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 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				
2/28/2022	\$	F C			
	ALLOCATION NUMBER	7			
	_11				

## plicsoa@loc.gov

r additional information, ntact the U.S. Copyright fice Licensing Division at: el: (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.	28438
		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)	
	INIOTO		41
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unl a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)	
	1	Waseca, MN 56093	
	1	(City, town, state, zip code)	
		<u>.</u>	

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 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 suffciency 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, discret 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 "fi community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	e parks should be reported in parentheses below the identif						
Served	city.							
	CITY OR TOWN	STATE						
First Community	Fulda	MN						
Community	Ivanhoe	MN						
d Rows as Necessary	Lake Benton (Town) Tyler	MN						
a nows as necessary	Slayton	MN						
	Pipestone	MN						
	Hadley	MN						
	Trosky	MN						

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC	
Name	MEDIACOM MINNESOTA LLC							313	2843	
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	l (June 30 or D	ecemb	er 31, as the ca	ase may be	e).		C C		
Service: Sub-	Number of Subscribers: Both	•					,	,		
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 serv		,	0 ) (			,	s charged		
	Rate: Give the standard rate c							ge and the		
	unit in which it is generally billed	· · ·		,	iny standa	rd rate variation	s within a	particular rate		
	category, but do not include disc						!			
	Block 1: In the left-hand block systems most commonly provide	•		•						
	that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					convice that ar	different	from these		
		-								
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list the with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the se									
	sufficient.		U			•				
	BLC	DCK 1		BLOCK 2						
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		473	29.99-76.49						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		1	29.99-76.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS		s			•		
_	In General: Space F calls for rat					Il your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t									
<b>.</b> .	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		usuany	blice. If any fo		larged on a var	abic pei-p	rogram basis,		
ransmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ach of the	applicable servi	ces 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.									
	bhei (two- of three-word) descrip									
		BLO				DATE	0.175.0	BLOCK 2	DAT	
	CATEGORY OF SERVICE	RATE		SORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATI	
	Continuing Services:			ation: Non-res	idential		Family	Cabla	00 (	
	Pay cable     Add'l channel	PP		itel, hotel			Family	Cable	99.0	
	Pay cable—add'l channel     Fire protection	PP		mmercial						
	Fire protection     Purglar protection			y cable	annel					
	•Burglar protection Installation: Residential			y cable-add'l cł	anner					
		100.00		e protection						
		109.99 15 00-49 00		rglar protection services:						
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	15.00-49.00		services: connect		49.00				
	• Converter	10.50		connect		49.00				
	- Converter	10.50		tlet relocation		15.00-49.00				
						10 00-49 00				
				ive to new addr		10.00 10.00				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE					
