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

by email to:

## 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))
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MCC Illinois, LLC (Charleston, IL)
		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		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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         MCC Illinois, LLC (Charleston, IL)         7           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: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 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 identicity.           First         CITY OR TOWN         STATE           Community         CHARLESTON         IL           ASHMORE         IL         COLES COUNTY		LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
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: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 community." Please use it as the first community on all future filings.         Area       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.         First       CITY OR TOWN         Served       State         Instructions:       IL         Community       Asta         Area Served       CITY OR TOWN         Served       State         Instructions:       IL         Community       Asta         Area Served       CITY OR TOWN         Served       State         Instructions:       IL         Community       ASHMORE         Instructions:       IL         Colles COUNTY       IL         It Rows as Necessary       KANSAS VILLAGE	Name		77
D       separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discurst or municipated 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 community." Please use it as the first community on all future filings.         Area Served       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.         First       CITY OR TOWN       STATE         Community       GUTY OR TOWN       IL         Area Served       CITY OR TOWN       IL         Community       ASHMORE       IL         COLES COUNTY       IL       IL         COLES COUNTY       IL       IL			
Image: Constraint of the second se			
Area       Area 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 identicity.         First       CITY OR TOWN         State       State         Community       CITY OR TOWN         State       CITY OR TOWN         Community       State         IL       COLES COUNTY         IL       COLES COUNTY         IL       COLES COUNTY         IL       COLES COUNTY         IRows as Necessary       KANSAS VILLAGE	D		
Area Served       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.         First       CITY OR TOWN       STATE         Community       ASHMORE       IL         COLES COUNTY       IL         Rows as Necessary       KANSAS VILLAGE       IL	_		as a form of system identification hereafter known as the "fi
Area Served     city.       First     CITY OR TOWN       First     CHARLESTON       Community     ASHMORE       I     COLES COUNTY       IL       I Rows as Necessary     KANSAS VILLAGE		community." Please use it as the first community on all future filings.	
Served     CITY.       First     CITY OR TOWN       First     CHARLESTON       Community     ASHMORE       IL       COLES COUNTY     IL       IRows as Necessary     KANSAS VILLAGE	Area		ne parks should be reported in parentheses below the identifi
First     CITY OR TOWN     STATE       Formunity     CHARLESTON     IL       Community     ASHMORE     IL       COLES COUNTY     IL       I Rows as Necessary     KANSAS VILLAGE     IL		city.	
First         CHARLESTON         IL           Community         ASHMORE         IL           COLES COUNTY         IL           I Rows as Necessary         KANSAS VILLAGE         IL			
First         CHARLESTON         IL           Community         ASHMORE         IL           COLES COUNTY         IL           I Rows as Necessary         KANSAS VILLAGE         IL			
First         CHARLESTON         IL           Community         ASHMORE         IL           COLES COUNTY         IL           I Rows as Necessary         KANSAS VILLAGE         IL		CITY OR TOWN	STATE
Community         ASHMORE         IL           COLES COUNTY         IL           I Rows as Necessary         KANSAS VILLAGE         IL	Firet		
COLES COUNTY         IL           I Rows as Necessary         KANSAS VILLAGE         IL			•••
I Rows as Necessary KANSAS VILLAGE IL	Community		
			IL
	d Rows as Necessary	KANSAS VILLAGE	IL IL
		WESTFIELD	IL
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	1								FORM SA1-2E. PAGE 2.	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID	
	MCC Illinois, LLC (Charleston, IL)								772	
_	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	IBERS AND RA	TES					
E	In General: The information in s	pace E should	cover	all categories of	seconda	ry transmission	service of t	he cable		
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary Transmission		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).								
