This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

 DATE RECEIVED
 AMOUNT

 2-28-22
 \$

 ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCO	OUNTING 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.	6
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	
		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 as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System		IDENTIFICATION OF CABLE SYSTEM:	
System	1	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. BOX 249	
	2	(Number, street, rural route, apartment, or suite number)	
		EXCELSIOR SPRINGS, MO 64024	
		(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	4026				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified					
Area	city.	nobile nome parks should be reported in parentheses below the identified				
Served						
	CITY OR TOWN	STATE				
First	CARROLTON	МО				
Community						
Rows as Necessary						

								FORM SA1	TEM IC	
Name									402	
	MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)									
Е	SECONDARY TRANSMISSION									
E	In General: The information in s	-		-		•				
Secondary	system, that is, the retransmission about other services (including p					•				
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Both						ble system	n, broken		
scribers and	down by categories of secondary	•		•		•				
Rates	each category by counting the n		-	•••		•		s charged		
	separately for the particular serv Rate: Give the standard rate c							ge and the		
	unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	· · ·			,			<u>.</u>		
	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									
	first set" and would be counted of									
	Block 2: If your cable system	has rate categ	ories foi	r secondary tra	nsmission	service that are	e different i	from those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	vo- or thre	e-word descript	ion of the s	service is		
	sufficient. BLC	DCK 1					BLOCK	< 2		
			DATE	0.17			NO. OF	DAT		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAII	EGORY OF SE	RVICE	SUBSCRIBERS	RATI	
	Service to first set		200	74.49						
	Service to additional set(s)		200	74.45						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	74.49						
	Converter		•	74.43						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5					
F	In General: Space F calls for rat									
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • •	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		,	,		5		5 ,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
								BLOCK 2		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res						
	• Pay cable	PP		tel, hotel			FAMIL	Y	99.0	
	• Pay cable—add'l channel	PP		mmercial						
	• Fire protection			y cable						
	•Burglar protection		-	y cable-add'l ch	annel					
	Installation: Residential		-	e protection						
	• First set	109.99		glar protection						
	Additional set(s)			services:						
	• FM radio (if separate rate)	10.00-40.00		connect		49.00				
	• Converter	10.50		connect		+3.00				
	Converter	10.50				45.00.40.00				
				TIAT TAIAAATIAN						
				tlet relocation ve to new addr	955	15.00-49.00				