Name	MEDIACOM MINNESO	TALLC		2					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary Transmitters: Television	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 rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information <b>Column 1:</b> List each station' multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	<ul> <li>carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under</li> <li>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections</li> <li>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.</li> <li>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: <ul> <li>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.</li> <li>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.</li> <li>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</li> <li>"WETA-2" as the same on the form.</li> <li>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.</li> <li>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"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.</li> <li>Column 4: Giv</li></ul></li></ul>							
	FCC. For Mexican or Canad	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the station is 3. TYPE OF STATION	identified.     4. LOCATION OF STATION					
	KARE (NBC)	11	N	Minneapolis, MN					
	KDLT/KDLT (HD) NBC	47	N	Mitchell, SD					
Rows as Necessary	KDLT-DT2/ KDLT-DT2 FOX (H	47.2	I-M	Mitchell, SD					
10105 05 1100-11-1,	KDLT-DT3 Antenna TV	47.3	I-M	Mitchell, SD					
	KDLT-DT4 Cozi TV	47.4	I-M	Mitchell, SD					
	KELO/KELO (HD) CBS	11	N	Sioux Falls, SD					
	KELO-DT2 MyNet	11.2	I-M	Sioux Falls, SD					
	KESD/KESD (HD) PBS	8	E	Brookings, SD					
	KESD-DT2 PBS World	8.2	E-M	Brookings, SD					
	KESD-DT3 PBS Create	8.3	E-M						
	11202 2.0. 2		<b>-</b>	IBROOKINGS, SD					
	KESD-DT4 PBS Kids		E-M	Brookings, SD Brookings, SD					
		8.4	E-M	Brookings, SD					
	KSFY/KSFY (HD) ABC			Brookings, SD Sioux Falls, SD					
	KSFY/KSFY (HD) ABC KSFY-DT2/KSFY-DT2 (HD) (C	8.4 13	N	Brookings, SD Sioux Falls, SD Sioux Falls, SD					
	KSFY/KSFY (HD) ABC KSFY-DT2/KSFY-DT2 (HD) (C KSFY-DT3 MeTV	8.4 13 13.2	N I-M	Brookings, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD					
	KSFY/KSFY (HD) ABC KSFY-DT2/KSFY-DT2 (HD) (C	8.4 13 13.2 13.3	N I-M I-M	Brookings, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD St. Paul, MN					
	KSFY/KSFY (HD) ABC KSFY-DT2/KSFY-DT2 (HD) (C KSFY-DT3 MeTV KTCA-DT (PBS) TPT 2	8.4 13 13.2 13.3 34.1	N I-M I-M	Brookings, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD					
	KSFY/KSFY (HD) ABC KSFY-DT2/KSFY-DT2 (HD) (C KSFY-DT3 MeTV KTCA-DT (PBS) TPT 2 KTTW This TV KWCM (PBS)	8.4 13 13.2 13.3 34.1 7 36	N I-M I-M E-M I E	Brookings, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD St. Paul, MN Sioux Falls, SD SIOUX FALLS, SD					
	KSFY/KSFY (HD) ABC KSFY-DT2/KSFY-DT2 (HD) (C KSFY-DT3 MeTV KTCA-DT (PBS) TPT 2 KTTW This TV	8.4 13 13.2 13.3 34.1 7	N I-M I-M E-M I	Brookings, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD St. Paul, MN Sioux Falls, SD					
	KSFY/KSFY (HD) ABC KSFY-DT2/KSFY-DT2 (HD) (C KSFY-DT3 MeTV KTCA-DT (PBS) TPT 2 KTTW This TV KWCM (PBS)	8.4 13 13.2 13.3 34.1 7 36	N I-M I-M E-M I E	Brookings, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD St. Paul, MN Sioux Falls, SD SIOUX FALLS, SD					
	KSFY/KSFY (HD) ABC KSFY-DT2/KSFY-DT2 (HD) (C KSFY-DT3 MeTV KTCA-DT (PBS) TPT 2 KTTW This TV KWCM (PBS)	8.4 13 13.2 13.3 34.1 7 36	N I-M I-M E-M I E	Brookings, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD St. Paul, MN Sioux Falls, SD SIOUX FALLS, SD					
	KSFY/KSFY (HD) ABC KSFY-DT2/KSFY-DT2 (HD) (C KSFY-DT3 MeTV KTCA-DT (PBS) TPT 2 KTTW This TV KWCM (PBS)	8.4 13 13.2 13.3 34.1 7 36	N I-M I-M E-M I E	Brookings, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD St. Paul, MN Sioux Falls, SD SIOUX FALLS, SD					

