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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	FOR COPYRIGHT OFFICE USE ONLY		
-	ry Transmissions by	DATE RECEIVED	AMOUNT	-	
	ms (Short Form)	DATE RECEIVED		<u>coplicsoa@loc.gov</u>	
General instru	ctions are located of this workbook	08/29/2022	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
in the mot tab				-	
Α	ACCOUNTING PERIOD COVERED) BY THIS STATEMENT: (Y	YYY/(Period))		
		•			
			Derived 0 - July 4 December 04		
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		_			
		Barcode Data Filing Period (optional	I - see instructions)		
Accounting		-			
Period					
	Instructions:				
В	Give the full legal name of the owner of title of the subsidiary, not that of the particular of the pa		sidiary of another corporation, give the full	corporate	
Owner	List any other name or names under wh	nich the owner conducts the business of	the cable system.		
	If there were different owners during th	ne accounting period, only the owner on	n the last day of the accounting period shoul	d submit a	
	single statement of account and royalty	fee payment covering the entire account	nting period.		
	Check here if this is the system's first fil	ing. If not, enter the system's ID number	r assigned by the Licensing Division.	24028	
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	Λ		
	MEDIACOM SOUTHEAST LLC (05				
		OF CABLE SYSTEM (IF DIFFEREN	Т)		
		, , , , , , , , , , , , , , , , , , ,	,		
	MAILING ADDRESS OF OWNER O	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 bus names already appear in space B. In lin				
System	IDENTIFICATION OF CABLE SYSTEM:				
	1 MEDIACOM SOUTHEAST LLC (05	SWEGO, KS)			
	MAILING ADDRESS OF CABLE SYSTE	M:			
1					
	115 NORTH INDUSTRIAL PARK R				
	2 115 NORTH INDUSTRIAL PARK R (Number, street, rural route, apartment, or suite				
	115 NORTH INDUSTRIAL PARK R				

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.

Initial MEDIACOM SOUTHEAST LLC (05WEGO, KS) Image: Comparison of the comparison of the colds system. A "community" is the same as a "community and" as defined in FC Image: Comparison of the comparison of the colds system. A "community" is the same as a "community and "as defined in FC Image: Comparison of the com	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
D "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 hereafter 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 home parks should be reported in parentheses below to identified city. First CITY OR TOWN State KS Community OSWEGO	Name		240
Area Served identified city. First Community CITY OR TOWN	D	"a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno ngs.
First OSWEGO KS			nobile home parks should be reported in parentheses below the
First OSWEGO KS			STATE
Community	First		
	Add Rows as Necessary		
Image: state in the state in			
Index <tr< td=""><td></td><td></td><td></td></tr<>			

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name									TEM ID 2402		
	MEDIACOM SOUTHEAS	ST LLC (OS)	NEGO	D, KS)					2402		
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
E	In General: The information in s	pace E should	cover	all categories o	f secondai						
. .	system, that is, the retransmission	on of television	and ra	dio broadcasts	by your sy	stem to subscri	ibers. Give	information			
Secondary Fransmission	about other services (including p						those exist	ing on the			
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	down by categories of secondar	•					2				
Rates	each category by counting the n							charged			
	separately for the particular serv					•	,	re and the			
	Rate: Give the standard rate of unit in which it is generally billed	-					-				
	category, but do not include disc	· · ·		,							
	Block 1: In the left-hand block					ondary transmis	ssion servi	ce that cable			
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity			-		-					
	subscriber who pays extra for ca						•				
	first set" and would be counted of										
	Block 2: If your cable system	-		•							
	printed in block 1 (for example, t					•					
	with the number of subscribers a sufficient.	and rates, in the	e right-	nand Diock. A t	wo- or thre	e-word descript	lion of the s	service is			
		DCK 1					BLOCK 2				
		NO. OF	- 20	DATE	0.4.7			NO. OF			
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	-85	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Service to first set		65	40.49-54.04							
	Service to additional set(s)			40.45-54.04							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		0	40.49-54.04							
	Converter		v	-00-0-0-0-							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATE	S						
F	In General: Space F calls for rate	te (not subscrib	er) info	ormation with re	espect to a	Il your cable sy	stem's serv	vices that were			
Г	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										
Services	furnished at cost or (2) services	•			•		• • •				
Other Than											
Secondary	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.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a congrete charge was made or octablished. List these other services in the form of a										
Rates	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.										
Rates											
Rates		otion and includ		ate for each.				BLOCK 2			
Rates	brief (two- or three-word) descrip	otion and includ	CK 1		VICE		CATEGO	BLOCK 2	RATE		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	btion and includ BLOC RATE	CK 1 CATE	ate for each. GORY OF SER ation: Non-res		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE		
Rates	brief (two- or three-word) descrip	btion and includ BLOC RATE	CK 1 CATE Install	GORY OF SER				DRY OF SERVICE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOC	CK 1 CATEO Install • Mc	GORY OF SER ation: Non-res			CATEGO Family	DRY OF SERVICE	RATE 99.00		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	Dition and includ	CK 1 CATEO Install • Mo • Co	GORY OF SER ation: Non-res				DRY OF SERVICE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	Dition and includ	CK 1 CATEC Install • Mc • Co • Pa	GORY OF SER ation: Non-res otel, hotel mmercial	idential			DRY OF SERVICE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	Dition and includ	CK 1 CATE(Install • Mo • Co • Pa • Pa	GORY OF SER ation: Non-res otel, hotel mmercial y cable	idential			DRY OF SERVICE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	Dition and includ	CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl	idential			DRY OF SERVICE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	Detion and includ BLOC RATE PP PP 109.99	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir • Bu	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection	idential			DRY OF SERVICE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	Detion and includ BLOC RATE PP PP 109.99	CK 1 CATE Install • Mc • Co • Pa • Pa • Fin • Bu • Bu	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential			DRY OF SERVICE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	Detion and includ BLOC RATE PP PP 109.99	CK 1 CATEC Install • Mc • Co • Pa • Pa • Fin • Bu Other • Re	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential	RATE		DRY OF SERVICE			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	Detion and includ BLOC RATE PP PP 109.99 15.00-49.00	CK 1 CATEC Install • Mo • Co • Pa • Pa • Pa • Bu • Bu • Bu • Re • Dis	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential	RATE		DRY OF SERVICE			

