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

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2-28-22	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)
		MEDIACOM CALIFORNIA ELC (NIDGEORES), CA)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:
	1	MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)
		MAILING ADDRESS OF CABLE SYSTEM:
	2	543 INYOKERN ROAD
	_	(Number, street, rural route, apartment, or suite number)
		RIDGECREST, CA 93555
		(City, town, state, zip code)

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

Accounting Period:	2021/2	
		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)	31010
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	ities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	RIDGECREST	CA
Community	CHINA LK NAVL/WEAPONS CTR	CA
	KERN COUNTY	CA
Add Rows as Necessary	SAN BERNARDINO COUNTY	CA
	RIDGENET	CA

Accounting Period: 2021/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31010

MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

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

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

BLG	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,187	30.70-74.49				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	1	30.70-74.49				
Converter						
Residential						
Non-residential						
		T				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	96.00
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31010

MEDIACOM CALIFORNIA LLC (RIDGECREST, CA) PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a

substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KABC/KABC (HD) ABC	7	N	LOS ANGELES, CA
KABC-DT2 Localish (HD)	7.2	I-M	LOS ANGELES, CA
KABC-DT3 This	7.3	I-M	LOS ANGELES, CA
KCAL/KCAL (HD) (IND)	9	I	LOS ANGELES, CA
KCBS/KCBS (HD) CBS	2	N	LOS ANGELES, CA
KCBS-DT2 Start TV	2.2	I-M	LOS ANGELES, CA
KCBS-DT3 DABL	2.3	I-M	LOS ANGELES, CA
KCET (IND)	28	I	LOS ANGELES, CA
KCOP/KCOP (HD)(MyNet)	13	I	LOS ANGELES, CA
KCOP-DT2 Buzzer	13.1	I-M	LOS ANGELES, CA
KCOP-DT3 Movies	13.2	I-M	LOS ANGELES, CA
KLCS/ KLCS PBS HD	41	E	LOS ANGELES, CA
KLCS-DT2 PBS Kids	41.2	E-M	LOS ANGELES, CA
KLCS-DT3 PBS Create	41.3	E-M	LOS ANGELES, CA
KMEX/KMEX UV (HD)	51	l	RIDGECREST, CA
KMEX-DT2 UniMais	51.2	I-M	RIDGECREST, CA
KMEX-DT3 Bounce TV	51.3	I-M	RIDGECREST, CA
KMEX-DT4 True Crime	51.4	I-M	RIDGECREST, CA
KNBC/KNBC (HD) NBC	4	N	LOS ANGELES, CA
KOCE (PBS) Huntington Bead	15	E	RIDGECREST, CA
KPXN/KPXN ION(HD)	10	I	RIDGECREST, CA
KTLA/KTLA (CW) (HD)	5	l	LOS ANGELES, CA
KTTV/KTTV (HD) FOX	11	I	LOS ANGELES, CA
KZGN/KZGN (HD) InfoWars	42	<u> </u>	RIDGECREST, CA

Accounting Period:	2021/2	FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)	31010
	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, 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	
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:	substitute program basis, as explained in the next paragraph.	

Television

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KZGN-DT2 Tuff TV	42.2	I-M	RIDGECREST, CA
KZGN-DT3 Corner Store TV	42.3	I-M	RIDGECREST, CA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31010

MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Primary

FORM SA1-2E. PAGE 4.

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.

Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALLSION	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AW OF FIVE	3/0	LOCATION OF STATION
							
							
							