Service: Sub-	<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary	•								
Rates	each category by counting the n	•	-			•	•	charged		
	separately for the particular serv							na and the		
	Rate: Give the standard rate of unit in which it is generally billed									
	category, but do not include disc				ny stanua					
	Block 1: In the left-hand block				ies of sec	condary transmi	ssion servi	ce that cable		
	systems most commonly provide							0,		
	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					service that are	e different f	rom those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-l	hand block. A tv	vo- or thre	e-word descript	tion of the s	ervice is		
	sufficient.	DCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RATE	
	Residential:	SUBSCRIB	EKS	RATE	CAT	EGORT OF SE	RVICE	SUBSCRIBERS	RAIL	
	Service to first set		1 230	29.99-74.49						
	Service to additional set(s)		1,200	23.33-74.43						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		1	29.99-74.49						
	Converter		••••	20.00-74.40						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra									
•	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services	•			•		• • •			
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ites are cl	narged on a var	iable per-p	rogram basis,		
Secondary	enter only the letters "PP" in the				ab af tha		inne lieted			
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Rutes	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1					BLOCK 2		
							CATECO	ORY OF SERVICE		
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE	CATEGO	DITI OF BEITHIDE	RATE	
	CATEGORY OF SERVICE Continuing Services:			GORY OF SER		RATE	CATEGO		RATE	
			Install			RATE	Family		RATE 86.9	
	Continuing Services:	RATE	Install • Mo	ation: Non-res		RATE				
	Continuing Services: • Pay cable	RATE PP	Install • Mo • Co	ation: Non-resident telle hotel		RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE PP	Install • Mo • Co • Pa	<b>ation: Non-res</b> otel, hotel mmercial	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE PP	Install • Mc • Co • Pa • Pa	<b>ation: Non-res</b> otel, hotel mmercial y cable	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE PP	Install • Mc • Co • Pa • Pa • Fir	<b>ation: Non-res</b> otel, hotel mmercial y cable y cable-add'l ch	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	RATE PP PP	Install • Mc • Co • Pa • Pa • Fir • Bu	<b>ation: Non-res</b> otel, hotel mmercial y cable y cable-add'l ch e protection	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE PP PP 109.99	Install • Mc • Co • Pa • Pa • Fir • Bu Other	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	dential	49.00				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE PP PP 109.99	Install • Mo • Co • Pa • Pa • Fir • Bu • Bu • Re	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	dential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE PP PP 109.99 15.00-49.00	Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re • Dis	ation: Non-resident Non-Residen	dential					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	MCC Illinois, LLC (Cha									
	PRIMARY TRANSMITTERS:									
~	-	ntify every television station (including tr	-							
G		rried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 5.59(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 ibstitute program basis, as explained in the next paragraph.								
Primary	76.59(d)(2) and (4), 76.61(e)									
ransmitters: Television		explained in the next paragraph. With respect to any distant stations car	arried by your cable system on a sub	stitute program						
	basis under specific FCC rule	les, regulations, or authorizations:								
	station was carried only on a			-						
		lso in space I, if the station was carried n concerning substitute basis stations, s								
	Column 1: List each station's	's call sign. <i>Do not</i> report origination pro	rogram services such as HBO, ESPN	N, etc. Identify each						
	multicast stream associated w "WETA-2" as the same on the	with a station according to its over-the- ne form.	air designation. For example, report	t multistream						
	Column 2: Give the channel	I number the FCC assigned to the telev	vision station for broadcasting over th	he air in its community						
	Column 3: Indicate in each c	RC is channel 4 in Washington, D.C. case whether the station is a network st	•							
		ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or								
	For the meaning of these terr	ms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.							
