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
	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 WISCONSIN 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)
	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 WISCONSIN LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)
	Waseca, MN 56093
	(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.

ccounting Period:	LULL, 1	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MEDIACOM WISCONSIN LLC	27113
	Instructions: List each separate community served by the cable system.	A "community" is the same as a "community unit" as defined in FCC rules:
D	as the "first community." Please use it as the first community on all future	y that you list will serve as a form of system identification hereafter known re filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the
<b>5</b> 1	CITY OR TOWN Mauston	STATE WI
First Community	Camp Douglas	wi
Community	Hustler	W
dd Rows as Necessary	Juneau County	WI
ad Nows as Necessary	Necedah	WI
	New Lisbon	WI
	Germantown	WI
	Norwalk	WI
	Ontario	WI
	Wilton	WI

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 27113

#### **MEDIACOM WISCONSIN 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	610	29.95-74.49				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	0	29.95-74.49				
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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	#####
<ul> <li>Pay cable—add'l channel</li> </ul>	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# 27113

#### **MEDIACOM WISCONSIN LLC**

1 CALL SIGN

4. LOCATION OF STATION

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.

2. B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WEAU/WEAU (HD) (NBC)	38	N	Eau Claire, WI
WEAU-DT2 Cozi TV	38.2	I-M	Eau Claire, Wi
WEAU-DT3 MeTV	38.3	I-M	Eau Claire, WI
WEAU-DT4 Movies!	38.4	I-M	Eau Claire, WI
WEAU/WEAU-DT5 (HD) CW	38.5	I-M	Eau Claire, WI
WHLA/WHLA(HD) PBS	30	E	MADISON, WI
WHLA-DT2 PBS	30.2	E-M	MADISON, WI
WHLA-DT3 PBS Create	30.3	E-M	MADISON, WI
WHLA-DT4 PBS Kids	30.4	E-M	MADISON, WI
WIFS ION	57	I	Janesville, WI
WISC/WISC(HD) CBS	50	N	Madison, WI
WKBT/WKBT (HD) (CBS)	8	N	La Crosse, Wi
WKBT-DT2 MyNet	8.2	I-M	La Crosse, Wi
WKOW/WKOW(HD) ABC	26	N	Madison, WI
WKOW-DT2 This	26.2	I-M	Madison, WI
WKOW-DT3 Decades HD	26.3	I-M	Madison, WI
WKOW-DT4 Court TV HD	26.4	I-M	Madison, WI
WKOW-DT5 True Crime	26.5	I-M	Madison, WI
WLAX/WLAX (HD) (FOX)	17	I	LA CROSSE, WI
WLAX-DT2 Antenna	17.2	I-M	LA CROSSE, WI
WLAX-DT3 Laff	17.3	I-M	LA CROSSE, WI
WLAX-DT4 Grit	17.4	I-M	LA CROSSE, WI
WMSN/WMSN(HD) FOX	49	<u>l</u>	Madison, WI
WMSN-DT2 COMET	49.2	I-M	Madison, WI

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

\*\*SYSTEM ID# 27113

#### **MEDIACOM WISCONSIN LLC**

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WMSN-DT3 Charge	49.3	I-M	Madison, WI
WMSN-DT4 TBD	49.4	I-M	Madison, WI
WMTV/WMTV(HD) NBC	19	N	Madison, WI
WMTV-DT2 CW HD	19.2	I-M	Madison, WI
WMTV-DT3 AntennaTV	19.3	I-M	Madison, WI
WMTV-DT4 MeTV	19.4	I-M	Madison, WI
WMTV-DT5 Start TV	19.5	I-M	Madison, WI
WMTV-DT6 Weather	19.6	I-M	Madison, WI
WXOW/WXOW (HD) (ABC)	48	N	LA CROSSE, WI
WXOW-DT2 Decades	48.2	I-M	Madison, WI
WXOW-DT3 This	48.3	I-M	Madison, WI
WXOW-DT4 Court TV	48.4	I-M	Madison, WI
WXOW-DT5 True Crime	48.5	I-M	Madison, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **MEDIACOM WISCONSIN LLC**

27113

#### 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).

0411 01051	A B 4 E 2 4	0/0	LOGATION OF OTATION	0411 0101	ANA EN4	0/0	LOGATION OF OTATION
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

