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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		Barcode Data Filing Period (optional - see instructions)					
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.	4108				
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		MEDIACOM SOUTHEAST LLC (MARCELINE, 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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
1 MEDIACOM SOUTHEAST LLC							
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	P.O. BOX 249					
		(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 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#					
Hame	MEDIACOM SOUTHEAST LLC (MARCELINE, MO)	4108					
_	Instructions: List each separate community served by the cable system. A "commun	ty" is the same as a "community unit" as defined in FCC rules: "a					
D	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 l	nome parks should be reported in parentheses below the identified					
Area Served	city.						
Serveu							
	CITY OR TOWN	STATE					
First	MARCELINE	MO					
Community							
Add Rows as Necessary							

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4108

MEDIACOM SOUTHEAST LLC (MARCELINE, MO)

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:	COBCONIBENC	TOTTE	SATESSIAL OF SERVICE	COBCONIBLING	TOTIL
Service to first set	41	40.49-56.04			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	40.49-56.04			
Converter					
Residential					
Non-residential					
		†····		l	

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	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family	99.00
 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:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 4108

MEDIACOM SOUTHEAST LLC (MARCELINE, MO)

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
KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO
KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO
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
KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO
KCWE CW/KCWE CW HD	31	l .	KANSAS CITY, MO
KCWE-DT2 True Crime	31.2	I-M	KANSAS CITY, MO
KMBC/KMBC(HD) ABC	29	N	KANSAS CITY, MO
KMBC-DT2 MeTV	29.2	N-M	KANSAS CITY, MO
KMCI/KMCI (HD) IND	41	<u>l</u>	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	E	SEDALIA, MO
KPXE ION/ KPXE ION HD	51	l	KANSAS CITY, MO
KPXE-DT2 Court TV	52.2	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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 4108

MEDIACOM SOUTHEAST LLC (MARCELINE, MO)

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
KSMO/KSMO (HD) MyNET	47	l	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	3	l	KANSAS CITY, MO
WDAF-DT2 ANTENNATV	3.2	I-M	KANSAS CITY, MO
WDAF-DT3 Court TV	3.3	I-M	KANSAS CITY, MO
WDAF-DT4 TBD	3.4	I-M	KANSAS CITY, MO
	1		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FORM SA1-2E. PAGE 4.

MEDIACOM SOUTHEAST LLC (MARCELINE, MO)

4108

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).

0411 01051	AN4 E14	0/0	LOGATION OF STATION	0411 01011	AM 514	0/0	LOGATION OF OTATION
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 			 		
					 		
		 			 		
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Primary Transmitters: Radio

Accounting Perio		CARLE CVC	TEM.				FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF MEDIACOM SOUTHEA			i, MO)				SYSTEM ID# 4108
Substitute Carriage: Special Statement and Program Log	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 carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station? YES NO 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.	,	р.,	g	- · · , , · ·		p9	
	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 of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers 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 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON						7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	1	5. MONTH	d 6.	TIMES TO	DELETION

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:			1-2E. PAGI YSTEM I				
Name	MEDIACOM SOUTHEAST LLC (MARCELINE, MO)		3	410				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's si (as identified in space E) during the accounting period. For a further explanation of how page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	econdary transmi	ssion service					
	during the accounting period		\$ 19	,160.04				
	IMPORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gro	ss receipts)				
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less th Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that ye accounting period is \$52.00	ou must pay for th	is six-month					
	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	2	\$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,1	00)					
	1. Base amount under statutory formula	263,800.00	•					
	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)							
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	263,800.00						
	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 otal Remittance	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 paya See page i of the general instructions in the paper SA1-2 form fo			ts!				

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER MEDIACOM SOUTH	R OF CABLE SYSTEM: IEAST LLC (MARCELIN	IE, MO)			SYSTEM ID# 4108
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .					
N Individual to Be Contacted		CONTACTED IF FURTHE t this statement of account.		TION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name Ke l	nneth J. Kohrs			Telephone	845-443-2762
	Address On (Num	ne Mediacom Way nber, street, rural route, apartmer	nt, or suite numb	ber)		
		ediacom Park, NY 10 , town, state, zip)	0918			
	Email	Copyrights@medi	iacomcc.com	n	Fax (optional	
	CERTIFICATION (This	statement of account must	t be certified a	and signed in accordance with Cop	pyright Office regulations)	
O Certification	• I, the undersigned, her	reby certify that (Check one,	but only one ,	, of the boxes.)		
	(Owner other	er than corporation or part	tnership) I am	n the owner of the cable system as i	identified in line 1 of space B	3; or
				ship) I am the duly authorized agent corporation or partnership; or	t of the owner of the cable s	ystem as identified
		partner) I am an officer (if a e 1 of space B.	a corporation) o	or a partner (if a partnership) of the	legal entity identified as own	er of the cable system
		d correct to the best of my k	-	under penalty of law that all statemer formation, and belief, and are made		
				Kenneth J. Kohrs		-
				onic signature on the line above to cere using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed n	ame: Ke	enneth J. Kohrs		
				dent, Financial Reporting	<u> </u>	
		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: 4108 MEDIACOM SOUTHEAST LLC (MARCELINE, MO) 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

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ID number

First community served Accounting period

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							
☐Letter sent			[☐Information rece	ived		
	□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	□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	

1	1.00
N	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25