	2021/2			FORM SA1-2E. PAG					
Name				40					
	PRIMARY TRANSMITTERS:								
			nslator stations and low nower telev	ision stations)					
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								
Primary	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								
ransmitters:	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 nor list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
	station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other								
	basis. For further information	concerning substitute basis stations, se	e page (v) of the general instruction	5.					
	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 th Column 2: Give the channel	e form. number the FCC assigned to the televis	ion station for broadcasting over the	a air in its community					
	of license. For example, WR	C is channel 4 in Washington, D.C.	-						
		ase whether the station is a network sta ng the letter "N" (for network), "N-M" (for							
	(for independent multicast), "I	E" (for noncommercial educational), or "	E-M" (for noncommercial education						
		ns, see page (iv) of the general instructi of each station. For U.S. stations, list th		icensed by the					
		an stations, if any, give the name of the							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. THE OF STATION	4. EOCATION OF STATION					
	KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO					
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO					
d Rows as Necessary	KCPT-DT3 PBS Create	18.3	E-M	KANSAS CITY, MO					
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO					
	KCTV/KCTV(HD)CBS	24	N	KANSAS CITY, MO					
	KCTV-DT2 COMET	24.2	I-M	KANSAS CITY, MO					
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO					
		24.4	I-M						
	KCTV-DT4 Quest			KANSAS CITY, MO					
	KCWE CW/KCWE CW HD	31	I	KANSAS CITY, MO					
	KCWE-DT2 True Crime	31.2	I-M	KANSAS CITY, MO					
	KMBC/KMBC(HD)ABC	29	<u>N</u>	KANSAS CITY, MO					
	KMBC-DT2 METV	29.2	I-M	KANSAS CITY, MO					
	KMCI/KMCI (HD) IND	41	I	LAWRENCE, KS					
	KMCI-DT2 BOUNCE TV	41.2	I-M	LAWRENCE, KS					
	KMCI-DT3 Court TV Mystery	41.3	I-M	LAWRENCE, KS					
	KMCI-DT4 HSN	41.4	I-M	LAWRENCE, KS					
	KMOS PBS	15	Е	SEDALIA, MO					
	KPXE ION/KPXE ION HD	51		KANSAS CITY, MO					
	KPXE-DT2 Court	51.2	I-M	KANSAS CITY, MO					
	KPXE-DT3 Defy	51.3	I-M	KANSAS CITY, MO					
	KQTV ABC	7	N	ST JOSEPH, MO					
	KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO					
	KSHB-DT2 Grit	42.2	I-M	KANSAS CITY, MO					
	KSHB-DT3 LAFF	42.3	I-M	KANSAS CITY, MO					
	KSMO/KSMO (HD) MYNET	47	I	KANSAS CITY, MO					
	KSMO-DT2 thegrio	47.2	I-M	KANSAS CITY, MO					
	KSMO-DT3 DABL	47.3	I-M	KANSAS CITY, MO					
	KSMO-DT4 Cozi TV	47.4	I-M	KANSAS CITY, MO					
	KSMO-DT5 Circle	47.5	I-M	KANSAS CITY, MO					
	WDAF/WDAF(HD) FOX	34	<u> </u>	KANSAS CITY, MO					
	WDAF-DT2 ANTENNA TV	34.2	I-M	KANSAS CITY, MO					
	WDAF-DT3 Court TV	34.3	I-M	KANSAS CITY, MO					
	WDAF-DT4 TBD	34.4	I-M	KANSAS CITY, MO					

Accounting P	eriod: 2021/	2					FORM	M SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID#
MEDIACOM	SOUTHEAS	ST LLC	(CARROLLTON, MO)					402
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
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St	it is carried by monitoring, to prmation abou m. entify the call tate whether t	y the sys be received t the Co sign of e he statio	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the sy pyright Office regulations on th each station carried. n is AM or FM.	the system's hea ystem's FM anter iis point, see pag	adend, and (2) nna, during ce le (v) of the ge	it can b rtain sta eneral in:	e expected, ted intervals. structions in the.	Primary Transmitters: Radio
signal, indicate t Column 4: G	this by placing ive the statior	g a check n's locatio	nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

