This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/29/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING 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						
	MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)						
	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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:						
	MEDIACOM SOUTHEAST LLC						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 123 WARE DRIVE (Number street rural route anathment or suite number)						
	(Number, street, rural route, apartment, or suite number) HUNTSVILLE, AL 35811						
	(City, town, state, zip code)						

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

	1	FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Hume	MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)	203
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	st will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	HUNTLAND	TN
Community		
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		1
		1

Accounting Period: 2022/1

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 20339

MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	20	29.95-52.04			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.95-52.04			
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family TV	95.00
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	49.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter		Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 20339

MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

WAAYWAAY (HD) ABC 32 N HUNTSVILLE, AL WAAY-DT2 ION Televisic 32.2 I-M HUNTSVILLE, AL WAAY-DT3 DABL 32.3 I-M HUNTSVILLE, AL WAFF/WAFF (HD) NBC 48 N HUNTSVILLE, AL WAFF-DT2 Bounce TV 48.2 I-M HUNTSVILLE, AL WAFF-DT3 Circle 48.3 I-M HUNTSVILLE, AL WAFF-DT4 Laff 48.4 I-M HUNTSVILLE, AL WAFF-DT5 Grit 48.5 I-M HUNTSVILLE, AL WHDF/WHDF (HD) CW 14 I FLORENCE, AL WHDF-DT2 Court TV 14.2 I-M FLORENCE, AL WHIQ/WHIQ (HD) PBS 24 E HUNTSVILLE, AL WHIQ-DT3 Create 24.3 E-M HUNTSVILLE, AL WHIQ-DT4 PBS WORLD 24.4 E-M HUNTSVILLE, AL WHNT-DT3 Antenna TV 19.3 I-M HUNTSVILLE, AL	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAAY-DT3 DABL 32.3 I-M HUNTSVILLE, AL WAFF/WAFF (HD) NBC 48 N HUNTSVILLE, AL WAFF-DT2 Bounce TV 48.2 I-M HUNTSVILLE, AL WAFF-DT3 Circle 48.3 I-M HUNTSVILLE, AL WAFF-DT4 Laff 48.4 I-M HUNTSVILLE, AL WAFF-DT5 Grit 48.5 I-M HUNTSVILLE, AL WHDF/WHDF (HD) CW 14 I FLORENCE, AL WHDF-DT2 Court TV 14.2 I-M FLORENCE, AL WHIQ/WHIQ (HD) PBS 24 E HUNTSVILLE, AL WHIQ-DT2 PBS KIDS 24.2 E-M HUNTSVILLE, AL WHIQ-DT3 Create 24.3 E-M HUNTSVILLE, AL WHIQ-DT4 PBS WORLD 24.4 E-M HUNTSVILLE, AL WHNT-DT3 Antenna TV 19.3 I-M HUNTSVILLE, AL	WAAY/WAAY (HD) ABC	32	N	HUNTSVILLE, AL