				ļ	ļ		L

Accounting Perio		0.4.01.0.00	TEM.						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF MEDIACOM CALIFORN			T CAV						SYSTEM ID# 31010
	WEDIACOW CALIFORI	VIA LLC (I	KIDGECKES	11, CA)						31010
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	ify every non accounting paing that must	nnetwork televis eriod, under sp st be included in	sion program, broadcast by ecific present and former Fo n this log, see page (v) of the TTUTE CARRIAGE	a dista CC rula ne gena	es, regul eral instr	ations, or a uctions in	autho the p	rizations. aper SA1	For a further -2 form.
Statement and Program Log	 During the accounting per broadcast by a distant sta 		ir cable systen	i carry, on a substitute bas	sis, an	y nonne	twork tele	VISIO	yES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	"Yes,	" you m	ust comple	ete th	ne progra	am
	log in block 2. 2. LOG OF SUBSTITUTE									
	In General: List each subs clear. If you need more spacelear. If you need the certain FCC rules, red not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Carcolumn 5: Give the more first. Example: for May 7 gircolumn 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute prograce, please of every no distant state gulations, cries like "mo Bulls." m was broarsign of the adcast stationadian stationadian station es when the Example: a ter "R" if the and regulation ming that	am on a separa add additional onnetwork televition and that your authorization ovies" or "baskid deast live, enterstation broadcon's location (tons, if any, the when your system of the program carrollisted program cons in effect distance and the program carrollisted program cons in effect distance and the program constitute and the pr	rows to the tables. vision program ("substitute our cable system substitute our cable system substitute is. See page (v) of the geretball." List specific program or "Yes." Otherwise enter "asting the substitute program ecommunity to which the community with which the stem carried the substitute or or was carried by your ied by a system from 6:01 in was substituted for programing the accounting perio	e progred for neral in title No." e statice statice progrecable :15 p.	ram") that the prognstruction is lice on is lice on is lice on is lice on is idea. Use a system m. to 6:2 ng that yer the left	at, during the properties of t	the a of arher ir love her F(imes , with imes , sho m wahe lis	ccountinnother stanformatic Lucy" or CC or, in the modulate accurate uld be as require sted prog	g ation on. onth ely
			TE PROGRAM	1			N SUBST			7. REASON FOR
	1. TITLE OF PROGRAM		TE PROGRAM 3. STATION'S CALL SIGN	1	1 1 -		AGE OC		RED	7. REASON FOR DELETION
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :s	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :s	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :s	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :s	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :s	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :s	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :s	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	
		SUBSTITUT	3. STATION'S		1 1 -	CARRI MONTH	AGE OCO	CURI	RED :S	

Accounting Period:	2021/2			FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM CALIFORNIA LLC (RIDGECREST, CA)			;	SYSTEM ID: 3101(
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 explanat 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 ion of how t	econdary transmi o compute this a	ssion service mount, see	
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper \$A1-2 form for more	but less that	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalf accounting period is \$52.00	y fee that yo	ou must pay for thi	is six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3		-		
	6. Subtract line 5 from line 4				
	Multiply line 6 by .005 (enter figure here)		•		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527,	,600)	
	Enter the amount of gross receipts from space K	. \$	382,195.63		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	118,395.63		
	4. Multiply line 3 by .01		\$	1,183.96	
	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 .		\$	2,502.96
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,502.96	
Due	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			\$	2,522.96
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				jhts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE	ER OF CABLE SYSTEM: ORNIA LLC (RIDGECRE	ST, CA)			SYSTEM ID# 31010
M Channels	1. Enter the total nur system carried tel 2. Enter the total nur on which the cable	nust give (1) the number of nd (2) the cable system's to mber of channels on which levision broadcast stations amber of activated channels e system carried television at services	tal number of activated of the cable	channels during the ac	counting period.	76
N Individual to Be Contacted		CONTACTED IF FURTHE		EEDED (Identify an ind	ividual to whom	
for Further Information	Name Ke	enneth J. Kohrs			Telephone	845-443-2762
	Address Or	ne Mediacom Way mber, street, rural route, apartme	nt, or suite number)			
		ediacom Park, NY 10 y, town, state, zip)	0918			
	Email	Copyrights@med	iacomcc.com		Fax (optional	
	CERTIFICATION (This	s statement of account must	be certified and signed	in accordance with Co	pyright Office regulations)	
O Certification	• I, the undersigned, he	ereby certify that (Check one	but only one, of the box	es.)		
	(Owner oth	ner than corporation or par	tnership) I am the owner	of the cable system as	identified in line 1 of space B	; or
		owner other than corporations of the space B and that the control is the space B and that the control is the space B.			nt of the owner of the cable s	ystem as identified
		r partner) I am an officer (if a ne 1 of space B.	corporation) or a partner	r (if a partnership) of the	legal entity identified as own	er of the cable system
		statement of account and he nd correct to the best of my k 001(1986)]		-		
			X /s/ Kenneth			
			inter an electronic signatu inter signature using an "/			
		Typed or printed n	ame: Kenneth J .	. Kohrs		
			Vice President, Find of official position held in con		9	
		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.

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 31010 MEDIACOM CALIFORNIA LLC (RIDGECREST, CA) 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 fol-P lowing 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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. O For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment 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 Address ID number First community served Accounting period

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

CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

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

		Space I Substitute Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐Information received	(SA3 only)
□Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐Information received	
Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
Accepted	☐Phoe call/Date/Contact	
		Space M Channels
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
Letter sent	☐Information received	
Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	