od: 2021/2						FOR	M SA1-2E. PAGE 5.
LEGAL NAME OF OWNER OF							SYSTEM ID#
	AST LLC (CARROLLTO	DN, MO)				4026
 In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT During the accounting pe broadcast by a distant statement 	tify every not accounting p ning that mut T CONCER riod, did you ttion?	nnetwork televis eriod, under sp st be included ir NING SUBST ur cable system	tion program, broadcast by ecific present and former FC this log, see page (v) of th ITUTE CARRIAGE to carry, on a substitute bas	a <i>distant</i> stati CC rules, regul <u>e general instr</u> sis, any nonne	ations, or auti uctions in the twork televis	horizations. paper SA1 ion prograt	For a further -2 form. M X NO
In General: List each subsciear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat Column 5: Give the broat Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	titute progra ace, please of every no a distant state egulations, of ries like "mo Bulls." m was broa sign of the adcast station nadian station nth and day ve "5/7." res when tho . Example: ter "R" if the and regulation ming that	am on a separa add additional prinetwork televi- tion and that yo or authorization povies" or "baske dcast live, enter station broadca on's location (the ons, if any, the y when your systent e substitute pro- a program carr listed program ions in effect do	rows to the tables. rision program ("substitute our cable system substitute s. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra- ne community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01 was substituted for progra- uring the accounting period	program") the ed for the prog eral instruction m titles, for ex No." am. e station is lice program. Use cable system :15 p.m. to 6: amming that y d; enter the le	at, during the gramming of ins for further ample, "I Lov ensed by the ntified). e numerals, v . List the time 28:30 p.m. sh your system v tter "P" if the	accounting another sta informatio ve Lucy" or FCC or, in with the mo es accurate nould be was require listed prog	g ation on. onth ely ed
WHEN SUBSTITU							7. REASON FO
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES - TO	DELETION
	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the bro the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 gi Column 7: Enter the lett to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting p explanation of the programming that mu 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant sta under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broa Column 3: Give the call sign of the Column 4: Give the broadcast stati the case of Mexican or Canadian stati the case of Mexican or Canadian stati the case of Mexican or Canadian stati the to the nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe- explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pag- log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa- clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork telev- period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "basked "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (till the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systems first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro- to the nearest five minutes. Example: a program carr stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect dow was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by substitute basis during the accounting period, under specific present and former FC explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute base broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ger Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 7Gers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter " Column 3: Give the call sign of the station broadcasting the substitute progr. Column 4: Give the broadcast station's location (the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was substituted for program to delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete under ffect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant statisubstitute basis during the accounting period, under specific present and former FCC rules, regulexplanation of the programming that must be included in this log, see page (v) of the general instrement of the programming that must be included in this log, see page (v) of the general instrement of the programming that must be included in this log, see page (v) of the general instrement of the program titles, for ex "NBA Basketball: Toers vs. Bulls." Column 1: Give the call sign of the station broadcasting the substitute program. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the ordacast station's location (the community to which the station is lice the case of Mexican or Canadia stations, if any, the community with which the station is lice the case of Mexican or Canadia station's locati	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your or substitute basis during the accounting period, under specific present and former FCC rules, regulations, or autiexplanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televisis broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete 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 clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Low "NBA Basketball: There vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast stations' location (the community to which the station is licensed by the the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the the nearest five	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations, explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograting 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 in clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accountin period, was broadcast by a distant station and that your cable system substituted for the programming of another stunder certain FCC rules, regulations, or "basketball." Lis specific program titles, for example, "I Love Lucy" or "NBA Basketball." Fores vs. Bulls." Column 3: Give the broadcast 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any the community to which the station is identified).

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CARROLLTON, MO)	S	YSTEM ID# 4026
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	9,965.62 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	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 you must pay for the	nis six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period		52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · <u>\$</u>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula	-	
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC (CARROLI	.TON, MO)		SYSTEM ID# 4026
M Channels	to its subscriber 1. Enter the tota	rs, and (2) the cable system's t al number of channels on which	f channels on which the cable system carried telev otal number of activated channels during the acco n the cable	ounting period.	42
	on which the	al number of activated channel cable system carried television dcast services			69
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of account	ER INFORMATION IS NEEDED (Identify an indivi nt.)	idual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartin Mediacom Park, NY (City, town, state, zip)			
	Email	Copyrights@me	diacomcc.com	Fax (optional	
	CERTIFICATION	(This statement of account mu	st be certified and signed in accordance with Copy	vright Office regulations)	
O Certification		ed, hereby certify that (Check on or other than corporation or pa	e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as id	lentified in line 1 of space B;	or
	X (Agent		ion or partnership) I am the duly authorized agent of owner is not a corporation or partnership; or	of the owner of the cable sy	stem as identified
	(Offic	er or partner) I am an officer (if in line 1 of space B.	a corporation) or a partner (if a partnership) of the le	egal entity identified as owne	er of the cable system
		te, and correct to the best of my	ereby declare under penalty of law that all statement knowledge, information, and belief, and are made in		
			X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to cert Enter signature using an "/s/ signature" (e.g., /s/ Johr	•	
		Typed or printed	name: Kenneth J. Kohrs		
		Title: (Tit	Vice President, Financial Reporting e 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
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM SOUTHEAST LLC (CARROLLTON, MO)	402
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<u> </u>
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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C	Cab	ole Late a t	Total amount of remittance	Number of SAs red	'd Initials
	vvor	ksneet		-	
			Date of remittance	Check DEFT	☐ FILING FEES
Cable ID #					Amount Initia
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	C	Information received	
		d	[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	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	