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

IENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
ructions are located	Short Form) \$ are located 08/29/2022		
ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: ()	YYYY/(Period))	
2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optiona	ıl - see instructions)	
-		osidiary of another corporation, give the full	corporate
List any other name or names under w	which the owner conducts the business o	f the cable system.	
_			d submit a
Check here if this is the system's first f	iling. If not, enter the system's ID numbe	er assigned by the Licensing Division.	14683
LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	И	
MCC Illinois, LLC (Altamont, IL)			
BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)	
MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
ONE MEDIACOM WAY (Number, street, rural route, apartment, or suit	te number)		
MEDIACOM PARK, NY 10918 (City, town, state, zip)			
(Oity, town, state, zip)			
INSTRUCTIONS: In line 1, give any bu	usiness or trade names used to ide	entify the business and operation of t	he system unless these
names already appear in space B. In li	ne 2, give the mailing address of t		
names already appear in space B. In lin	ne 2, give the mailing address of t :		
names already appear in space B. In lin 1 IDENTIFICATION OF CABLE SYSTEM MAILING ADDRESS OF CABLE SYST	ne 2, give the mailing address of t : EM:		
names already appear in space B. In lin	ne 2, give the mailing address of t : EM:		
	2022/1 Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the plant of the subsidiary, not that of the plant of the rame or names under with the rewere different owners during single statement of account and royal Check here if this is the system's first find LEGAL NAME OF OWNER/MAIL MCC Illinois, LLC (Altamont, IL) BUSINESS NAME(S) OF OWNER ONE MEDIACOM WAY (Number, street, rural route, apartment, or suited)	Instructions DATE RECEIVED ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Note: Statement of account of the subsidiary, not that of the parent corporation. Date Period 1 = January 1 - June 30 Imstructions: Give the full legal name of the owner of the cable system. If the owner is a subtitle of the subsidiary, not that of the parent corporation. Date and the owner of the cable system. If the owner is a subtitle of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of there were different owners during the accounting period, only the owner or single statement of account and royalty fee payment covering the entire accound covering the entire accound covering the system's ID number LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM (IF DIFFERENT MAILING ADDRESS OF CABLE SYSTEM ONE MAILING ADDRESS OF CABLE SYSTEM ONE MAILING ADDRESS OF CABLE SYSTEM MAILING ADDRESS OF OWNER of CABLE SYSTEM ONE MEDIACOM WAY (Number, street, rural route, apartment, or suile number)	Iterast is in the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. AMOUNT Instructions: Instructions: Iterate accounting period, only the owner on the last day of the accounting period should single statement of royalty free payment covering the entire accounting period. Iterate accounting period should be accounting period. Iterations: Iterate accounting period over the system. If the owner is a subsidiary of another corporation, give the full title of the subsidiary of another corporation, give the full title of the subsidiary of the subsidiary of another corporation. Iterate were different owners of the cable system. If the owner is a subsidiary of another corporation, give the full title of the subsidiary of another corporation, give the full title of the subsidiary of the subsidiary of another corporation. Iterate were different owners of the cable system. If the owner is a subsidiary of another corporation, give the full title of the subsidiary of another corporation, give the full title of the subsidiary of the subsidiary of another corporation, give the full title of the subsidiary of another counting period shoul single statement of account ing period, only the owner on the last day of the accounting period shoul single statement of account and providery the payment covering the entire accounting period. Image: Ima

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	MCC Illinois, LLC (Altamont, IL)	14683				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafte as the "first 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 identified city.	home parks should be reported in parentheses below the				
- 1	CITY OR TOWN Altamont	STATE				
First Community	Effingham County	IL				
Community	Fayette County					
ws as Necessary	St. Elmo					
vs as ivecessary						

	กลามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางสามหางส					

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	
	MCC Illinois, LLC (Altar	nont, IL)							1468
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	RIBERS AND R	ATES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p	, , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	hla evetor	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	,		0 / 1					
	separately for the particular serv					•	,	Ū	
	Rate: Give the standard rate c	-						-	
	unit in which it is generally billed				iny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not							0,	
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count u	nder "Servi	ice to the	
	first set" and would be counted o					convice that ar	different	from these	
	Block 2: If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.		ongin						
	BLC	DCK 1					BLOC	٢2	
		NO. OF		5475				NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		3/8	29.95-55.04					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-55.04					
	Converter								
	Residential								
	Non-residential								
								•	
	SERVICES OTHER THAN SEC In General: Space F calls for rate					ll vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t		'		•				
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usuall	y billed. If any ra	ates are ch	narged on a var	iable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat		ho oob	lo system for o	och of the	applicable convi	oog ligtad		
ransmissions: Rates				•		• •		t were not	
Nates	Block 2: List any services that your cable system furnished or offered during the accounting period that we listed in block 1 and for which a separate charge was made or established. List these other services in the for								
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res			0,1120		
	• Pay cable	PP	• Mo	otel, hotel			Family	τν	###
	• Pay cable—add'l channel	PP		ommercial					¢
	Fire protection			y cable					
	•Burglar protection			iy cable-add'l ch	annel				ł
	Installation: Residential			e protection					
	First set	109.99		rglar protection					
	Additional set(s)	15.00-49.00		services:					ł
	• FM radio (if separate rate)	10.00-+0.00		econnect		49.00			ł
	• Converter	40.50				43.00			
	- Converter	10.50		sconnect		15 00 40 00			
			1 • OL	utlet relocation		15.00-49.00			
				ove to new addr					1

