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 COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2-28-22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
<u> </u>		

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MCC Illinois, LLC (Mattoon, IL)	7
	Instructions: List each separate community served by the cable system. A "community	
-	separate and distinct community or municipal entity (including unincorporated commu	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the identi
Area	city.	
Served	city.	
	CITY OR TOWN	STATE
First	Mattoon	IL IL
Community	Coles County	IL
	City of Gays	IL
Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID		
Name	MCC Illinois, LLC (Matto								792		
	SECONDARY TRANSMISSION				TES						
E	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										
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-	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										
scribers and		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									
Rates	each category by counting the n	•	-	0,0		•	•	s charged			
	separately for the particular serv Rate: Give the standard rate of							and the			
	unit in which it is generally billed	-						-			
	category, but do not include disc	· · ·		,	ny otanaa						
	Block 1: In the left-hand block	•		Ű		•					
	systems most commonly provide that applies to your system. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca					0					
	first set" and would be counted of							e			
	Block 2: If your cable system printed in block 1 (for example, t	0									
	with the number of subscribers a						,.				
	sufficient.										
	BLC	DCK 1					BLOCI		r		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:										
	 Service to first set 		1,045	40.49-57.04							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		1	40.49-57.04							
	Converter										
	• Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	3						
F	In General: Space F calls for rate	te (not subscrit	per) info	ormation with re	spect to a	ll your cable sy	stem's ser	vices that were			
Г	not covered in space E, that is, t service for a single fee. There a										
Services	furnished at cost or (2) services		,		0		0 (/			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the										
ransmissions: Rates	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.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT		
	Continuing Services:		Install	ation: Non-res	idential						
	• Pay cable	PP		otel, hotel			Family	Cable	86.9		
	Pay cable—add'l channel	PP		ommercial							
	Fire protection			y cable							
	•Burglar protection			y cable-add'l ch	annel						
	Installation: Residential	100.00		e protection							
	First set	109.99		rglar protection							
	 Additional set(s) 	15.00-49.00	other	services:							
	.,			oonne -t		40.00					
	• FM radio (if separate rate)			econnect		49.00					
	.,	10.50	• Dis	econnect sconnect utlet relocation		49.00 15.00-49.00					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:	-	SYSTEM
Name	MCC Illinois, LLC (Mat			7
	PRIMARY TRANSMITTERS:	· /		
~		ntify every television station (including tr		
G		n during the accounting period, <i>except</i> (
Primary	3	n effect on June 24, 1981, permitting the)(2) and (4), or 76.63 (referring to 76.61		•
ransmitters: Television	substitute program basis, as	explained in the next paragraph. With respect to any distant stations car		
1 die vision	basis under specific FCC rule	les, regulations, or authorizations:		
	• Do not list the station here station was carried only on a	in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program L	og)—if the
	• List the station here, and al	Iso in space I, if the station was carried		
		n concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pr		
	multicast stream associated "WETA-2" as the same on th	with a station according to its over-the-	-air designation. For example, repor	t multistream
		ne form. I number the FCC assigned to the telev	vision station for broadcasting over t	he air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network since the station since the	station, an independent station, or a r	noncommercial
	educational station, by enteri	ing the letter "N" (for network), "N-M" (for	for network multicast), "I" (for indepe	ndent), "I-M"
	(, , , , , , , , , , , , , , , , , , ,	"E" (for noncommercial educational), or rms, see page (iv) of the general instruction	,	onal multicast).
	Column 4: Give the location	n of each station. For U.S. stations, list t	the community to which the station is	5
	FCC. For Mexican or Canadi	lian stations, if any, give the name of the	e community with which the station i	s identified.
	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	WBUI/WBUI(HD) CW	22	1	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	I	Urbana, IL
	WCCU-DT2 MeTV	26.2	I-M	Urbana, IL
	WCCU-DT3 Antenna TV	26.3	I-M	Urbana, IL
	WCIA/WCIA(HD) CBS	I T		
		48	N	Champaign, IL
	WCIA-DT3 Bounce	48 48.3	N	
	WCIA-DT3 Bounce			Champaign, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit	48.3 48.4	I-M	Champaign, IL Champaign, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net	48.3 48.4 13.1	I-M I-M I	Champaign, IL Champaign, IL Springfield, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net WCIX-DT3 Court	48.3 48.4 13.1 13.3	I-M I-M I I	Champaign, IL Champaign, IL Springfield, IL Springfield, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net WCIX-DT3 Court WCIX-DT4 Laff	48.3 48.4 13.1 13.3 14.3	I-M I-M I	Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS	48.3 48.4 13.1 13.3 14.3 50	I-M I-M I I I-M I-M E	Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 FNX	48.3 48.4 13.1 13.3 14.3 50 50.2	I-M I-M I I-M I-M E E E-M	Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 FNX WICD/WICD(HD) ABC	48.3 48.4 13.1 13.3 14.3 50 50.2 41	I-M I-M I I I-M I-M E E E-M N	Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 FNX	48.3 48.4 13.1 13.3 14.3 50 50.2	I-M I-M I I-M I-M E E E-M	Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 FNX WICD/WICD(HD) ABC	48.3 48.4 13.1 13.3 14.3 50 50.2 41	I-M I-M I I I-M I-M E E E-M N	Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Champaign, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 FNX WICD/WICD(HD) ABC WICD-DT2 COMET	48.3 48.4 13.1 13.3 14.3 50 50.2 41 41.2	I-M I-M I I-M I-M E E E-M N N I-M	Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Champaign, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 FNX WICD/WICD(HD) ABC WICD-DT2 COMET WICD-DT3 TBD	48.3 48.4 13.1 13.3 14.3 50 50.2 41 41.2 41.3	I-M I-M I I I-M I-M E E-M N I-M I-M	Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Charleston, IL Champaign, IL Champaign, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT3 Court WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 FNX WICD/DT2 FNX WICD/DT2 COMET WICD-DT3 TBD WICD-DT4 Charge!	48.3 48.4 13.1 13.3 14.3 50 50.2 41 41.2 41.3 41.4	I-M I-M I I I-M I-M E E E-M N I-M I-M	Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Champaign, IL Champaign, IL Champaign, IL
	WCIA-DT3 Bounce WCIA-DT4 Grit WCIX-DT/WCIX (HD) My Net WCIX-DT3 Court WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 FNX WICD/WICD(HD) ABC WICD-DT2 COMET WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL(HD) PBS	48.3 48.4 13.1 13.3 14.3 50 50.2 41 41.2 41.3 41.4 9		Champaign, IL Champaign, IL Springfield, IL Springfield, IL Charleston, IL Charleston, IL Champaign, IL Champaign, IL Champaign, IL Champaign, IL

