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 INDIANA LLC						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)						
	MEDIACOM PARK, NY 10918						
	(City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MEDIACOM INDIANA LLC						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 ONE MEDIACOM WAY [Number, street, rural route, apartment, or suite number)						
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)						
	forth own own the cool						

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.

	L	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM INDIANA LLC	245
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated or	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you las the "first community." Please use it as the first community on all future filings.	ist will serve as a form of system identification nereafter kno
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	hama parks should be reported in parentheses helew the
Area	identified city.	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Mattawan Village	MI
Community	Almena Township	MI
•	Antwerp Township	MI
Rows as Necessary	Oshtemo Township	MI
Rows as Necessary	Osire iio Townsiip	

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 24543

MEDIACOM INDIANA LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	177	40.49-53.04					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	40.49-53.04					
Converter							
Residential							
Non-residential							
					1		

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	98.00
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
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# 24543

MEDIACOM INDIANA LLC

PRIMAR

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television

G

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
WGVU (HD) PBS	11	E	Grand Rapids, MI
WGVU-DT2 PBS Kids	11.2	E-M	Grand Rapids, MI
WGVU-DT3 PBS Encore	11.3	E-M	Grand Rapids, MI
WGVU-DT4 PBS MHz Worldv	11.4	E-M	Grand Rapids, MI
WLLA Family TV	45	<u> </u>	Kalamazoo, Mi
WLLA-DT2 MeTV	45.2	I-M	Kalamazoo, Mi
WLLA-DT3 H&I	45.3	I-M	Kalamazoo, MI
WOOD NBC	7	N	Grand Rapids, MI
WOOD-DT2 Rewind TV	7.2	I-M	Grand Rapids, MI
WOOD-DT3 SportsGrid	7.3	I-M	Grand Rapids, MI
WOTV ABC (HD)	20	N	Battle Creek, MI
WOTV-DT2 DABL	20.2	I-M	Battle Creek, MI
WOTV-DT3 Charge	20.3	I-M	Battle Creek, MI
WOTV-DT4 Weather	20.4	I-M	Battle Creek, MI
WTLJ TCT	24	I	Muskegon, Mi
WWMT CBS (HD)	8	N	Kalamazoo, Mi
WWMT-DT2 CW (HD)	8.2	I-M	Kalamazoo, Mi
WWMT-DT3 COMET	8.3	I-M	Kalamazoo, Mi
WXMI FOX (HD)	19	I	Grand Rapids, MI
WXMI-DT2 Antenna TV	19.2	I-M	Grand Rapids, MI
WXMI-DT3 Bounce TV	19.3	I-M	Grand Rapids, MI
WXSP MyNetwork TV (HD)	15	I	Grand Rapids, MI
WXSP-DT2 Cozi TV	15.2	I-M	Grand Rapids, MI
WXSP-DT3 Comet	15.3	I-M	Grand Rapids, MI

Accounting Period:	2022/1			FORM SA1-2E. PAGE 3.					
Nome	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	MEDIACOM INDIANA	LLC		24543					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	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								
Primary			ne carriage of certain network program 61(e)(2) and (4))]; and (2) certain statio						
Transmitters:		s explained in the next paragraph.	01(0)(2) 42 (.)///, 42 (2) 55	no camed on a					
Television			arried by your cable system on a subs	titute program					
		les, regulations, or authorizations:	the Special Statement and Program Lo	(a) if the					
	station was carried <i>only</i> on		ine Special Statement and Frogram Lo	g)—II trie					
	1		ed both on a substitute basis and also d	on some other					
		•	, see page (v) of the general instruction						
			program services such as HBO, ESPN	•					
	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								
		RC is channel 4 in Washington, D.C.	- · · · · · · · · · · · · · · · · · · ·	,					
1			station, an independent station, or a n						
		` ,	(for network multicast), "I" (for indepen	**					
	(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.								
				licensed by the					
	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.								
			•						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WZPX ION (HD)	44	l l	BATTLE CREEK, MI					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM INDIANA LLC

