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/MAN INC ADDRESS OF CARLE SYSTEM
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM ILLINOIS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 ILLINOIS LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY
	_	(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM ILLINOIS LLC	343
	Instructions: List each separate community served by the cable system. A "community" is t	
_	separate and distinct community or municipal entity (including unincorporated community	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as	
	community." Please use it as the first community on all future filings.	,
_	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home p	parks should be reported in parentheses below the identif
Area Served	city.	
Serveu		
	CITY OR TOWN	STATE
First	CAPRON	IL
Community	BELVIDERE TOWNSHIP	IL .
	ARGYLE	IL
Rows as Necessary	CALEDONIA	IL
	CANDLEWICK LAKE	IL
	POPLAR GROVE	IL
	CHEMUNG	IL
	RINGWOOD	IL
	RICHMOND / SOLON MILLS	IL
	SPRING GROVE	IL
	GARDEN PRAIRIE	IL
	HEBRON	IL
	Village of Timberlane	IL
	Village of Timbertaile	12

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34380

#### **MEDIACOM ILLINOIS LLC**

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,523	14.00-61.54			
Service to additional set(s)					
FM radio (if separate rate)					
Motel, hotel					
Commercial	1	14.00-61.54			
Converter					
Residential					
Non-residential					

# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	100.00
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# 34380

4. LOCATION OF STATION

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

MEDIACOM ILLINOIS LLC

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LUCATION OF STATION
WBBM/WBBM (HD) CBS	12	N	CHICAGO, IL
WBBM-DT2 Start TV	12.2	I-M	CHICAGO, IL
WBBM-DT3 DABL	12.3	I-M	CHICAGO, IL
WCIU/WCIU (HD) IND	27	I	CHICAGO, IL
WCIU-DT2 (The U Too)	27.2	I-M	CHICAGO, IL
WCIU-DT3 (MeTV)	27.3	I-M	CHICAGO, IL
WCIU-DT4 Heroes&Icons	27.4	I-M	CHICAGO, IL
WCIU-DT5 MeTV+	27.5	I-M	CHICAGO, IL
WCPX/WCPX (HD) ION	48	I	CHICAGO, IL
WCPX-DT2 Bounce	48.2	I-M	CHICAGO, IL
WCPX-DT3 Laff	48.3	I-M	CHICAGO, IL
WFLD/WFLD (HD) FOX	31	I	CHICAGO, IL
WFLD-DT2 Movies!	31.2	I-M	CHICAGO, IL
WFLD-DT3 BUZZR	31.3	I-M	CHICAGO, IL
WGBO/WGBO (HD) Univision	15	I	CHICAGO, IL
WGBO-DT2 Laff	15.2	I-M	CHICAGO, IL
WGBO-DT3 getTV	15.3	I-M	CHICAGO, IL
WGBO-DT4 True Crime Netwo	15.4	I-M	CHICAGO, IL
WGBO-DT5 Grit	15.5	I-M	CHICAGO, IL
WGN/WGN (HD)/IND	19	I	CHICAGO, IL
WGN-DT2 Antenna	19.2	I-M	CHICAGO, IL
WGN-DT3 Court TV	19.3	I-M	CHICAGO, IL
WIFR/WIFR (HD) CBS	41	N	FREEPORT-ROCKFORD, IL
WIFR-DT2 Antenna TV	41.2	I-M	FREEPORT-ROCKFORD, IL

3. TYPE OF STATION

Add Rows as Necessary

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34380

#### MEDIACOM ILLINOIS LLC

PRIMARY TRANSMITTERS: TELEVISION

G

#### Primary Transmitters: Television

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

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WIFR-DT3 Circle	41.3	I-M	FREEPORT-ROCKFORD, IL
WIFR-DT5 (HD) CW	41.5	I-M	FREEPORT-ROCKFORD, IL
WLS/WLS (HD) ABC	7	N	CHICAGO, IL
WLS-DT2 LWN HD	7.2	I-M	CHICAGO, IL
WMAQ/WMAQ (HD) NBC	29	N	CHICAGO, IL
WMAQ-DT2 CoziTV	29.2	I-M	CHICAGO, IL
WPWR/WPWR (HD) MYNET	51	I	CHICAGO, IL
WQRF/WQRF (HD) FOX	42	I	ROCKFORD, IL
WQRF-DT2 Bounce TV	42.2	I-M	ROCKFORD, IL
WQRF-DT3 Court TV Mystery	42.3	I-M	ROCKFORD, IL
WREX/WREX (HD) NBC	13	N	ROCKFORD, IL
WREX-DT3 (Me TV)	13.3	I-M	ROCKFORD, IL
WREX-DT4 Court TV	13.4	I-M	ROCKFORD, IL
WREX-DT5 True Crime Netwo	13.5	I-M	ROCKFORD, IL
WSNS/WSNS (HD) Telemunde	17	I	CHICAGO, IL
WSNS-DT2 Exitos TV	17.2	I-M	CHICAGO, IL
WTTW/WTTW (HD) PBS	47	E	CHICAGO, IL
WTTW-DT2 Prime	47.2	E-M	CHICAGO, IL
WTTW-DT3 Create	47.3	E-M	CHICAGO, IL
WTTW-DT4 V-Me	47.4	E-M	CHICAGO, IL
WTVO/WTVO (HD) ABC	16	N	ROCKFORD, IL
WTVO-DT2 (HD) Mynet	16.2	I-M	ROCKFORD, IL
WTVO-DT3 Laff	16.3	I-M	ROCKFORD, IL
WTVO-DT4 Grit	16.4	I-M	ROCKFORD, IL