Inting Period:	2021/2			FORM SA1-2E. PA							
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM							
	MCC Illinois, LLC (Ma	ttoon, IL)		7							
	PRIMARY TRANSMITTERS:	TELEVISION									
C	•		•	,							
G											
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										
ansmitters:		s explained in the next paragraph.									
Television		: With respect to any distant stations ca	rried by your cable system on a sub	ostitute program							
		iles, regulations, or authorizations: e in space G—but do list it in space I (the	a Special Statement and Program I	as) if the							
	station was carried only on										
		also in space I, if the station was carried	both on a substitute basis and also	o on some other							
		n concerning substitute basis stations, s									
		i's call sign. Do not report origination pr with a station according to its over-the-	•	•							
	"WETA-2" as the same on t	6	all designation. For example, report	rt multistream							
		el number the FCC assigned to the telev	vision station for broadcasting over t	the air in its community							
		RC is channel 4 in Washington, D.C.									
		case whether the station is a network s ring the letter "N" (for network), "N-M" (f	•								
		"E" (for noncommercial educational), or									
		rms, see page (iv) of the general instruc									
		n of each station. For U.S. stations, list t	-								
	FCC. For Mexican or Canad	dian stations, if any, give the name of the	e community with which the station i	is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	WUSI-DT2 PBS WORLD	19.2	E-M	Onley, IL							
	WUSI-DT3 PBS CREATE	19.3	E-M	Onley, IL							
	WUSI-DT4 PBS KIDS	19.4	E-M	Onley, IL							
	["""""""""""""""""""""""""""""""""""""	1									

LEGAL NAME OF	OWNER OF C		YSTEM:					SYSTEM ID
MCC Illinois,								7924
		oon, 12	1					192
PRIMARY TRAN			rried on a separate and discre	to basis and list t	hoso EM stati	one cor	ied on an	н
			nerally receivable by your cable					••
			-Band FM Carriage: Under C					Primary
. ,		-	tem whenever it is received at	-	. ,		-	Transmitters: Radio
			ved at the headend, with the s pyright Office regulations on t					Rudio
paper SA1-2 for			pyngni Onice regulations on t	nis point, see pag	e (v) of the ge			
		sign of e	each station carried.					
			n is AM or FM.					
			nal was electronically process	ed by the cable sy	/stem as a se	parate a	nd discrete	
			mark in the "S/D" column.					
			on (the community to which th			C or, in t	ne case of	
Mexican or Can	adian stations	, ii any, i	the community with which the	station is identifie	a).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		·		·				
		·						
		·						
				··				
		·						

