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))							
	2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	2022/1							
	Barcode Data Filing Period (optional - see instructions)							
Accounting								
Period								
	Instructions:							
В	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								
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.							
	24289							
	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 (ZEIGLER, IL)							
	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	IDENTIFICATION OF CABLE SYSTEM:							
	MEDIACOM SOUTHEAST LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 90 NORTH MAIN (Number, street, rural route, apartment, or suite number)							
	BENTON, KY 42025							
	(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.

MEDIACOM SOUTHEAST LLC (ZEIGLER, IL) 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 kn 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 identified city. CITY OR TOWN STATE TEIGLER LL CAMBRIA IL CAMBRIA IL CAMBRIA		T	FORM SA1-2E. PAGE
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 kn 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 identified city. CITY OR TOWN	Name		SYSTEMIC
"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 kn 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 identified city. CITY OR TOWN			2428
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 kn as the "first community." Please use it 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 identified city. Community BUSH IL CAMBRIA IL CAMBRIA IL ELKVILLE ELKVILLE IL FRANKLIN CO. IL HURST IL JACKSON CO. IL PERRY CO. IL ROYALTON IL MOUNDS IL MOUNDS IL MOUNDS IL ALTO PASS IL COBDEN IL	_		
Area Served Area Served S	D		
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. Community First Community BUSH CAMBRIA BUSH IL CAMBRIA IL CAMBRIA IL FELKVILLE IL FRANKLIN CO. IL HURST IL JACKSON CO. IL PERRY CO. IL ROYALTON IL WILLIAMSON CO. IL MOUNDS IL MOUNDS IL MOUNDS IL ALTO PASS IL COBDEN IL COBDEN IL IL IL IL IL IL IL IL IL I			
Area Served Identified city.			
CITY OR TOWN STATE			
First Community ZEIGLER IL Community BUSH IL IR OWS AS NECCESSARY DOWELL IL IR OWS AS NECCESSARY DOWELL IL ELKVILLE IL IL FRANKLIN CO. IL IL HURST IL IL PERRY CO. IL IL ROYALTON IL IL MOUNDS IL IL MOUND CITY IL ALTO PASS IL COBDEN IL IL	Served	,	
First Community ZEIGLER IL Community BUSH IL IR OWS AS NECCESSARY DOWELL IL IR OWS AS NECCESSARY DOWELL IL ELKVILLE IL IL FRANKLIN CO. IL IL HURST IL IL PERRY CO. IL IL ROYALTON IL IL MOUNDS IL IL MOUND CITY IL ALTO PASS IL COBDEN IL IL			
Community		CITY OR TOWN	STATE
CAMBRIA IL	First	ZEIGLER	IL
DOWELL IL	Community	BUSH	IL
FLKVILLE		CAMBRIA	IL
FRANKLIN CO.	d Rows as Necessary	DOWELL	IL
HURST IL		ELKVILLE	IL
HURST IL		FRANKLIN CO.	IL
PERRY CO. IL ROYALTON IL WILLIAMSON CO. IL MOUNDS IL MOUND CITY IL ALTO PASS IL COBDEN IL		HURST	IL
PERRY CO. IL ROYALTON IL WILLIAMSON CO. IL MOUNDS IL MOUND CITY IL ALTO PASS IL COBDEN IL		JACKSON CO.	IL
ROYALTON IL WILLIAMSON CO. IL MOUNDS IL MOUND CITY IL ALTO PASS IL COBDEN IL			
MOUNDS IL MOUND CITY IL ALTO PASS IL COBDEN IL		ROYALTON	IL
MOUNDS IL MOUND CITY IL ALTO PASS IL COBDEN IL		WILLIAMSON CO.	IL
MOUND CITY IL ALTO PASS IL COBDEN IL			
ALTO PASS IL COBDEN IL		MOUND CITY	
COBDEN			

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24289

MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)

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	730	29.95-61.54				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	0	29.95-61.54				
Converter						
Residential						
Non-residential			000000000000000000000000000000000000000			

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 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:

SYSTEM ID# 24289

MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBSI/KBSI(HD) FOX	22	<u>l</u>	CAPE GIRARDEAU, MO
KBSI-DT3 Comet	22.3	I-M	CAPE GIRARDEAU, MO
KETC PBS	39	E	ST LOUIS, MO
KFVS/KFVS(HD) CBS	12	N	CAPE GIRARDEAU, MO
KFVS-DT2/KFVS-DT2 (HD) CV	12.2	I-M	CAPE GIRARDEAU, MO
KFVS-DT3 Circle	12.3	I-M	CAPE GIRARDEAU, MO
KFVS-DT4 MeTV	12.4	I-M	CAPE GIRARDEAU, MO
KFVS-DT5 Grit	12.5	I-M	CAPE GIRARDEAU, MO
WDKA/WDKA (HD) MyNET	49	<u>l</u>	PADUCAH, KY
WDKA-DT2 Charge	49.2	I-M	PADUCAH, KY
WDKA-DT3 TBD	49.3	I-M	PADUCAH, KY
WDKA-DT4 Stadium HD	49.4	I-M	PADUCAH, KY
WPSD/WPSD(HD) NBC	32	N	PADUCAH, KY
WPSD-DT2 Cozi TV	32.2	I-M	PADUCAH, KY
WPSD-DT3 Antenna TV	32.3	I-M	PADUCAH, KY
WSIL/WSIL (HD) ABC	34	N	HARRISBURG, IL
WSIL-DT2 H&I HD	34.2	I-M	HARRISBURG, IL
WSIL-DT3 True Crime	34.3	I-M	HARRISBURG, IL
WSIL-DT4 Court TV HD	34.4	I-M	HARRISBURG, IL
WSIU/WSIU (HD) PBS	8	E	CARBONDALE, IL
WSIU-DT2 PBS WORLD	8.2	E-M	CARBONDALE, IL
WSIU-DT3 PBS CREATE	8.3	E-M	CARBONDALE, IL
WSIU-DT4 PBS KIDS	8.4	E-M	CARBONDALE, IL
WTCT TCT	17	l	CARBONDALE, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

24289

MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)

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.

