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 COPYRIG	FOR COPYRIGHT OFFICE USE ONLY			
		ansmissions by	DATE RECEIVED	AMOUNT			
	-	Short Form)			<u>coplicsoa@loc.gov</u>		
General instru	uctions	s are located	08/29/2022	\$	For additional information, contact the U.S. Copyright Office Licensing Division at		
in the first tab				ALLOCATION NUMBER	Tel: (202) 707-8150		
					-		
Α							
A	ACC	OUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	(YYY/(Period))			
		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
			-				
			Barcode Data Filing Period (optiona	II - see instructions)			
Accounting			<u> </u>				
Period							
		Instructions:					
В				osidiary of another corporation, give the full o	corporate		
Б		title of the subsidiary, not that of the pa	arent corporation.				
Owner		List any other name or names under whether whether the second s	nich the owner conducts the business of	f the cable system.			
		If there were different owners during t	he accounting period, only the owner or	n the last day of the accounting period should	d submit a		
		single statement of account and royalty					
		Check here if this is the system's first fi	ling. If not, enter the system's ID numbe	er assigned by the Licensing Division.	20489		
		LEGAL NAME OF OWNER/MAIL	NG ADDRESS OF CABLE SYSTE	М			
			NO ADDITEOU OF GABLE OF OF				
		MEDIACOM MINNESOTA LLC					
		MEDIACOM MINNESOTA LLC BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)			
			OF CABLE SYSTEM (IF DIFFEREN	т)			
				ΙТ)			
		BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM	IТ)			
		BUSINESS NAME(S) OF OWNER (MAILING ADDRESS OF OWNER (ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite	OF CABLE SYSTEM	IT)			
		BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM	IT)			
	INST	BUSINESS NAME(S) OF OWNER (MAILING ADDRESS OF OWNER (ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite MEDIACOM PARK, NY 10918 (City, town, state, zip)	DF CABLE SYSTEM		ne system unless these		
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C System	name	BUSINESS NAME(S) OF OWNER (MAILING ADDRESS OF OWNER (ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite MEDIACOM PARK, NY 10918 (City, town, state, zip) RUCTIONS: In line 1, give any bus	DF CABLE SYSTEM	entify the business and operation of t			
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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					
Name	MEDIACOM MINNESOTA LLC	2048					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kr as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	WORTHINGTON	MN					
Community	LUVERNE	MN					
d Rows as Necessary							
	ากสามารถการการการการการการการการการการการการการก						

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID
Name								515	2048
		ALLC							
Е	SECONDARY TRANSMISSION								
-	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							5	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rales	separately for the particular serv							schargeu	
	Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed					ard rate variation	ns within a	particular rate	
	category, but do not include disc							as that askis	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Not								
	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 of Block 2: If your cable system					sonvice that ar	different	from these	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.								
	BLC						BLOCK	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		506	40.49-74.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC						atomia a am	viene that ware	
F	In General: Space F calls for ra not covered in space E, that is, t								
-	service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	or facilities fur	nished t	to nonsubscribe	ers. Rate i	nformation shou	Id include	both the	
Other Than	amount of the charge and the ur		usually	/ billed. If any r	ates are cl	harged on a var	iable per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the rate column.								
Rates	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) descrip	ption and inclue	de the r	ate for each.					
	BLOCK 1							BLOCK 2	
		BLO					OATEO	ORY OF SERVICE	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services:	-		GORY OF SER ation: Non-res		RATE			RATE
		-	Install			RATE	Family	Cable	RATE 99.0
	Continuing Services:	RATE	Install • Mo	ation: Non-res		RATE		Cable	
	Continuing Services: • Pay cable	RATE PP	Install • Mo • Co	ation: Non-res otel, hotel		RATE		Cable	
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE PP	Install • Mo • Co • Pa	ation: Non-res otel, hotel mmercial	sidential	RATE		Cable	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE PP	Install • Mo • Co • Pa • Pa	ation: Non-res otel, hotel mmercial y cable	sidential	RATE		Cable	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE PP	Install • Mo • Co • Pa • Pa • Fire	ation: Non-res otel, hotel mmercial y cable y cable-add'l cl	idential	RATE		Cable	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	PP PP	Install • Mo • Co • Pa • Pa • Fin • Bu	ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection	idential	RATE		Cable	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE PP PP 109.99	Install • Mo • Co • Pa • Pa • Fird • Bu Other	ation: Non-res ttel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	idential	RATE		Cable	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE PP PP 109.99	Install • Mo • Co • Pa • Pa • Fird • Bu • Bu • Re	ation: Non-res ttel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	idential			Cable	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE PP PP 109.99 15.00-49.00	Install • Mo • Co • Pa • Firi • Bu • Bu • Re • Dis	ation: Non-res ttel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	idential			Cable	