		n of each station. For U.S. stations, list t lian stations, if any, give the name of the	•							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WAND/WAND(HD) NBC	17	N	Decatur, IL						
	WAND-DT2 Cozi TV	17.2	I-M	Decatur, IL						
Rows as Necessary	WAWV/WAWV(HD) ABC	39	N	TERRE HAUTE, IN						
	WAWV-DT Grit	39.2	I-M	TERRE HAUTE, IN						
	WAWV-DT3 Bounce TV	39.3	I-M	TERRE HAUTE, IN						
	WBUI/WBUI(HD) CW	22	I	Decatur, IL						
	WBUI-DT2 DABL	22.2	I-M	Decatur, IL						
	WBUI-DT3 Stadium	22.3	I-M	Decatur, IL						
	WCCU/WCCU(HD) FOX	26		Urbana, IL						
	WCCU-DT2 Me TV	26.2	I-M	Urbana, IL						
	WCCU-DT3 Antenna TV	26.3	I-M	Urbana, IL						
	WCIA/WCIA(HD) CBS	48	N	Champaign, IL						
	WCIA-DT3 Bounce TV	48.3	I-M	Champaign, IL						
	WCIA-DTS Bounce it									
	MOIA DTA Grit									
	WCIA-DT4 Grit	48.4	I-M	Champaign, IL						
	WCIX-DT/WCIX (HD) My N	48.4 49	I-M I	Champaign, IL Springfield, IL						
	WCIX-DT/WCIX (HD) My N WCIX-DT3 Court	48.4 49 49.3	I-M I I-M	Champaign, IL Springfield, IL Springfield, IL						
	WCIX-DT/WCIX (HD) My Ne WCIX-DT3 Court WCIX-DT4 Laff	48.4 49 49.3 49.4	I-M I I-M I-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL						
	WCIX-DT/WCIX (HD) My N WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS	48.4 49 49.3 49.4 50	I-M I I-M I-M E	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL						
	WCIX-DT/WCIX (HD) My N WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS FNX	48.4 49 49.3 49.4 50 50.2	I-M I I-M I-M E E-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL						
	WCIX-DT/WCIX (HD) My N WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS FNX WICD/WICD(HD) ABC	48.4 49 49.3 49.4 50 50.2 41	I-M I I-M I-M E E E-M N	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Champaign, IL						
	WCIX-DT/WCIX (HD) My N WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS FNX WICD/WICD(HD) ABC WICD-DT2 Comet	48.4 49 49.3 49.4 50 50.2 41 41.2	I-M I I-M I-M E E E-M N I-M	Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Champaign, IL Champaign, IL						
	WCIX-DT/WCIX (HD) My N WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS FNX WICD/WICD(HD) ABC	48.4 49 49.3 49.4 50 50.2 41	I-M I I-M I-M E E E-M N	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Champaign, IL						
	WCIX-DT/WCIX (HD) My N WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS FNX WICD/WICD(HD) ABC WICD-DT2 Comet	48.4 49 49.3 49.4 50 50.2 41 41.2	I-M I I-M I-M E E E-M N I-M	Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Champaign, IL Champaign, IL						

				0.077						
Name	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTEI						
	MCC Illinois, LLC (Cha	rleston, IL)								
	PRIMARY TRANSMITTERS: T	FELEVISION								
G	•	tify every television station (including tra	•	,						
G		during the accounting period, <i>except</i> (1 effect on June 24, 1981, permitting the								
Primary	5	(2) and (4), or 76.63 (referring to 76.61)		-						
ransmitters:		explained in the next paragraph.	· · · · · · · · · · · · · · · · · · ·							
Television		With respect to any distant stations carr es, regulations, or authorizations:	ried by your cable system on a sul	ostitute program						
	• Do not list the station here in	n 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. so in space I, if the station was carried b	ooth on a substitute basis and also	on some other						
	basis. For further information	concerning substitute basis stations, se	ee page (v) of the general instruct	ions.						
		s call sign. <i>Do not</i> report origination pro								
	multicast stream associated w "WETA-2" as the same on the	with a station according to its over-the-a e form	air designation. For example, repo	ort multistream						
		number the FCC assigned to the televis	sion station for broadcasting over	the air in its community						
		of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
			, , ,							
	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.									