WAFF/WAFF (HD) NBC 48 N HUNTSVILLE, AL WAFF-DT2 Bounce TV 48.2 I-M HUNTSVILLE, AL WAFF-DT3 Circle 48.3 I-M HUNTSVILLE, AL WAFF-DT4 Laff 48.4 I-M HUNTSVILLE, AL WAFF-DT5 Grit 48.5 I-M HUNTSVILLE, AL WHDF/WHDF (HD) CW 14 I FLORENCE, AL WHDF-DT2 Court TV 14.2 I-M FLORENCE, AL WHIQ/WHIQ (HD) PBS 24 E HUNTSVILLE, AL WHIQ-DT2 PBS KIDS 24.2 E-M HUNTSVILLE, AL WHIQ-DT3 Create 24.3 E-M HUNTSVILLE, AL WHIQ-DT4 PBS WORLD 24.4 E-M HUNTSVILLE, AL WHNT/WHNT (HD) CBS 19 N HUNTSVILLE, AL WHNT-DT3 Antenna TV 19.3 I-M HUNTSVILLE, AL	WAAY-DT2 ION Television	32.2	I-M	HUNTSVILLE, AL
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WAFF-DT3 Circle 48.3 I-M HUNTSVILLE, AL WAFF-DT4 Laff 48.4 I-M HUNTSVILLE, AL WAFF-DT5 Grit 48.5 I-M HUNTSVILLE, AL WHDF/WHDF (HD) CW 14 I FLORENCE, AL WHDF-DT2 Court TV 14.2 I-M FLORENCE, AL WHIQ/WHIQ (HD) PBS 24 E HUNTSVILLE, AL WHIQ-DT2 PBS KIDS 24.2 E-M HUNTSVILLE, AL WHIQ-DT3 Create 24.3 E-M HUNTSVILLE, AL WHQ-DT4 PBS WORLD 24.4 E-M HUNTSVILLE, AL WHNT/WHNT (HD) CBS 19 N HUNTSVILLE, AL WHNT-DT3 Antenna TV 19.3 I-M HUNTSVILLE, AL	WAFF/WAFF (HD) NBC	48	N	HUNTSVILLE, AL
WAFF-DT4 Laff 48.4 I-M HUNTSVILLE, AL WAFF-DT5 Grit 48.5 I-M HUNTSVILLE, AL WHDF/WHDF (HD) CW 14 I FLORENCE, AL WHDF-DT2 Court TV 14.2 I-M FLORENCE, AL WHIQ/WHIQ (HD) PBS 24 E HUNTSVILLE, AL WHIQ-DT2 PBS KIDS 24.2 E-M HUNTSVILLE, AL WHIQ-DT3 Create 24.3 E-M HUNTSVILLE, AL WHIQ-DT4 PBS WORLD 24.4 E-M HUNTSVILLE, AL WHNT/WHNT (HD) CBS 19 N HUNTSVILLE, AL WHNT-DT3 Antenna TV 19.3 I-M HUNTSVILLE, AL	WAFF-DT2 Bounce TV	48.2	I-M	HUNTSVILLE, AL
WAFF-DT5 Grit 48.5 I-M HUNTSVILLE, AL WHDF/WHDF (HD) CW 14 I FLORENCE, AL WHDF-DT2 Court TV 14.2 I-M FLORENCE, AL WHIQ/WHIQ (HD) PBS 24 E HUNTSVILLE, AL WHIQ-DT2 PBS KIDS 24.2 E-M HUNTSVILLE, AL WHIQ-DT3 Create 24.3 E-M HUNTSVILLE, AL WHIQ-DT4 PBS WORLD 24.4 E-M HUNTSVILLE, AL WHNT/WHNT (HD) CBS 19 N HUNTSVILLE, AL WHNT-DT3 Antenna TV 19.3 I-M HUNTSVILLE, AL	WAFF-DT3 Circle	48.3	I-M	HUNTSVILLE, AL
WHDF/WHDF (HD) CW	WAFF-DT4 Laff	48.4	I-M	HUNTSVILLE, AL
WHDF-DT2 Court TV 14.2 I-M FLORENCE, AL WHIQ/WHIQ (HD) PBS 24 E HUNTSVILLE, AL WHIQ-DT2 PBS KIDS 24.2 E-M HUNTSVILLE, AL WHIQ-DT3 Create 24.3 E-M HUNTSVILLE, AL WHIQ-DT4 PBS WORLD 24.4 E-M HUNTSVILLE, AL WHNT/WHNT (HD) CBS 19 N HUNTSVILLE, AL WHNT-DT3 Antenna TV 19.3 I-M HUNTSVILLE, AL	WAFF-DT5 Grit	48.5	I-M	HUNTSVILLE, AL
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WHIQ-DT3 Create 24.3 E-M HUNTSVILLE, AL WHIQ-DT4 PBS WORLD 24.4 E-M HUNTSVILLE, AL WHNT/WHNT (HD) CBS 19 N HUNTSVILLE, AL WHNT-DT3 Antenna TV 19.3 I-M HUNTSVILLE, AL	WHIQ/WHIQ (HD) PBS	24	E	HUNTSVILLE, AL
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WHNT-DT3 Antenna TV 19.3 I-M HUNTSVILLE, AL	WHIQ-DT4 PBS WORLD	24.4	E-M	HUNTSVILLE, AL
	WHNT/WHNT (HD) CBS	19	N	HUNTSVILLE, AL
WONN AND NA CONTRACT TO	WHNT-DT3 Antenna TV	19.3	I-M	HUNTSVILLE, AL
WSMV NBC 10 N NASHVILLE, IN	WSMV NBC	10	N	NASHVILLE, TN
WTZT Cozi TV 27 I NASHVILLE, TN	WTZT Cozi TV	27	<u>l</u>	NASHVILLE, TN
WZDK/WZDX (HD) FOX 41 I HUNTSVILLE, AL	WZDK/WZDX (HD) FOX	41	<u>l</u>	HUNTSVILLE, AL
WZDK-DT2 MyNet 41.2 I-M HUNTSVILLE, AL	WZDK-DT2 MyNet	41.2	I-M	HUNTSVILLE, AL
WZDK-DT3 MeTV 41.3 I-M HUNTSVILLE, AL	WZDK-DT3 MeTV	41.3	I-M	HUNTSVILLE, AL

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)