od: 2022/1							FURIV	SA1-2E. PAGE 5	
LEGAL NAME OF OWNER OF		STEM:						SYSTEM ID#	
MEDIACOM WISCONS	SIN LLC							27113	
In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p ning that mu	nnetwork televi eriod, under sp est be included	ision program, broadcast by pecific present and former F in this log, see page (v) of the	a <i>distant</i> stat CC rules, regi	ulations, c	or autho	rization	s. For a further	
During the accounting pe broadcast by a distant sta Note: If your answer is "Note"	riod, did you	ur cable syste	m carry, on a substitute ba	·		Y	'ES	NO	
In General: List each subsclear. If you need more spaced with the period, was broadcast by a under certain FCC rules, red to not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broothe case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gincolumn 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."  Column 7: Enter the let to delete under FCC rules	titute prograce, please of every not distant stategulations, or ries like "mo Bulls." m was broasign of the addast statinath and day ve "5/7." les when th . Example:	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask dcast live, ent station broadd on's location ( ons, if any, the when your sy e substitute pro a program car e listed program ions in effect of	I rows to the tables. Exision program ("substitute vour cable system substitute vour cable system substitutins. See page (v) of the generated at the control of the control of the community to which the existem carried the substitute program was carried by your ried by a system from 6:01 m was substituted for program was substituted for	e program") the ed for the proper instruction titles, for each of the extension is lice a station is l	nat, during ogramminions for fu example, ' censed by entified). se numer m. List the :28:30 p.1 your sys etter "P" i	g the ading of an urther in "I Love"  the FC als, with the times m. shoultern was find the lis	ccountinother softened and course	ng tation ion. or n onth tely	
effect on October 19, 1976	i.			WHE	N SUBS	FITUTE	≣	7. REASON FO	
1. TITLE OF PROGRAM	2. LIVE?			5. MONTH			то	DELETION	
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During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every not period, was broadcast by a distant stat under certain FCC rules, regulations, Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statif the case of Mexican or Canadian statifuc Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00—6:30 p.m."  Column 7: Enter the letter "R" if the toth delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under si explanation of the programming that must be included  1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable syste broadcast by a distant station?  Note: If your answer is "No", leave the rest of this particle in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a sepant clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "base" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute pr to the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of tt  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ger Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter " Column 3: Give the call sign of the station broadcasting the substitute progra Column 4: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for prograte to delete under FCC rules and regulations in effect during the accounting perio was substituted for programming that your system was permitted to delete underfect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant stat substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the general: List each substitute program on a separate line. Use abbreviations wherever proclear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations is for any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with whic	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that substitute basis during the accounting period, under specific present and former FCC rules, regulations, cexplanation of the programming that must be included in this log, see page (v) of the general instructions  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork te broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must com log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, duringeriod, was broadcast by a distant station and that your cable system substituted for the programminunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for full to not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.istated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your syst to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" is wa	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cal substitute basis during the accounting period, under specific present and former FCC rules, regulations, or author explanation of the programming that must be included in this log, see page (v) of the general instructions in the pure planation of the programming that must be included in this log, see page (v) of the general instructions in the pure planation of the programming that must be included in this log, see page (v) of the general instructions in the pure planation of the programming that must be included in this log, see page (v) of the general instructions in the pure planation of the program of t	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progr. broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progr. log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another's under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informat Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" ("NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried by your cable system. List the times accurate the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 5: Give the month and day when your system carried by your cable system. List the listed program was substituted for programming that your syste	

Accounting Period:	2022/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC			(	EYSTEM ID# 27113
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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.	system's se on of how to	condary transm compute this a	ission 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 \$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 in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add in	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	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	3,800 (but I	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	277,926.20		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	14,126.20		
	4. Multiply line 3 by .01		\$	141.26	
	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	l, 5, and 6 .		\$	1,460.26
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,460.26	
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			\$	1,480.26
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	022/1		FORM SA1-2E. PAGE 7.
Name	EGAL NAME OF OWNER OF CABLE SYSTE MEDIACOM WISCONSIN LLC	M:	SYSTEM ID# 27113
<b>M</b> Channels	to its subscribers, and (2) the cable syste  1. Enter the total number of channels on v	ons	47 66
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FU we can contact about this statement of ac	RTHER INFORMATION IS NEEDED (Identify an individual to whom count.)	
for Further Information	Name Kenneth J. Kohrs		Telephone 845-443-2762
	Address  One Mediacom W (Number, street, rural route,  Mediacom Park, 1	partment, or suite number)	
	(City, town, state, zip)  Email Copyrights	@mediacomcc.com Fax (optional)	
•	ERTIFICATION (This statement of accou	nt must be certified and signed in accordance with Copyright Office re	gulations)
O Certification	I, the undersigned, hereby certify that (Ch	eck 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
		<b>poration or partnership)</b> I am the duly authorized agent of the owner of the owner is not a corporation or partnership; or	f the cable system as identified
	(Officer or partner) I am an off in line 1 of space B.	cer (if a corporation) or a partner (if a partnership) of the legal entity iden	tified as owner of the cable system
		and hereby declare under penalty of law that all statements of fact conta if my knowledge, information, and belief, and are made in good faith.	ained herein
		X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statement	nt.
		Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or pr	nted name: Kenneth J. Kohrs	
	Title: (Titl	Vice President, Financial Reporting of official position held in corporation or partnership)	
	Date:	8/5/2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the 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: 27113 **MEDIACOM WISCONSIN 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

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Address

ID number

First community served Accounting period