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM MINNESO			20				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e), substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a		t (1) stations carried only on a part-ti the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L	me basis under ims [sections ions carried on a ostitute program _og)—if the				
	basis. For further information Column 1: List each station	Iso in space I, if the station was carrie in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each				
	"WETA-2" as the same on the Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter	ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M"	evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe	the air in its community noncommercial endent), "I-M"				
	For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), of ms, see page (iv) of the general instru- of each station. For U.S. stations, list ian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station i	is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KARE NBC	11	N	MINNEAPOLIS, MN				
	KDLT/KDLT(HD) NBC	47	N	SIOUX FALLS, SD				
	KDLT-DT2/KDLT-DT2 FOX	47.2	I-M	SIOUX FALLS, SD				
Rows as Necessary	KDLT-DT3 Antenna TV	47.3	I-M	SIOUX FALLS, SD				
	KDLT-DT4 Cozi TV	47.4	I-M	SIOUX FALLS, SD				
	KELO/KELO(HD) CBS	11	N	SIOUX FALLS, SD				
	KELO/KELO(HD) CBS KELO-DT2 MYUTV	11 11.2	N I-M	SIOUX FALLS, SD SIOUX FALLS, SD				
	KELO-DT2 MYUTV	11.2	I-M _	SIOUX FALLS, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS	11.2 8	I-M E	SIOUX FALLS, SD BROOKINGS, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS KESD-DT2 PBS World	11.2 8 8.2	I-M E E-M	SIOUX FALLS, SD BROOKINGS, SD BROOKINGS, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create	11.2 8 8.2 8.3	I-M E E-M E-M	SIOUX FALLS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids	11.2 8 8.2 8.3 8.4	I-M E E-M E-M E-M	SIOUX FALLS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC	11.2 8 8.2 8.3 8.4 13	I-M E E-M E-M E-M N	SIOUX FALLS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD)	11.2 8 8.2 8.3 8.4 13 13.2	I-M E E-M E-M E-M N N I-M	SIOUX FALLS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV	11.2 8 8.2 8.3 8.4 13 13.2 13.3	I-M E E-M E-M E-M N I-M I-M	SIOUX FALLS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD KSFY-DT3 ME TV KTCA-DT PBS	11.2 8 8.2 8.3 8.4 13 13.2 13.3 34.1	I-M E E-M E-M E-M N I-M I-M	SIOUX FALLS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD KSFY-DT3 ME TV KTCA-DT PBS KTTW-DT1/KTTW-DT1 (HC KTTW-DT2 This TV	11.2 8 8.2 8.3 8.4 13 13.2 13.3 34.1 7 7.2	I-M E E-M E-M E-M N I-M I-M I-M I-M	SIOUX FALLS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV KTCA-DT PBS KTTW-DT1/KTTW-DT1 (HE	11.2 8 8.2 8.3 8.4 13 13.2 13.3 34.1 7	I-M E E-M E-M E-M N I-M I-M I-M I-M I-M I-M I-M I	SIOUX FALLS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD				
	KELO-DT2 MYUTV KESD/KESD(HD) PBS KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD KSFY-DT3 ME TV KTCA-DT PBS KTTW-DT1/KTTW-DT1 (HE KTTW-DT2 This TV KWCM (PBS)	11.2 8 8.2 8.3 8.4 13 13.2 13.3 34.1 7 7.2 10	I-M E E-M E-M E-M I-M I-M I-M I-M E-M I E-M E	SIOUX FALLS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD				

EGAL NAME O									SYSTEM 204
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of o the static ion's sig g a chech n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at s s the	the system's he ystem's FM ante nis point, see pag ed by the cable s e 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 ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Name							FOF	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESC		STEM:					SYSTEM ID 2048
Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork televi period, under sp	<i>ision program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or	authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting pe 	riod, did yo	ur cable syster	m carry, on a substitute ba	sis, any nonr	network tel	evision pro	gr <u>am</u>
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must comp	lete the pro	ogram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	e of every no a distant sta egulations, « ries like "mo . Bulls." m was broa l sign of the adcast stati nadian stati nth and day ive "5/7." nes when th . Example: ter "R" if the and regulat	connetwork tele tion and that y or authorization povies" or "bask dcast live, entr station broadc on's location (" ons, if any, the v when your sy e substitute pr a program carr e listed program ions in effect d	vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter ' casting the substitute progra- the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for prog- luring the accounting perior	ed for the pro neral instruct in titles, for e 'No." am. e station is life e station is life e station is id e program. Us r cable system :15 p.m. to 6 ramming that id; enter the l	ogramming ions for fur example, "I censed by entified). se numera m. List the c28:30 p.m t your syste letter "P" if	y of another ther inform Love Lucy the FCC or ls, with the times accu h. should be em was req the listed p	r station ation. " or ", in month arately e <i>uuired</i>
	effect on October 19, 1976	3.	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS					
	s	UBSTITUT		1				7. REASON FO
	S	2. LIVE?	E PROGRAM		5. MONTH	AGE OCC 6.		7. REASON FO DELETION
				4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
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		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		7. REASON FO DELETION

Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	MEDIACOM MINNESOTA LLC				20489
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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	ystem's se on of how t	condary transm o compute this a	ission service amount, see	6,533.58 pss receipts)
		-			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 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 i	but less than nformation	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	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	206,533.58		
	3. Subtract line 2 from line 1	\$	57,266.42		
	4. Enter the amount of gross receipts from space K		. \$ 2	206,533.58	
	5. Enter the amount from line 3		. \$	57,266.42	
	6. Subtract line 5 from line 4		\$	149,267.16	
	7. Multiply line 6 by .005 (enter figure here)			\$	746.34
	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		\$	746.34
	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			· · ·	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				
	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)		\$	746.34	
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			\$	766.34
	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: MEDIACOM MINNESOTA LLC	SYSTEM ID# 20489
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	26
	on which the cable system carried television broadcast stations and nonbroadcast services	76
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	-443-2762
	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	 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 X (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 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)] 	
	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 name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official 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 fing, a determination that would be made by a court of law.

L NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM II
DIACOM MINNESOTA LLC	2048
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
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 Assessmen
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter 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	_
Line 4 Multiply line 3 by 0.00274** and enter 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	_
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	_
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	
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	
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