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 (CARL JUNCTION, MO)							
	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)							
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С	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 P.O. BOX 249 (Number, street, rural route, apartment, or suite number)							
	EXCELSIOR SPRINGS, MO 64024 ((City, town, state, zip code)							
	Food town own the coop							

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.

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)	24162
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	CARL JUNCTION	MO
Community	AIRPORT DRIVE	MO
	ALBA	MO
Add Rows as Necessary	DUENWEG	MO
	DUQUESNE	МО
	GALENA	KS
	JASPER CO	MO
	NECK CITY	MO
	ORONOGO	MO
	PURCELL	MO

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 24162

MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)

E

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 	694	29.95-74.49			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	0	29.95-74.49			
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 1					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 Cable	99.00
 Pay cable—add'l channel 	PP	Commercial				
Fire protection		• Pay cable		l L		
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection		l I.		
First set	109.99	Burglar protection		l L		
Additional set(s)	15.00-49.00	Other services:				
 FM radio (if separate rate) 		Reconnect	49.00			
Converter	10.50	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:

PRIMARY TRANSMITTERS:

SYSTEM ID# 24162

MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)

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, *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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFJX/KFJX(HD) FOX	13	ı	PITTSBURG, KS
KFJX-DT2/KFJX-DT2 (HD) CW	13.2	I-M	PITTSBURG, KS
KGCS (MO SOUTHERN STAT	22	<u>l</u>	JOPLIN, MO
KOAM/KOAM (HD) CBS	7	N	PITTSBURG, KS
KODE/KODE (HD) ABC	43	N	JOPLIN, IL
KODE-DT2 Grit	43.2	I-M	JOPLIN, IL
KODE-DT3 Bounce TV	43.3	I-M	JOPLIN, IL
KOZJ/KOZJ (HD) PBS	25	E	JOPLIN, MO
KOZJ-DT2 PBS Kids	25.2	E-M	JOPLIN, MO
KOZJ-DT3 Create	25.3	E-M	JOPLIN, MO
KOZJ-DT4 PBS WORLD	25.4	E-M	JOPLIN, MO
KSNF/KSNF (HD) NBC	46	N	JOPLIN, MO
KSNF-DT2 Laff	46.2	I-M	JOPLIN, MO
KSNF-DT3 ION Mystery	46.3	I-M	JOPLIN, MO
KSNF-DT4 Antenna TV	46.4	I-M	JOPLIN, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)

24162

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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Assouration Donie	.d. 2022/1						FOR	A CA4 OF DACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#
Name	MEDIACOM SOUTHER			CTION, MO)				24162
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, identification of the programm 1. SPECIAL STATEMEN • During the accounting perior broadcast by a distant state Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT	tify every no accounting paining that mu T CONCEF riod, did you tion?	nnetwork televi eriod, under sp st be included RNING SUBS ur cable system e rest of this pa	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE m carry, on a substitute ba	r a distant sta CC rules, reg ne general ins sis, any nonr	ulations, o structions i	r authorization in the paper State levision prog	ns. For a further A1-2 form.
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the bro the case of Mexican or Calumn 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every not distant stategulations, or ries like "mo Bulls." m was broasign of the adcast statination and day ve "5/7." es when th. Example: ter "R" if the and regulat mming that	add additional prinetwork teletion and that your authorizatio pries" or "bask deast live, entite station broaddon's location (ons, if any, they when your sy e substitute pria program care listed programions in effect of	I rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the general of the second of the substitutens. See page (v) of the general of the second of the substitutent of the community to which the community with which the stem carried the substitutency or many substitutent of the system of the substitutent of the system of the substitutent of the system	e program") the ed for the proper instruction titles, for each of the exterior is like exterior is like program. Using table program, to 6 reading the exterior is the exterior in the exterio	hat, during ogrammin ions for fuexample, " censed by entified). se numera m. List the 5:28:30 p.r. t your system is the control of the contro	g the account g of another informal there informal the function of the FCC or, als, with the restimes accur. In should be the mean that is the listed prolations in	ing station tion. or in month ately
	s	UBSTITUT	E PROGRAM	1		AGE OC		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION

counting Period:	022/1			FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CARL JUNCTION	N, MO)		,	SYSTEM II 2410
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines all amounts (gross receipts) paid to your cable system by sr (as identified in space E) during the accounting period. For page (vii) of the general instructions located in the paper SA Gross receipts from subscribers for secondary transmiduring the accounting period. IMPORTANT: You must complete a statement in space P or	ubscribers for the system's a further explanation of ho A1-2 form. ssion service(s)	s secondary transn w to compute this	nission service amount, see	
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 \$1 Use block 2 if the amount of gross receipts in space K is me Use block 3 if the amount of gross receipts in space K is me See page (vi) of the general instructions located in the paper SA	ore than \$137,100 but less ore than \$263,800 but less	than \$527,600	3263,800	
	BLOCK 1: GROSS RI	ECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,10 accounting period is \$52.00	00 or less, the royalty fee th	at you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING	NG PERIOD. Add lines 1 ar	nd 2		
	BLOCK 2: GROSS RECEIPTS OF			•	
	Base amount under statutory formula	<u>\$</u>	263,800.00	_	
	2. Enter amount of gross receipts from space K		235,509.32	_	
	3. Subtract line 2 from line 1	\$	28,290.68	_	
	4. Enter the amount of gross receipts from space K		\$	235,509.32	
	5. Enter the amount from line 3		<u>\$</u>	28,290.68	
	6. Subtract line 5 from line 4		\$	207,218.64	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,036.09
	8. Interest charge. Enter the amount from line 4, space Q, pa	age 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING P	PERIOD. Add lines 7 and 8.		\$	1,036.09
	BLOCK 3: GROSS RECEIPTS OF N	MORE THAN \$263,800 (b	out less than \$527	7,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			=	
	Subtract line 2 from line 1	·		_	
	4. Multiply line 3 by .01	· · · · · · · · · · · · · · · · · · ·		_	
				1 210 00	•
	5. Royalty due on the first \$263,800 of gross receipts (under s				•
	Interest charge. Enter the amount from line 4, space Q, pa TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING P				
			· ·		
	FILING FEE AND TOTAL F	KEMITTANCE DUE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2	2, or 3, above)	\$	1,036.09	
Due	2. Filing Fee (See the instructions for more information on filing	ng fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Ad	ld lines 2 and 3		\$	1,056.09

Accounting Period:	2022/1 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO) 24162
M 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 and nonbroadcast services. 69
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) 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)
Ocertification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, 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
	Date: 8/5/2022

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

EDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)	24162
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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address 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	

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