	For the meaning of these term									
	For the meaning of these term <b>Column 4:</b> Give the location of	of each station. For U.S. stations, list th	ne community to which the station	is licensed by the						
	For the meaning of these term <b>Column 4:</b> Give the location of		ne community to which the station	is licensed by the						
	For the meaning of these term <b>Column 4:</b> Give the location of	of each station. For U.S. stations, list th	ne community to which the station	is licensed by the						
	For the meaning of these term <b>Column 4:</b> Give the location of	of each station. For U.S. stations, list th	ne community to which the station	is licensed by the						
	For the meaning of these term <b>Column 4:</b> Give the location of FCC. For Mexican or Canadia	of each station. For U.S. stations, list th an stations, if any, give the name of the	ne community to which the station community with which the station	is licensed by the is identified.						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN	of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	ne community to which the station community with which the station 3. TYPE OF STATION	is licensed by the is identified. 4. LOCATION OF STATION						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WILL-DT2 PBS World	of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 9.2	e community to which the station community with which the station 3. TYPE OF STATION E-M	is licensed by the is identified. 4. LOCATION OF STATION Urbana, IL						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create	of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 9.2 9.3	e community to which the station community with which the station 3. TYPE OF STATION E-M E-M	is licensed by the is identified. 4. LOCATION OF STATION Urbana, IL Urbana, IL						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS	of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 9.2 9.3 10	e community to which the station community with which the station 3. TYPE OF STATION E-M E-M N	is licensed by the is identified. 4. LOCATION OF STATION Urbana, IL Urbana, IL Terre Haute, IN						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD)	of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 9.2 9.3 10 10.2	e community to which the station community with which the station 3. TYPE OF STATION E-M E-M N I-M	is licensed by the is identified. 4. LOCATION OF STATION Urbana, IL Urbana, IL Terre Haute, IN Terre Haute, IN						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD)	of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 9.2 9.3 10 10.2 10.3	e community to which the station community with which the station 3. TYPE OF STATION E-M E-M N I-M I-M	is licensed by the is identified.						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD) ( WTWO/WTWO(HD) NBC	of each station. For U.S. stations, list th an stations, if any, give the name of the <u>9.2</u> <u>9.3</u> 10 10.2 10.3 <u>36</u>	a community to which the station community with which the station 3. TYPE OF STATION E-M E-M N I-M I-M I-M N	is licensed by the is identified.						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD) WTWO/WTWO(HD) NBC WTWO-DT2 Laff	of each station. For U.S. stations, list th an stations, if any, give the name of the 9.2 9.3 10 10.2 10.3 36 36.2	a community to which the station community with which the station 3. TYPE OF STATION E-M E-M I-M I-M I-M I-M	is licensed by the is identified. 4. LOCATION OF STATION Urbana, IL Urbana, IL Terre Haute, IN Terre Haute, IN Terre Haute, IN Terre Haute, IN Terre Haute, IN						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD) WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Court	of each station. For U.S. stations, list th an stations, if any, give the name of the 9.2 9.3 10 10.2 10.3 36 36.2 36.3	a community to which the station community with which the station 3. TYPE OF STATION E-M E-M I-M I-M I-M I-M I-M	is licensed by the is identified.						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD) WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 Court WTWO-DT4 Antenna	of each station. For U.S. stations, list th an stations, if any, give the name of the 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4	a community to which the station community with which the station 3. TYPE OF STATION E-M E-M I-M I-M I-M I-M I-M I-M	is licensed by the is identified.						
	For the meaning of these term Column 4: Give the location of FCC. For Mexican or Canadia 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT2/WTHI-DT3(HD) WTHI-DT3/WTHI-DT3(HD) WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT2 Laff WTWO-DT3 Court WTWO-DT4 Antenna WUSI/WUSI (HD) PBS	of each station. For U.S. stations, list th an stations, if any, give the name of the 9.2 9.3 10 10.2 10.3 36 36.2 36.3 36.4 19	a community to which the station community with which the station 3. TYPE OF STATION E-M E-M I-M I-M I-M I-M I-M I-M E	is licensed by the is identified. 4. LOCATION OF STATION Urbana, IL Urbana, IL Urbana, IL Terre Haute, IN Terre Haute, IN Onley, IL						

LEGAL NAME OF								SYSTEM ID
MCC Illinois,	, LLC (Chai	rleston	, IL)					772
	every radio s	tation ca	rried on a separate and discre					н
Special Instruct receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate	tions Concer it is carried by nonitoring, to rmation abour m. entify the call tate whether the the radio stati this by placing	rning All y the sys be recei t the Co sign of e he statio on's sigr g a check	-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. hal was electronically processes c mark in the "S/D" column.	ppyright Office re the system's hea ystem's FM anter is point, see pag d by the cable sy	gulations, an ladend, and (2) nna, during ce le (v) of the ge ystem as a se	FM sign ) it can b ertain sta eneral in parate a	al is generally e expected, ted intervals. structions in the. nd discrete	Primary Transmitters: Radio
