-M I-M I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS)	38.3 38.4 38.5 30	I-M I-M I-M E	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC	38.3 38.4 38.5 30 30.2	I-M I-M I-M E E-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create	38.3 38.4 38.5 30 30.2 30.3	I-M I-M E E-M E-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS	38.3 38.4 38.5 30 30.2 30.3 8	I-M I-M E E-M E-M N	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI La Crosse WI					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet	38.3 38.4 38.5 30 30.2 30.3 8 8 8.2	I-M I-M E E-M E-M N	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX)	38.3 38.4 38.5 30 30.2 30.3 8 8 8 8 8 2 31	I-M I-M I-M E E E-M E-M I N I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT2 Antenna	38.3 38.4 38.5 30 30.2 30.3 8 8 8.2 31 31.2	I-M I-M I-M E E-M E-M N I-M I I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT2 Antenna WLAX-DT3 Laff	38.3 38.4 38.5 30 30.2 30.3 8 8 8 8 8 8 2 31 31.2 31.3	I-M I-M I-M E E E-M E-M I I I I I I I I I I I I I I I I I I I	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT3 Laff WLAX-DT3 Laff	38.3 38.4 38.5 30 30.2 30.3 8 8 8.2 31 31.2 31.3 31.4	I-M I-M I-M E E-M E-M I I I-M I-M I-M I-M I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT2 Antenna WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW (HD) (ABC)	38.3 38.4 38.5 30 30.2 30.3 30.3 8 8 8 8 8 8 2 31 31.2 31.2 31.4 48	I-M I-M I-M E E E-M E-M I I I I I I I I I I I I I I I I I I I	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI					
	WEAU-DT3 Me WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT3 Laff WLAX-DT3 Laff WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW (HD) (ABC)	38.3 38.4 38.5 30 30.2 30.3 8 8 8 8.2 31 31.2 31.3 31.4 48 48 48.2	I-M I-M I-M E E-M E-M I I I-M I-M I-M I-M I-M I-M I-M I-M I	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI					

LEGAL NAME OF	OWNER OF O	CABLE S	YSTEM:					SYSTEM ID#
MEDIACOM								2841
-								2011
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou m.	/ the sys be recei t the Co	-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.	the system's hea ystem's FM ante	adend, and (2) nna, during ce) it can b ertain sta	e expected, ited intervals.	Primary Transmitters: Radio
Column 3: If signal, indicate Column 4: G	the radio stati this by placing ive the station	on's sigr g a check i's locatio	n is AM or FM. nal was electronically processe mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FCC			
		1	Г			1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				

Accounting Perio							FOR	VI SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESO		TEM:					SYSTEM ID# 28419
								20413
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 F(a <i>distant</i> stati CC rules, regul	ations, or auth	norizations.	For a further
Substitute Carriage:	explanation of the programm	-			e general instr	uctions in the	paper SA1	-2 torm.
Special	 SPECIAL STATEMENT During the accounting per 	-			sis any nonne	twork televisi	on program	m
Statement and Program Log	broadcast by a distant sta			r carry, on a casolitato sat	no, any norme		YES	× NO
	Note: If your answer is "No		roct of this pay	no blank. If your answor is	"Voc." vou m			
	log in block 2.	, leave life	rest of this pag	ge blank. If your answer is	res, you m	ust complete	the progra	111
	2. LOG OF SUBSTITUTE		MS					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ace, please of every no distant star gulations, of ies like "mo Bulls." m was broa sign of the adcast station adian station th and day we "5/7." es when the Example: er "R" if the and regulation ming that	add additional onnetwork televi- tion and that your or authorization ovies" or "basked dcast live, enter station broadca on's location (the ons, if any, the when your syster e substitute pro- a program carr listed program	rows to the tables. vision program ("substitute our cable system substitute is. See page (v) of the ger 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 progra	program") the ed for the prog ieral instructio m titles, for ex No." am. e station is lice program. Use cable system :15 p.m. to 6: amming that y d; enter the le	at, during the gramming of a ins for further ample, "I Lov ensed by the f ntified). e numerals, w . List the time 28:30 p.m. sh your system w tter "P" if the f	accounting another sta informatio re Lucy" or FCC or, in with the mo res accurate rould be was <i>require</i> listed prog	g ation n. nth ely
	effect on October 19, 1976.				WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	IES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
							<u>.</u>	
		<u> </u>						
		<u> </u>						
								
						_		
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		1]	_		
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		+			-			

Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC				8YSTEM ID# 28419				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	system's se on of how to	condary transmi compute this a	ssion service mount, see \$ 3					
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 equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.								
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	u must pay for th	is six-month					
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8								
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)					
	1. Base amount under statutory formula	. \$	263,800.00						
	2. Enter amount of gross receipts from space K	- <u></u>							
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)					
	1. Enter the amount of gross receipts from space K	. \$	353,162.57						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	89,362.57						
	4. Multiply line 3 by .01		\$	893.63	-				
	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 .		\$	2,212.63				
	FILING FEE AND TOTAL REMITTANCE D	UE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,212.63					
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			\$	2,232.63				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!				

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	VNER OF CABLE SYSTEM: NESOTA LLC		SYSTEM ID# 28419
M Channels	to its subscribe 1. Enter the tota system carrie 2. Enter the tota on which the	u must give (1) the number of channels on which the cable s , and (2) the cable system's total number of activated channel number of channels on which the cable I television broadcast stations number of activated channels able system carried television broadcast stations cast services	els during the accounting period.	52 91
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED bout this statement of account.)	D (Identify an individual to whom	
for Further Information	Name Address	Kenneth J. Kohrs One Mediacom Way (Number, street, rural route, apartment, or suite number)	Telephone 845	5-443-2762
	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	X /s/ Kenneth J. K	cable system as identified in line 1 of space B; or y authorized agent of the owner of the cable system rtnership; or partnership) of the legal entity identified as owner of w that all statements of fact contained herein lef, and are made in good faith. Ohrs he line above to certify this statement. ature" (e.g., /s/ John Smith)	
		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	2841
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 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 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	
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 - 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 - x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - 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 2 Multiply line 1 by the interest rate* and enter the sum here - x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x - x - 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 - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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	
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 2 Multiply line 1 by the interest rate* and enter the sum here	

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.

F	Cable Worksheet		Total amount of remittance	Number of SAs rea	c'd Initi	als
	vvor	ksneet		-		
			Date of remittance	Check EFT	□ FILING FE	ES
Cable ID #					Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	□January	1 - June 30, 2017	C]July 1 - December 31, 2017		
	Letter s	ent	C	Information received		
		:d	Ľ	Phone call/Date/Contact		
Space B Owner						
	□Letter s	ent	C	Information received		
		d	C	Phone call/Date/Contact		
Space D Area Served						
	Letter s	ent	C	Information received		
		ed	Ľ	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	□Letter s	ent	C	Information received		
and Rates		d	C	Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	□Letter s	ent	[Information received		
		d	E	Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio		ed	[Phone call/Date/Contact		_

		Space I Substitute Carriage
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
⊡Letter sent		
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
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	