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE			
Name	MCC Illinois, LLC (Alta			1			
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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 S						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KDNL/KDNL(HD) ABC	30	N	ST. LOUIS, MO			
	KDNL-DT2 TBD	30.2	I-M	ST. LOUIS, MO			
ld Rows as Necessary	KDNL-DT3 Charge	30.3	I-M	ST. LOUIS, MO			
	KDNL-DT4 Stadium	30.4	I-M	ST. LOUIS, MO			
	KMOV/KMOV(HD) CBS	24	N	ST. LOUIS, MO			
	KMOV-DT2 Cozi TV	24.2	I-M	ST. LOUIS, MO			
	KMOV-DT3 MyNetworkTV	24.3	I-M	ST. LOUIS, MO			
	KMOV-DT4 Laff	24.4	I-M	ST. LOUIS, MO			
	KNLC/KNLC MeTV (HD)	14	I	St. Louis, MO			
	KNLC-DT2 NLEC TV	14.2	I-M	St. Louis, MO			
	KNLC-DT3 Heroes & Icons	14.3	1.54				
		1410	I-M	St. Louis, MO			
	KNLC-DT4 Movies!	14.4	I-M	St. Louis, MO St. Louis, MO			
	KNLC-DT4 Movies!	14.4	I-M	St. Louis, MO			
	KNLC-DT4 Movies! KNLC-DT5 Decades	14.4 14.5	I-M I-M	St. Louis, MO St. Louis, MO			
	KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV	14.4 14.5 14.6	I-M I-M I-M	St. Louis, MO St. Louis, MO St. Louis, MO			
	KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV KNLC-DT7 MeTV Plus	14.4 14.5 14.6 14.7	I-M I-M I-M	St. Louis, MO St. Louis, MO St. Louis, MO St. Louis, MO			
	KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV KNLC-DT7 MeTV Plus KPLR/KPLR(HD) CW 11	14.4 14.5 14.6 14.7 11	I-M I-M I-M I-M I	St. Louis, MO St. Louis, MO St. Louis, MO St. Louis, MO St. Louis, MO			
	KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV KNLC-DT7 MeTV Plus KPLR/KPLR(HD) CW 11 KPLR-DT2 Court TV	14.4 14.5 14.6 14.7 11 11.2	I-M I-M I-M I-M I I	St. Louis, MO St. Louis, MO St. Louis, MO St. Louis, MO St. Louis, MO St. Louis, MO			
	KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV KNLC-DT7 MeTV Plus KPLR/KPLR(HD) CW 11 KPLR-DT2 Court TV KPLR-DT3 COMET	14.4 14.5 14.6 14.7 11 11.2 11.3	I-M I-M I-M I-M I I I I-M	St. Louis, MO St. Louis, MO St. Louis, MO St. Louis, MO St. Louis, MO St. Louis, MO St. Louis, MO			
	KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV KNLC-DT7 MeTV Plus KPLR/KPLR(HD) CW 11 KPLR-DT2 Court TV KPLR-DT3 COMET KPLR-DT4 Rewind TV	14.4 14.5 14.6 14.7 11 11.2 11.3 11.4	I-M I-M I-M I-M I I I I-M I-M	St. Louis, MO			
	KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV KNLC-DT7 MeTV Plus KPLR/KPLR(HD) CW 11 KPLR-DT2 Court TV KPLR-DT3 COMET KPLR-DT4 Rewind TV KSDK/KSDK(HD) NBC	14.4 14.5 14.6 14.7 11 11.2 11.3 11.4 35	I-M I-M I-M I-M I I I-M I-M I-M N	St. Louis, MO			
	KNLC-DT4 Movies! KNLC-DT5 Decades KNLC-DT6 Start TV KNLC-DT7 MeTV Plus KPLR/KPLR(HD) CW 11 KPLR-DT2 Court TV KPLR-DT3 COMET KPLR-DT4 Rewind TV KSDK/KSDK(HD) NBC KSDK-DT2 BOUNCE TV	14.4 14.5 14.6 14.7 11 11.2 11.3 11.4 35 35.2	I-M I-M I-M I-M I I I I-M I-M I-M I-M	St. Louis, MO St. Louis, MO			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	MCC Illinois, LLC (Altamont, IL)						
	PRIMARY TRANSMITTERS:						
G Primary ransmitters: 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, <i>except</i> (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), 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 and explained in the next paragraph. Substitute Basis Station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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, or a noncommercial educational station, by entering the letter "N" (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 (v) of the general instructions in icensed by the FCC. For Mexican or Canadian station, fany, 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			
	KTVI-DT2 ANTENNA TV	2.2	I-M	ST. LOUIS, MO			
	KTVI-DT3 ION Mystery	2.3	I-M	ST. LOUIS, MO			
	KTVI-DT4 DABL	2.4	I-M				
	KIVI-DI4 DABL	£7	E-101	ST. LOUIS, MO			
	WAND/WAND(HD) NBC	17	N	Decatur, IL			
	WAND/WAND(HD) NBC	17	N	Decatur, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV	17 17.2	N I-M	Decatur, IL Decatur, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW	17 17.2 22	N 1-M 1	Decatur, IL Decatur, IL Decatur, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 DABL	17 17.2 22 22.2	N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 DABL WBUI-DT3 Stadium	17 17.2 22 22.2 22.3 26 26.2	N I-M I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 DABL WBUI-DT3 Stadium WCCU/WCCU(HD) FOX WCCU-DT2 MeTV WCCU-DT3 Antenna	17 17.2 22 22.2 22.3 26 26.2 26.3	N I-M I I I-M I I I I-M I I I-M I I I I I I I I I I I I I	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Urbana, IL Urbana, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 DABL WBUI-DT3 Stadium WCCU/WCCU(HD) FOX WCCU-DT2 MeTV	17 17.2 22 22.2 22.3 26 26.2	N I-M I I-M I-M I I I I I I-M	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Urbana, IL Urbana, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 DABL WBUI-DT3 Stadium WCCU/WCCU(HD) FOX WCCU-DT2 MeTV WCCU-DT3 Antenna	17 17.2 22 22.2 22.3 26 26.2 26.3	N I-M I I I-M I I I I-M I I I-M I I I I I I I I I I I I I	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Urbana, IL Urbana, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 DABL WBUI-DT3 Stadium WCCU/WCCU(HD) FOX WCCU-DT3 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit	17 17.2 22 22.3 22.3 26 26 26.2 26.3 48	N I-M I I-M I-M I-M I I I N	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Urbana, IL Urbana, IL Urbana, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 DABL WBUI-DT3 Stadium WCCU/WCCU(HD) FOX WCCU-DT2 MeTV WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV	17 17.2 22 22.2 22.3 26 26 26.2 26.3 48 48 48.3	N 	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Urbana, IL Urbana, IL Urbana, IL Champaign, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 DABL WBUI-DT3 Stadium WCCU/WCCU(HD) FOX WCCU-DT3 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit	17 17.2 22 22.2 22.3 26 26.2 26.3 48 48 48.3 48.4	N I-M I I I I I I I I I I I I I	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Urbana, IL Urbana, IL Urbana, IL Champaign, IL Champaign, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 DABL WBUI-DT3 Stadium WCCU/WCCU(HD) FOX WCCU-DT2 MeTV WCCU-DT2 MeTV WCCU-DT3 Antenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX (HD) MyNet	17 17.2 22 22.3 22.3 26 26.2 26.3 48 48.3 48.4 13	N 	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Urbana, IL Urbana, IL Urbana, IL Champaign, IL Champaign, IL Springfield, IL			
	WAND/WAND(HD) NBC WAND-DT2 COZI TV WBUI/WBUI(HD) CW WBUI-DT2 DABL WBUI-DT3 Stadium WCCU/WCCU(HD) FOX WCCU-DT2 MeTV WCCU-DT3 Motenna WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX (HD) MyNet WCIX-DT3 ION Mystery	17 17.2 22 22.2 22.3 26 26.2 26.3 48 48.4 48.3 48.4 13 13.3	N I-M I I I I I I I I I I I I I	Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Urbana, IL Urbana, IL Urbana, IL Champaign, IL Champaign, IL Springfield, IL			
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	LEGAL NAME OF OWNER OF			SYSTE	=M I				
Name					_146				
	MCC Illinois, LLC (Altamont, IL)								
	PRIMARY TRANSMITTERS:								
G	•	entify every television station (including tra m during the accounting period, except (•	,					
~		in effect on June 24, 1981, permitting the							
Primary	0	e)(2) and (4), or 76.63 (referring to 76.61)	5 1 5						
Fransmitters:	1 0 /	as explained in the next paragraph.	· · · · · · · · · · · · · · · · · · ·						
Television		S: With respect to any distant stations carr ules, regulations, or authorizations:	ried by your cable system on a s	ubstitute program					
		ules, regulations, or authorizations: re in space G—but do list it in space I (the	e Special Statement and Progran	n Loa)—if the					
	station was carried only on		J						
		also in space I, if the station was carried I							
		on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro							
		d with a station according to its over-the-a	c						
	"WETA-2" as the same on	0							
		el number the FCC assigned to the televi	ision station for broadcasting ove	er 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"								
	advectional station by onto								
		ering the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for inde	pendent), "I-M"					
	(for independent multicast)		or network multicast), "I" (for inde "E-M" (for noncommercial educa	pendent), "I-M"					
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EGAL NAME O								SYSTEM I 146
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								
						+		