20339

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 				 	
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counting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					FORM S	SYSTEM ID
Name	MEDIACOM SOUTHE			D, TN)				`	2033
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G .				
- 1	In General: In space I, iden	_	-			ion that v	our cabl	le syster	m carried on a
-									
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special tement and	 During the accounting pe 	riod, did you	ur cable syste	m carry, on a substitute ba	sis, any nonn	etwork te	levision		
	broadcast by a distant sta	ation?					YE	ES 📙	X NO
	Note: If your answer is "No	o". leave the	rest of this pa	age blank. If vour answer is	s "Yes." vou n	nust comi	olete the		
	log in block 2.	,	·	,	, ,				
	2. LOG OF SUBSTITUT	E PROGRA	AMS						
	In General: List each subs				s wherever po	ossible, if	their me	eaning is	S
	clear. If you need more spa			ll rows to the tables. evision program ("substitute	nrogram") th	at during	the ac	counting	a
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego		ovies" or "bask	ketball." List specific progra	am titles, for e	xample, "	I Love L	_ucy" or	•
	"NBA Basketball: 76ers vs Column 2: If the progra		dcast live, ent	er "Yes." Otherwise enter "	"No."				
	Column 3: Give the call	sign of the	station broad	casting the substitute progr	ram.				
				the community to which the			the FC	C or, in	
	the case of Mexican or Ca			e community with which the stem carried the substitute			als with	the mo	nth
	first. Example: for May 7 g	,	wildir your oy	otom camed the substitute	program. Oc	o namer	210, WILI	uic iiio	71111
				ogram was carried by your					ely
	to the nearest five minutes		a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. shoul	ld be	
	latatad as "6:00 6:20 p m "								
	stated as "6:00–6:30 p.m." Column 7: Enter the let		e listed progra	m was substituted for progr	ramming that	vour syst	em was	reauire	ed
		ter "R" if the		m was substituted for progr during the accounting perio					
	Column 7: Enter the let to delete under FCC rules was substituted for prograi	ter "R" if the and regulat mming that	ions in effect o	during the accounting perio	d; enter the l	etter "P" i	f the liste	ed prog	
	Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulat mming that	ions in effect o	during the accounting perio	d; enter the l	etter "P" i	f the liste	ed prog	
	Column 7: Enter the let to delete under FCC rules was substituted for prograi	ter "R" if the and regulat mming that	ions in effect o	during the accounting perio	od; enter the lo	etter "P" i	the liste lations i	ed prog	
	Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976	ter "R" if the and regulat mming that	ions in effect o	during the accounting perious permitted to delete und	od; enter the loter FCC rules	etter "P" i and regu	the liste lations i	ed prog in	ram 7. REASON FO
	Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976	ter "R" if the and regulat mming that so. UBSTITUT 2. LIVE?	ions in effect of your system when the program is provided in the program in the program is provided in the program in the program is provided in the program in the program in the program is provided in the program in the program in the program in the program is provided in the program in t	during the accounting perious permitted to delete und	whei	etter "P" if and regu N SUBST AGE OCG	f the lister lations in the lister lations in the lister lating in the lating i	ed progin 7	ıram
	Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976	ter "R" if the and regulat mming that state to the control of the	ions in effect of your system w	during the accounting perio	when	etter "P" i and regu N SUBST	f the lister lations in the lister lations in the lister lating in the lating i	ed prog in	ram 7. REASON FO
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Accounting Period:	2022/1 FC	ORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)	SYSTEM II
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission se (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	ervice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-n accounting period is \$52.00	non
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	.00
		.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	<u></u>
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	.00
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	.00
	2 TOTAL AMOUNT DUE FOR ACCOUNTING REPUGD. Add lives 2 and 2	67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form for more information.	opyrights!

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: DUTHEAST LLC (HUNTLAN	D, TN)	SYSTEM ID# 20339
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's total	channels on which the cable system carried television broadcast stations all number of activated channels during the accounting period.	27
	on which the c	I number of activated channels able system carried television brast services	oadcast stations	57
N Individual to Be Contacted		BE CONTACTED IF FURTHEI about this statement of account.)	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Kenneth J. Kohrs	Telephone 845-	443-2762
	Address	One Mediacom Way (Number, street, rural route, apartme) Mediacom Park, NY 1		
	Email	(City, town, state, zip) Copyrights@med		
	CERTIFICATION	(This statement of account mus	t be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check one	e,but only one, of the boxes.)	
	(Owne	er other than corporation or par	thership) I am the owner of the cable system as identified in line 1 of space B; or	
			on or partnership) I am the duly authorized agent of the owner of the cable systemer is not a corporation or partnership; or	n as identified
		er or partner) I am an officer (if a line 1 of space B.	a corporation) or a partner (if a partnership) of the legal entity identified as owner of	the cable system
		e, and correct to the best of my k	ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
			/s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed r	name: Kenneth J. Kohrs	
			Vice President, Financial Reporting ial position held in corporation or partnership)	
		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 fling, a determination that would be made by a court of law.

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM SOLITHEAST LLC (HIINTI AND TN

SYSTEM ID# **20339**

EDIACOM SOUTHEAST LLC (HUNTLAND, TN)	20339
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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	
First community served	
Accounting period	

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 th 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.