				SYSTEM I				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (OSWEGO, KS)							
				240				
G Primary Transmitters: Television	In General: In space G, identify carried by your cable system dur FCC rules and regulations in effe 76.59(d)(2) and (4), 76.61(e)(2) a substitute program basis, as exp Substitute Basis Stations: With basis under specific FCC rules, r • Do <i>not</i> list the station here in sy station was carried <i>only</i> on a sul • List the station here, and also in	every television station (including trar ing the accounting period, <i>except</i> (1) ect on June 24, 1981, permitting the c and (4), or 76.63 (referring to 76.61(e) lained in the next paragraph. In respect to any distant stations carrie regulations, or authorizations: pace G—but do list it in space I (the S	a stations carried only on a part-time b arriage of certain network programs [)(2) and (4))]; and (2) certain stations ad by your cable system on a substitu Special Statement and Program Log)- oth on a substitute basis and also on s	asis under sections carried on a te program —if the				
	multicast stream associated with "WETA-2" as the same on the fo Column 2: Give the channel nur of license. For example, WRC is Column 3: Indicate in each case educational station, by entering t (for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of e	nber the FCC assigned to the televisi	designation. For example, report mut on station for broadcasting over the a ion, an independent station, or a non- network multicast), "I" (for independer E-M" (for noncommercial educational ons in the paper SA1-2 form.	ultistream ir in its community commercial nt), "I-M" multicast). ensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KFJX/KFJX (HD) FOX	13	I	PITTSBURG, KS				
	KFJX-DT2/KFJX-DT2 (HD) CW	13.2	I-M	PITTSBURG, KS				
Rows as Necessary	KFJX-DT2/KFJX-DT2 (HD) CW KGCS (MO SOUTHERN STATI	13.2 22	I-M					
Rows as Necessary				PITTSBURG, KS				
Rows as Necessary	KGCS (MO SOUTHERN STATI	22		PITTSBURG, KS Joplin, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS	22 7	I N	PITTSBURG, KS Joplin, MO PITTSBURG, KS				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC	22 7 43	I N N	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit	22 7 43 43.2	I N N I-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV	22 7 43 43.2 43.3	I N N I-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS	22 7 43 43.2 43.3 25	I N N I-M I-M E	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids	22 7 43 43.2 43.2 43.3 25 25.2	I N N I-M E E E-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create	22 7 43 43.2 43.3 25 25.2 25.2 25.3	I N N I-M E E E-M E-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO JOPLIN, MO JOPLIN, MO Joplin, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT2 Create KOZJ-DT3 Create KOZJ-DT4 PBS WORLD	22 7 43 43.2 43.2 43.3 25 25.2 25.2 25.3 25.4 45	I N N I-M E E E-M E-M E-M N	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KOZJ-DT4 PBS WORLD KSNF/KSNF (HD)NBC	22 7 43 43.2 43.2 43.3 25 25.2 25.2 25.3 25.4 45 45 45.2	I N N I-M E E E-M E-M E-M N N I-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO				
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Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KOZJ-DT4 PBS WORLD KSNF/KSNF (HD)NBC	22 7 43 43.2 43.2 43.3 25 25.2 25.2 25.3 25.4 45 45 45.2	I N N I-M E E E-M E-M E-M N N I-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KOZJ-DT3 Create KOZJ-DT4 PBS WORLD KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 ION Mystery	22 7 43 43.2 43.3 25 25.2 25.2 25.3 25.4 45 45 45.2 45.3	I N N I-M E E E-M E-M E-M N I-M I-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KOZJ-DT3 Create KOZJ-DT4 PBS WORLD KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 ION Mystery	22 7 43 43.2 43.3 25 25.2 25.2 25.3 25.4 45 45 45.2 45.3	I N N I-M E E E-M E-M E-M N I-M I-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KOZJ-DT3 Create KOZJ-DT4 PBS WORLD KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 ION Mystery	22 7 43 43.2 43.3 25 25.2 25.2 25.3 25.4 45 45 45.2 45.3	I N N I-M E E E-M E-M E-M N I-M I-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KOZJ-DT3 Create KOZJ-DT4 PBS WORLD KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 ION Mystery	22 7 43 43.2 43.3 25 25.2 25.2 25.3 25.4 45 45 45.2 45.3	I N N I-M E E E-M E-M E-M N I-M I-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
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Rows as Necessary	KGCS (MO SOUTHERN STATI KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD)PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KOZJ-DT3 Create KOZJ-DT4 PBS WORLD KSNF/KSNF (HD)NBC KSNF-DT2 Laff KSNF-DT3 ION Mystery	22 7 43 43.2 43.3 25 25.2 25.2 25.3 25.4 45 45 45.2 45.3	I N N I-M E E E-M E-M E-M N I-M I-M	PITTSBURG, KS Joplin, MO PITTSBURG, KS JOPLIN, MO JOPLIN, MO				