Accounting Perio							FOF	
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
	MCC Illinois, LLC (Mat	toon, IL)						7924
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor accounting pening that must	nnetwork televis eriod, under spe st be included in	<i>sion program,</i> broadcast b ecific present and former F n this log, see page (v) of t	y a <i>distant</i> statio FCC rules, regul	ations, or aut	thorizations	s. For a further
Special	 SPECIAL STATEMENT During the accounting per 				eie anv nonne	twork televis	sion progra	m
Statement and	broadcast by a distant sta	•	I Cable System	i carry, on a substitute ba	asis, any nonne			
Program Log	2						YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer i	s "Yes," you m	ust complete	e the progra	am
	log in block 2. 2. LOG OF SUBSTITUTE		M0					
	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 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	titute progra ace, please - of every no distant stat egulations, o ries like "mo Bulls." m was broad sign of the adcast statio nadian statio nth and day ve "5/7." es when the	am on a separa add additional innetwork telev- tion and that yc or authorization ovies" or "baske dcast live, ente station broadca on's location (ti ons, if any, the when your sys e substitute pro	rows to the tables. rision program ("substitut our cable system substitu s. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter asting the substitute prog ne community to which th community with which th stem carried the substitute	e program") tha ted for the prog meral instructio am titles, for ex "No." ram. e station is lice e station is lice e program. Use ur cable system	at, during the gramming of ns for furthe ample, "I Lo ensed by the ntified). a numerals, ' . List the tim	e accountir another st r information ve Lucy" of FCC or, ir with the mo-	ng tation on. n n onth
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	er "R" if the and regulation mming that y	listed program ons in effect du	was substituted for prog uring the accounting perio	ramming that y od; enter the le	tter "P" if the	listed pro	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE	tter "P" if the and regulation	iisted prog ons in TUTE	gram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y	listed program ons in effect du	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE	tter "P" if the and regulation	FUTE	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation IN SUBSTIT AGE OCCL 6. TI	FUTE	gram 7. REASON FOR
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	er "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	FUTE URRED	gram 7. REASON FOF
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	er "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	FUTE URRED	gram 7. REASON FOF
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	er "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	FUTE URRED	gram 7. REASON FOF
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	er "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	FUTE URRED	gram 7. REASON FOF
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	er "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	FUTE URRED	gram 7. REASON FOF
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	er "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	FUTE URRED	gram 7. REASON FOF
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	er "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	FUTE JRRED MES	gram 7. REASON FOF
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	er "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	FUTE JRRED MES	gram 7. REASON FOF
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	er "R" if the and regulation nming that y SUBSTITUT 2. LIVE?	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	FUTE JRRED MES	gram 7. REASON FOF
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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 (Mattoon, IL)				7924
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	system's see on of how to	condary transmi compute this a	ssion service mount, see \$ 40	
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				
	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 I	nes 1 and 2		<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	408,000.04		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	144,200.04		
	4. Multiply line 3 by .01		\$	1,442.00	
	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	1, 5, and 6		\$	2,761.00
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u>\$</u>	2,761.00	
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			\$	2,781.00
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: LC (Mattoon, IL)			SYSTEM ID# 7924
M Channels	to its subscriber	is, and (2) the cable system's to al number of channels on which		g period.	36
	2. Enter the tota on which the	al number of activated channels cable system carried television	proadcast stations		74
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account	R INFORMATION IS NEEDED (Identify an individual t)	to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 845	5-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartme Mediacom Park, NY 1 (City, town, state, zip)			
	Email	Copyrights@med	acomcc.com Fax (optional	
•	CERTIFICATION	(This statement of account mus	be certified and signed in accordance with Copyright	Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check one	but only one, of the boxes.)		
			tnership) I am the owner of the cable system as identifie		
		in line 1 of space B and that the	on or partnership) I am the duly authorized agent of the owner is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal er		
	I have examined	in line 1 of space B. the statement of account and he te, and correct to the best of my k	reby declare under penalty of law that all statements of fa nowledge, information, and belief, and are made in good	act contained herein	
			X /s/ Kenneth J. Kohrs		
		Typed or printed n	ame: Kenneth J. Kohrs		
			/ice President, Financial Reporting 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.

unting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Illinois, LLC (Mattoon, IL)	792
 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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F	Cable Worksheet		Total amount of remittance	Number of SAs rea	c'd Initi	als
	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	