ounting Period:	2021/2			FORM SA1-2E. PAGE 3			
	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	MEDIACOM ILLINOIS	LLC		34380			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable syste	m during the accounting period, except	translator stations and low power televis (1) stations carried only on a part-time l le carriage of certain network programs	basis under			
Primary ransmitters: Television	substitute program basis, a	s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain stations				
relevision	basis under specific FCC r	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					
	List the station here, and basis. For further information	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.						
	of license. For example, W	/RC is channel 4 in Washington, D.C.	vision station for broadcasting over the station, an independent station, or a nor	•			
	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.						
			the community to which the station is lice community with which the station is ic	•			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **MEDIACOM ILLINOIS LLC**

34380

# 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

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

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

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

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

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		ļ					
		ļ					
		†					
		l					
		l					
		<del> </del>					
		ļ					
		ļ					
		ļ					
		t					
		l					
		<del> </del>					
		<del> </del>					
		<del> </del>					
		<b> </b>					
		ļ					
		<del> </del>					
		ļ					
		ļ					
		ļ					

Primary Transmitters: Radio

Accounting Dario	d. 2021/2								FORM SALOE BACE F
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						FORM SA1-2E. PAGE 5.  SYSTEM ID#
Name	MEDIACOM ILLINOIS L	LLC							34380
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the avexplanation of the programm	ify every nor	nnetwork televis	sion program, broadcast ecific present and former	oy a <i>distant</i> FCC rules,	regulation	ons, or a	uthorizati	ons. For a further
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	During the accounting per	_			asis, any n	onnetw	ork telev	vision pro	ogram
Statement and Program Log	broadcast by a distant stat	•	•	•				YE	V
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.								
	2. LOG OF SUBSTITUTE PROGRAMS								
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.								
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re	distant stat	tion and that yo	our cable system substit	uted for the	progra	mming	of anothe	er station
	Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran	Bulls."				or exan	nple, "I L	Love Luc	y" or
	Column 3: Give the call : Column 4: Give the broa the case of Mexican or Can	sign of the adcast station	station broadca on's location (t	asting the substitute pro	gram. :he station i		•	ne FCC o	r, in
	Column 5: Give the mon first. Example: for May 7 gives	nth and day ve "5/7."	when your sys	stem carried the substitu	te program	. Use n	umerals		
	<b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."								
	Column 7: Enter the letter to delete under FCC rules a was substituted for program	and regulati nming that y	ons in effect d	uring the accounting per	iod; enter t	ne lette	r "P" if th	ne listed <sub>l</sub>	•
	effect on October 19, 1976.						SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MO	NTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATIO	N AND [	DAY	FROM	<u> </u>	0
		<del> </del>	 						
		ļ 	 						
		ļ 	 						
								_	
		1						_	
			l						
		ļ							
								_	
								_	
		t	t						

Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC				34380
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 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 SA1-2 form for more	but less the information	an \$527,600 า.	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 royalt accounting period is \$52.00	y fee that yo	ou must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	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		
	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				_
	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)	
	Enter the amount of gross receipts from space K	\$	408,448.20		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	144,648.20		
	4. Multiply line 3 by .01		\$	1,446.48	_
	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 .		\$	2,765.48
	FILING FEE AND TOTAL REMITTANCE DI	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,765.48	_
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			\$	2,785.48
	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 OWNER OF MEDIACOM ILLINOIS LL					SYSTEM ID# 34380
<b>M</b> Channels	CHANNELS Instructions: You must gi to its subscribers, and (2):  1. Enter the total number of system carried televisio  2. Enter the total number of	64				
	on which the cable system and nonbroadcast servi					54
N Individual to Be Contacted	we can contact about this	statement of accour		RMATION IS NEEDED (Identify an indiv		
for Further Information	Name Kenne	th J. Kohrs			I elephon	e <u>845-443-2762</u>
	Address One M	ediacom Way treet, rural route, apartm	nent, or suite	e number)		
	Mediad	om Park, NY				
	(City, town,	state, zip)				
	Email	Copyrights@me	diacomco	c.com	Fax (optional	
	CERTIFICATION (This state	ment of account mu	st be certi	ified and signed in accordance with Cop	pyright Office regulations)	
O Certification	• I, the undersigned, hereby of	ertify that (Check on	e, but only	one, of the boxes.)		
	(Owner other tha	n corporation or pa	artnership	I am the owner of the cable system as i	identified in line 1 of space	B; or
				rtnership) I am the duly authorized agent not a corporation or partnership; or	t of the owner of the cable	system as identified
	(Officer or partn in line 1 of		a corpora	tion) or a partner (if a partnership) of the	legal entity identified as ow	ner of the cable system
		ect to the best of my	-	lare under penalty of law that all statemen e, information, and belief, and are made i		
			X	/s/ Kenneth J. Kohrs		_
				electronic signature on the line above to cer lature using an "/s/ signature" (e.g., /s/ Joh	•	
		Typed or printed	name:	Kenneth J. Kohrs		
		Title:		resident, Financial Reporting position held in corporation or partnership)	l	
		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.

ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
DIACOM ILLINOIS LLC	34380
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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

CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

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