MEDIACOM	SOUTHEA	ST LLC	C (OSWEGO, KS)					240
	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: lf ignal, indicate Column 4: C	it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stati this by placing Sive the statior	y the sys be recei it the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at 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 his point, see pay 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	?) 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	
-								
		1				1		
						+		

Accounting Perio	od: 2022/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHE	ST LLC	(OSWEGO, I	KS)				24028
	SUBSTITUTE CARRIAG	E: SPECI)G			
1		-	-			tion that you	ur cable eve	em carried on a
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute Carriage: Special Statement and	explanation of the program							
	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
	 During the accounting per 	riod, did yo	ur cable syste	n carry, on a substitute ba	asis, any nonr	network tele	vision prog	am
Statement and Program Log	broadcast by a distant sta						YES	× NO
Program Log					(1)			
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comple	ete the prog	ram
	log in block 2. 2. LOG OF SUBSTITUT		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	neir meaning	a is
	clear. If you need more spa							
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.			Lot op come progra				
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			he FCC or,	in
				stem carried the substitut			s with the m	onth
	first. Example: for May 7 gi		, mion your cy		o program. O		o, mar alo li	
				ogram was carried by you				ately
	to the nearest five minutes	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m.	. should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far nraa	remained the			ived
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							giun
	effect on October 19, 1976					0		
	s	UBSTITUT	E PROGRAM	1		N SUBSTI ⁻ AGE OCCI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?			5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_	
						-		
						-	_	
						-	_	
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			T					
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						-	_	
							_	

Accounting Period:	2022/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (OSWEGO, KS)		SI	/STEM ID# 24028
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amound all amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmi o compute this a	ssion service mount, see	9,601.14 ss 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 but less tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	ou must pay for t	his six-mon	
	Line 1. Royalty fee for accounting period		\$	52.00
	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 lines 1 and 2		. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (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			
	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)	
	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 DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	15.00	
	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 payal See page i of the general instructions in the paper SA1-2 form for	-		nts!

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name		ER OF CABLE SYSTEM: HEAST LLC (OSWEG	0, KS)	SYSTEM ID# 24028
M Channels	to its subscribers, an 1. Enter the total nun system carried telev 2. Enter the total nun on which the cable	d (2) the cable system's t nber of channels on whick vision broadcast stations nber of activated channel system carried television	s	ns 21
N Individual to Be Contacted		CONTACTED IF FURTH t this statement of account	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name Ko	enneth J. Kohrs	Teleph	one 845-443-2762
	(Nu M	ne Mediacom Way mber, street, rural route, apart ediacom Park, NY y, town, state, zip)		
	Email	Copyrights@m	ediacomcc.com Fax (optional)	
O Certification	I, the undersigned, h (Owner oth (Agent of a in line (Officer or in line · I have examined the	ereby certify that (Check of her than corporation or p owner other than corpor I of space B and that the of r partner) I am an officer (I of space B. statement of account and id correct to the best of my 001(1986)] Typed or printed Title:	ust be certified and signed in accordance with Copyright Office regulations one, but only one, of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of spectromerer is not a corporation or partnership) of the egal entity identified a comporation) or a partner (if a partnership) of the legal entity identified a hereby declare under penalty of law that all statements of fact contained h whowledge, information, and belief, and are made in good faith. X /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) d name: Kenneth J. Kohrs Vice President, Financial Reporting ficial position held in corporation or partnership)	ace B; or able system as identified is owner of the cable system
		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.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (OSWEGO, KS)	2402
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 Assessment
X	-
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	

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