Accounting Perio									-	A SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF MCC Illinois, LLC (Alta		M:							SYSTEM ID# 14683
										1400
I.	SUBSTITUTE CARRIAGI	tify every nonnet	etwork televis	sion program, broadca	st by a <i>dist</i>					
Substitute										
Carriage:	1. SPECIAL STATEMEN	T CONCERNI	ING SUBS	TITUTE CARRIAGE						
Special Statement and	 During the accounting per 	riod, did your ca	cable systen	n carry, on a substitut	e basis, ar	ny nonn	etwork te	levis	ion prog	ram
Program Log	broadcast by a distant sta	ition?							YES	X NO
	Note: If your answer is "No	o", leave the res	st of this pa	ge blank. If your answ	ver is "Yes	s," you n	nust comp	olete	the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTE									
	In General: List each subsiciear. If you need more space of the space	ace, please add of every nonne a distant station egulations, or au ries like "movies . Bulls." m was broadca sign of the stat adcast station's nadian stations, nth and day who ive "5/7."	d additional etwork televen and that you authorization es" or "basko ast live, enter tion broadc s location (t s, if any, the nen your system ubstitute pro-	rows to the tables. vision program ("subs our cable system subs as. See page (v) of the etball." List specific pr er "Yes." Otherwise er asting the substitute p he community to whic community with whic stem carried the subs	titute prog stituted for e general i ogram title nter "No." orogram. ch the stati th the stati titute prog your cable	ram") th the pro- instructi es, for e ion is lic on is ide ram. Us e syster	nat, during ogrammin ons for fu xample, " censed by entified). se numera n. List the	g the g of a rther I Lov the l als, w	account another s informa re Lucy" FCC or, vith the n	ing station tion. or in
	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 list and regulations mming that your	s in effect d	uring the accounting p	period; ent	ter the l	etter "P" if	f the	listed pro	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the list and regulations mming that your	s in effect d ur system wa	uring the accounting p as permitted to delete	period; ent under FC	C rules	etter "P" if	f the latior	listed prons in	ogram 7. REASON FOF
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Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	MCC Illinois, LLC (Altamont, IL)				14683
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (viii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period	ystem's se on of how t	econdary transm o compute this a	ission service amount, see	4,016.93
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 \$137,100 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less than nformatior	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	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 lin	nes 1 and 2)		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula)	
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1	-	119,783.07		
	4. Enter the amount of gross receipts from space K			144,016.93	
	5. Enter the amount from line 3			119,783.07	
	6. Subtract line 5 from line 4			24,233.86	
	7. Multiply line 6 by .005 (enter figure here)			\$	121.17
	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		\$	121.17
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. 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 DU	E			
		_			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	121.17	
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			\$	141.17
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Illinois, LLC (Altamont, IL)	SYSTEM ID# 14683
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 on which the cable system carried television broadcast stations and nonbroadcast services	73
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845-4	143-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of t in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
l	Date: 8/5/2022	

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 fing, a determination that would be made by a court of law.

L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID 1468
	1468
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	n 11
First community served	

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 the 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.