24543

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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Accounting Perio	nd: 2022/1						EOI	RM SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOI	SYSTEM ID#
Name	MEDIACOM INDIANA	LLC						24543
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, idensubstitute basis during the aexplanation of the programm 1. SPECIAL STATEMEN	tify every non accounting p ning that mu	nnetwork telev eriod, under sp st be included	ision program, broadcast by pecific present and former F in this log, see page (v) of th	a <i>distant</i> stat CC rules, regi	ulations, c	r authorizati	ons. For a further
Special Statement and			ur cable syste	m carry, on a substitute ba	sis, any nonn	etwork te		
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you n	nust com	plete the pro	ogram
	log in block 2. 2. LOG OF SUBSTITUT	E PROGRA	AMS					
	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 brothe case of Mexican or Cal Column 5: Give the mofirst. 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 broat sign of the adcast statinadian statinatinath and day ve "5/7." es when the Example: ter "R" if the land regulating that	add additional annetwork teletion and that your authorization ovies" or "bask deast live, ent station broaddon's location (ons, if any, they when your sy e substitute pra program car listed programions in effect of	I rows to the tables. vision program ("substitute rour cable system substitute rs. See page (v) of the geretball." List specific prograter "Yes." Otherwise enter "casting the substitute prograthe community to which the ecommunity with which the rottem carried the substitute rogram was carried by your ried by a system from 6:01 m was substituted for programing the accounting perioduring the accounting the accounting perioduring the accounting the	e program") the ed for the proper instruction titles, for each of the station is lice a station is lice a station is lice a program. Use the cable system in the formal that it is not a program. The formal instruction is lice as a station is lice at a station is lice a station in the station in the station is lice as a station is lice	nat, during ogrammin ons for fuxample, 'censed by entified). See numeron. List the :28:30 p.u your sysetter "P" i	g the accoung of another of another inform 'I Love Lucy of the FCC or als, with the etimes accum, should be tem was req of the listed p	nting r station ation. " or r, in month arately
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7							7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
							_	

2022/1	FORM SA	A1-2E. PAGE							
LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC	S	YSTEM II 2454							
all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm	nission service amount, see	2,168.32 sss receipts)							
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800								
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS									
	this six-mon								
	\$	52.00							
		0.00							
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00							
1. Base amount under statutory formula	_								
2. Enter amount of gross receipts from space K	_								
3. Subtract line 2 from line 1	_								
4. Enter the amount of gross receipts from space K									
5. Enter the amount from line 3									
6. Subtract line 5 from line 4									
7. Multiply line 6 by .005 (enter figure here)									
8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00							
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)								
Enter the amount of gross receipts from space K									
2. Base amount under statutory formula	-								
3. Subtract line 2 from line 1	_								
4. Multiply line 3 by .01									
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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									
	50.00								
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00								
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 payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informa		hts!							
	REDIACOM INDIANA LIC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (sea identified in space E) during the accounting period. For a further explanation of how to compute this page. The space of the system is space of the system's secondary transmission service(s). IMPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To complete the royalty fee you owe: • Complete block 1, block 2, or block 3 • Use block 3 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 \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$237,800 but less than or equal to \$ 10 be block 3 if the amount of gross receipts in space K is more than \$237,800 but less than \$527,600 see page (vi) of the general instructions located in the paper \$A1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less. Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52,00 Line 1: Royalty fee for accounting period Line 2: Interest charge. Enter the amount from line 4, space Q, page 8. Line 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1.00 or less, the royalty fee than you must pay for accounting period is \$52,00 serves receipts from space K. 5: Enter the amount of gross receipts from space K. 6: Enter the amount of gross receipts from space K. 7: Multiply line 6 by .005 (enter figure here) 8: Interest charge. Enter the amount from line 4, space Q, page 8. 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 \$527.00 s.) 1: Enter the amount of gross	ICOAL NAME OF COMERS OF CARLE SYSTEM MEDIACOM INDIANA LLC							

Accounting Period:	2022/1 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC 24543
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 on which the cable system carried television broadcast stations and nonbroadcast services. 57
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

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: 24543 MEDIACOM INDIANA LLC 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 x 0.00274 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

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

ID number

First community served Accounting period