counting Period:	2021/2			FORM SA1-2E. PA				
Name	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM MINNESO	TALLC		28				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	during the accounting period, except	ranslator stations and low power televis (1) stations carried only on a part-time e carriage of certain network programs	basis under				
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e)(	, , , , , ,	(e)(2) and (4))]; and (2) certain station	E				
Television	Substitute Basis Stations: \	With respect to any distant stations ca	rried by your cable system on a substit	ute 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							
			see page (v) of the general instructions rogram services such as HBO, ESPN,					
	"WETA-2" as the same on the	e form.	air designation. For example, report n					
	<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							
			for network multicast), "I" (for independ					
			r "E-M" (for noncommercial educationa	I 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				
	L			L				

EGAL NAME OF			YSTEM:					SYSTEM 284
	every radio s	tation ca	rried on a separate and discrein nerally receivable by your cable					н
all-band basis whose signals were generally receivable by your cable system during the accounting period.  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).								
		0/0			AM 67 514	0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					·			
					·			
		·						
		·			·			
		·						
<b>_</b>								

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESO		TEM:					SYSTEM ID# 28438
								20430
<b> </b>	SUBSTITUTE CARRIAGI	tify every nor accounting p	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	C rules, regul	ations, or aut	horizations.	For a further
Substitute Carriage:	explanation of the programm	-			e general inst		paper SAT	-2 101111.
Special		-		n carry, on a substitute bas	is. anv nonne	twork televis	ion progra	m
Statement and Program Log	broadcast by a distant sta				, <b>,</b>		YES	× NO
	Note: If your answer is "No		rest of this nav	ne blank. If your answer is	"Ves " vou m	ust complete		
	log in block 2.	, leave the		ge blank. If your answer is	res, you m	usi complete	the progra	
	2. LOG OF SUBSTITUTI		-					
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cat <b>Column 5:</b> Give the mo 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." <b>Column 7:</b> Enter the left to delete under FCC rules was substituted for program	ace, please of every no a distant stat egulations, o ries like "mo Bulls." m was broa sign of the adcast station hadian station th and day ve "5/7." ees when the . Example: a ter "R" if the and regulation	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 gen etball." List specific program er "Yes." Otherwise enter "f 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 eral instruction n titles, for ex- No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that y t; enter the le	at, during the gramming of ins for further ample, "I Lov ensed by the ntified). e numerals, v . List the tim 28:30 p.m. sl your system v tter "P" if the	accounting another sta r informatio ve Lucy" or FCC or, in with the mo es accurate nould be was require listed prog	g ation n. nth ely ed
		effect on October 19, 1976.						
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU	MES	7. REASON FOI DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
		+						
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							_	
					 		- - -	
							- - - -	
							<u>-</u>	
							<u>-</u>	
							- - - - - - -	
							- - - - - -	
							- - - - - - -	
							- - - - - - - - - - - - - - - - - -	

Accounting Period:	2021/2		FORM S	A1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC		S	28438					
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (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.	econdary transm o compute this a	ission service mount, see	<b>3,671.99</b> oss receipts)					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	63,800						
	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 yo accounting period is \$52.00	ou must pay for th	is six-month						
	Line 1. Royalty fee for accounting period			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 m	ore than \$137,1	100)						
	1. Base amount under statutory formula	263,800.00	- -						
	2. Enter amount of gross receipts from space K	143,671.99	-						
	3. Subtract line 2 from line 1	120,128.01							
	4. Enter the amount of gross receipts from space K	\$	143,671.99						
	5. Enter the amount from line 3	\$	120,128.01						
	6. Subtract line 5 from line 4	\$	23,543.98						
	7. Multiply line 6 by .005 (enter figure here)		\$	117.72					
	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		\$	117.72					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	117.72						
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		\$	137.72					
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form for			hts!					

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: INNESOTA LLC			SYSTEM ID# 28438
M Channels	to its subscribe	rs, and (2) the cable system's	of channels on which the cable system carried telev total number of activated channels during the accou		
		al number of channels on whi ed television broadcast statio	ch the cable		24
	on which the	al number of activated chann cable system carried televisi dcast services			67
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of acco	HER INFORMATION IS NEEDED (Identify an individuant.)	dual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 8	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	tment, or suite number)		
	Email	Copyrights@m	ediacomcc.com	Fax (optional	
	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance with Copy	right Office regulations)	
O Certification			one, <i>but only one</i> , of the boxes.) p <b>artnership)</b> I am the owner of the cable system as ide	entified in line 1 of space B; o	or
	X (Agen	-	ation or partnership) I am the duly authorized agent on the owner is not a corporation or partnership; or	of the owner of the cable syste	tem as identified
	I have examined	in line 1 of space B. I the statement of account and te, and correct to the best of n	(if a corporation) or a partner (if a partnership) of the leg hereby declare under penalty of law that all statements ny knowledge, information, and belief, and are made in	s of fact contained herein	of the cable system
			X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certi Enter signature using an "/s/ signature" (e.g., /s/ John		
		Typed or printe	d name: Kenneth J. Kohrs		
		Title:	Vice President, Financial Reporting itle 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 II
DIACOM MINNESOTA LLC	2843
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	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	_
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -	-
Line 3       Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here       -	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         k       - <td></td>	
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       -         k       - <td></td>	
x	
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       -       -       -       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       -       -       -       -       -       -       -       x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter 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.

C	Cab	ole Late a t	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	
	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		
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	