			on (the community to which the the community with which the s			or, in ti	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

••	od: 2021/2						FORI	M SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#	
	MCC Illinois, LLC (Cha	arieston, i	L)					7729	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor accounting p	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by a cific present and former FC	C rules, regul	ations, or aut	horizations.	For a further	
Carriage:	1. SPECIAL STATEMENT	-			general mou				
Special Statement and	During the accounting per	-			is, any nonne	twork televis	ion progra	m	
Statement and Program Log	broadcast by a distant sta	tion?					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.	,	1 .	5	, <b>,</b>	·	1 3		
	2. LOG OF SUBSTITUTE								
	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 categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv 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 a	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							
	c		TE PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA:			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. TII		DELETION	
					AND DAY	FROM -	- то		
			L		AND DAY	FROM -	- то -		
					AND DAY	FROM -	- TO - -		
					AND DAY	FROM -	- TO - -		
					AND DAY	FROM	- TO - - -		
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Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			:	SYSTEM ID#				
Name	MCC Illinois, LLC (Charleston, IL)				7729				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an 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.	system's see	condary transmi compute this a	ssion service mount, see \$ 31					
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 BLOCK 1: GROSS RECEIPTS OF \$13	but less tha information.	n \$527,600	63,800					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that you	u must pay for th	is six-month					
	Line 1. Royalty fee for accounting period				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	nes 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE			-					
	1. Base amount under statutory formula		. ,						
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	Subtract line 2 from line 1								
	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)								
	4. Enter the amount of processing from apons 1/	¢	290 561 21						
	Enter the amount of gross receipts from space K      Base amount under statutory formula	. ə \$	380,561.31 263,800.00						
		<u> </u>	116,761.31						
	4. Multiply line 3 by .01		\$	4 467 64					
	<ol> <li>Wurupy me 5 by 51</li> <li>Royalty due on the first \$263,800 of gross receipts (under statutory formula)</li> </ol>			<u>1,167.61</u> 1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8		<u> </u>	0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				2,486.61				
				Ψ	2,400.01				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,486.61					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,506.61				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				yhts!				

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.				
Name		WNER OF CABLE SYSTEM: LC (Charleston, IL)			SYSTEM ID# 7729				
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 carrie	ed television broadcast station	S		51				
	on which the	al number of activated channe cable system carried televisio dcast services		[	61				
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Identify an individual nt.)	to whom					
for Further Information	Name	Kenneth J. Kohrs		Telephone	845-443-2762				
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)							
	Email	Copyrights@me	ediacomcc.com Fax	(optional					
	CERTIFICATION	(This statement of account mu	ist be certified and signed in accordance with Copyright	t Office regulations)					
O Certification		ed, hereby certify that (Check or							
		t of owner other than corpora	artnership) I am the owner of the cable system as identifient to the cable system as identifient to the tion or partnership) I am the duly authorized agent of the						
	(Offic		e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal e	entity identified as owne	er of the cable system				
		te, and correct to the best of my	nereby declare under penalty of law that all statements of fa / knowledge, information, and belief, and are made in good						
			X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify thi Enter signature using an "/s/ signature" (e.g., /s/ John Smit						
		Typed or printed	name: Kenneth J. Kohrs						
		Title: (Tit	Vice President, Financial Reporting le of official position held in corporation or partnership)						
		Date:	2	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
C Illinois, LLC (Charleston, IL)	772
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
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
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment

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Cable Workshe		ole Late a t	Total amount of remittance	Number of SAs rea	c'd Initi	Initials	
	vvor	ksneet		-			
			Date of remittance	Check EFT	□ FILING FE	ES	
Cable ID #					Amount	Initials	
Examined by	R	eviewed by	Date examination completed	Allocation number			
Space A Accounting Period							
	□January	1 - June 30, 2017	C	]July 1 - December 31, 2017			
	Letter s	ent	C	Information received			
		:d	Ľ	Phone call/Date/Contact			
Space B Owner							
	□Letter s	ent	C	Information received			
		d	C	Phone call/Date/Contact			
Space D Area Served							
	Letter s	ent	C	Information received			
		ed	Ľ	Phone call/Date/Contact			
Space E Secondary Transission							
Service Subscribers:	□Letter s	ent	C	Information received			
and Rates		d	C	Phone call/Date/Contact			
Space G Primary Transmitters:							
Television	□Letter s	ent	[	Information received			
		d	E	Phone call/Date/Contact			
Space H Primary Transmitters:							
Radio		ed	[	Phone call/Date/Contact		_	

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