H

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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Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STFM:							FORI	SYSTEM ID#
Name	MEDIACOM SOUTHE			ı١							24289
	INEBIAGON GOOTTIE	TOT LLO	ZEIOEEIX, II	-/							24209
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe	tify every no accounting p ning that mu T CONCER	nnetwork televi period, under sp ist be included RNING SUBS	isio peci in tl	n program, broadcast by fic present and former F his log, see page (v) of th TUTE CARRIAGE	a distant CC rules, ine general	regu I ins	ulations, d structions	or autlin the	horizatio paper S	ns. For a further A1-2 form.
Program Log	broadcast by a distant sta	ition?								YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age	blank. If your answer is	"Yes," vo	ou n	nust com		_	
	log in block 2.	,	'	5	,	, ,			•	, ,	,
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spicelar. If you need more spicelar if younder certain FCC rules, rounder certain FCC rules, rounder certain FCC rules, rounder certain FCC rules vs. Column 2: If the progra Column 3: Give the column 4: Give the brothe case of Mexican or Calumn 5: Give the mofirst. Example: for May 7 give minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	stitute prograce, please of every not a distant state gulations, or ries like "mo a Bulls." m was broasign of the adcast statinath and day live "5/7." les when th . Example: ter "R" if the and regulatemming that	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask adcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect of	I roovision voision vour ns. cethodologic ce	ws to the tables. on program ("substitute cable system substitut See page (v) of the ger all." List specific progra Yes." Otherwise enter " ting the substitute progra community to which the mmunity with which the m carried the substitute am was carried by your by a system from 6:01 yas substituted for progra get the accounting perio	e program'ed for the neral instrum titles, for the set at the set at the program. The cable systems of the program of the systems of the syst	") the production of each state of the state	nat, durin ogrammir ions for fu example, censed by entified). se numer m. List th :28:30 p. your sys etter "P" i	g the gg of a urther the reference of a large of a larg	account another informa /e Lucy" FCC or, with the r es accur iould be was requ listed pr	ing station tion. or in month ately
	effect on October 19, 1976							N SUBS			
	S		E PROGRAM	1				AGE OC			7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		STATION'S LOCATION	5. MONT AND DA		ь. FROM	TIME	:S TO	5221.611
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	LEAN NAME OF OWNER OF OARLE OVOTEN				SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)			,	SYSTEM II 242
K Bross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the state (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's se	condary transm	ission service	
	during the accounting period			-	33,630.38 ross 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	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty 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 li	nes 1 and 2	2	· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	100)	
	Base amount under statutory formula		263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	233,630.38	=	
	3. Subtract line 2 from line 1	\$	30,169.62	=	
	4. Enter the amount of gross receipts from space K		. \$ 2	233,630.38	
	5. Enter the amount from line 3		. \$	30,169.62	
	6. Subtract line 5 from line 4		\$ 2	203,460.76	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,017.30
	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 a	7 and 8		\$	1,017.30
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26:	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
				-	
	2. Base amount under statutory formula		263,000.00	-	
	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	1, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,017.30	
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			\$	1,037.30
	Important: Your remittance must be in the form of an electronic pay				

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNEI MEDIACOM SOUTH	R OF CABLE SYSTEM: HEAST LLC (ZEIGLER,	R, IL)		SYSTEM ID# 24289
M Channels	to its subscribers, and 1. Enter the total numb system carried televis 2. Enter the total numb	I (2) the cable system's to	the cable		73
N Individual to Be Contacted	INDIVIDUAL TO BE C		ER INFOR	RMATION IS NEEDED (Identify an individual to whom	
for Further Information		nneth J. Kohrs		Telephone	845-443-2762
	(Num	ne Mediacom Way mber, street, rural route, apartm ediacom Park, NY		e number)	
	(City,	c, town, state, zip) Copyrights@me	ediacomc	cc.com Fax (optional)	
0	CERTIFICATION (This	statement of account mus	ust be cert	tified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned, he	ereby certify that (Check or	ne, <i>but onl</i>	ly one, of the boxes.)	
				p) I am the owner of the cable system as identified in line 1 of space	
	in line 1	of space B and that the ov	wner is no	artnership) I am the duly authorized agent of the owner of the cable ta corporation or partnership; or	
	in line 1	of space B.		ation) or a partner (if a partnership) of the legal entity identified as or	
		d correct to the best of my		cdare under penalty of law that all statements of fact contained herei ge, information, and belief, and are made in good faith.	
			X	/s/ Kenneth J. Kohrs	-
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	I name:	Kenneth J. Kohrs	
				resident, Financial Reporting In 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 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24289 MEDIACOM SOUTHEAST LLC (ZEIGLER, IL) 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs 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		
Accounting period	od	

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