This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
08/29/2022	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MEDIACOM SOUTHEAST LLC (BUTLER, MO)
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918
	[City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MEDIACOM SOUTHEAST LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 P.O. BOX 249 (Number, street, rural route, apartment, or suite number)
	EXCELSIOR SPRINGS, MO 64024 (City, town, state, zip code)
	(on, om, one, ap ood)

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.				
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	MEDIACOM SOUTHEAST LLC (BUTLER, MO) 27191					
	Instructions: List each separate community served by the cable system. A "cc					
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter knownings.				
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or nidentified city.	nobile nome parks snould be reported in parentneses below the				
	CITY OR TOWN	STATE				
First Community	BUTLER	MO				
Add Rows as Necessary						

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#SYSTEM ID 27191

MEDIACOM SOUTHEAST LLC (BUTLER, MO)

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	243	40.49-54.04	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial	0	40.49-54.04	
Converter			
Residential			
Non-residential			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	_	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel		F	Family Cable	99.00
 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# 27191

4. LOCATION OF STATION

MEDIACOM SOUTHEAST LLC (BUTLER, MO)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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

KCPT/KCPT(HD) PBS	18	E	KANSAS CITY, MO
KCPT-DT2 PBS ENCORE	18.2	E-M	KANSAS CITY, MO
KCPT-DT3 CREATE	18.3	E-M	KANSAS CITY, MO
KCPT-DT4 PBS KIDS	18.4	E-M	KANSAS CITY, MO
KCTV/KCTV(HD) CBS	24	N	KANSAS CITY, MO
KCTV-DT2 Circle	24.2	I-M	KANSAS CITY, MO
KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO
KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO
KCWE/KCWE (HD) CW	31	<u> </u>	KANSAS CITY, MO
KCWE -DT2 True Crime Netw	31.2	I-M	KANSAS CITY, MO
KMBC/KMBC(HD) ABC	29	N	KANSAS CITY, MO
KMBC-DT2 MeTV	29.2	I-M	KANSAS CITY, MO
KMCI/KMCI (HD) (IND)	41	l	LAWRENCE, KS
KMCI-DT2 Bounce TV	41.2	I-M	LAWRENCE, KS
KMCI-DT3 ION Mystery	41.3	I-M	LAWRENCE, KS
KMCI-DT4 HSN	41.4	I-M	LAWRENCE, KS
KOAM (CBS)	7	N	PITTSBURG, KS
KPXE (ION)/ KPXE ION HD	51	<u> </u>	KANSAS CITY, MO
KPXE -DT2 Court TV	51.2	I-M	KANSAS CITY, MO
KPXE-DT3 Defy TV	51.3	I-M	KANSAS CITY, MO
KPXE-DT4 TrueReal	51.4	I-M	KANSAS CITY, MO
KPXE-DT5 Newsy	51.5	I-M	KANSAS CITY, MO
KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO
KSHB-DT2 Grit	42.2	I-M	KANSAS CITY, MO

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# 27191

MEDIACOM SOUTHEAST LLC (BUTLER, MO)

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.

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- · 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
KSHB-DT3 Laff	42.3	I-M	KANSAS CITY, MO
KSHB-DT4 getTV	42.4	I-M	KANSAS CITY, MO
KSMO/KSMO (MyNet) (HD)	47	l	KANSAS CITY, MO
KSMO-DT2 theGrio	47.2	I-M	KANSAS CITY, MO
KSMO-DT3 DABL	47.3	I-M	KANSAS CITY, MO
KSMO-DT4 Cozi TV	47.4	I-M	KANSAS CITY, MO
KSMO-DT5 COMET	47.5	I-M	KANSAS CITY, MO
KSNF (NBC)	46	N	JOPLIN, MO
WDAF/WDAF(HD) FOX	34	<u> </u>	KANSAS CITY, MO
WDAF-DT2 Antenna	34.2	I-M	KANSAS CITY, MO
WDAF-DT3 Court TV	34.3	I-M	KANSAS CITY, MO
WDAF-DT4 TBD	34.4	I-M	KANSAS CITY, MO

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17) LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (BUTLER, MO)

27191

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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	1.000./4								
Accounting Perio	od: 2022/1 LEGAL NAME OF OWNER OF	CARLESVS	STEM:					FOR	SYSTEM ID#
Name	MEDIACOM SOUTHE			IO)					27191
	WEDIAGON GOOTTE	TOT LLO	DOTELIX, IV	, , , , , , , , , , , , , , , , , , ,					21 191
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	tify every no accounting p ning that mu	nnetwork televi eriod, under sp est be included	ision poecific	program, broadcast by present and former F log, see page (v) of the	a <i>distant</i> sta CC rules, reg	ulations,	or authorization	ons. For a further
Special Statement and	 During the accounting pe 	riod, did yo	ur cable systei	m carı	y, on a substitute ba	sis, any nonr	network te	elevision prog	gram
Program Log	broadcast by a distant sta	ition?						YES	X NO
	Note: If your answer is "No	o", leave the	rest of this pa	age bla	ank. If your answer is	s "Yes," you r	nust com	plete the pro	gram
	log in block 2.								
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp. Column 1: Give the tittle period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976	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 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 vision our ca ns. Se cetball er "Ye casting the co e com vistem rogram ried b m was during	to the tables. program ("substitute able system substitute ee page (v) of the ger " List specific progra es." Otherwise enter " g the substitute programmunity to which the munity with which the carried the substitute n was carried by your y a system from 6:01 substituted for prograthe accounting perio	e program") the ed for the proper instruction titles, for each of the exterior is like a station is id a program. Use table system: 15 p.m. to 6 tramming that d; enter the like exterior that exterior is the exterior is the exterior in the	hat, durin ogrammir ions for fi example, censed by entified). se numer m. List th 5:28:30 p. t your sys letter "P"	g the accounting of another urther information. If Love Lucy's the FCC ortals, with the etimes accumum, should be stem was requifithe listed points.	ting station ation. or , in month rately
	,						N SUBS		
	S		E PROGRAM	1				CURRED	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		TATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES TO	
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			L						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	6,	11-2E. PAGE YSTEM II					
Name	MEDIACOM SOUTHEAST LLC (BUTLER, MO)	3	2719					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	smission service						
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 72 (Amount of gro	2,062.23 ss receipts)					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less 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							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay accounting period is \$52.00	for this six-mon						
	Line 1. Royalty fee for accounting period	\$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)						
	1. Base amount under statutory formula	00_						
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1	_						
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5	27,600)						
	Enter the amount of gross receipts from space K	_						
	2. Base amount under statutory formula	00_						
	3. Subtract line 2 from line 1	_						
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	Important: Your remittance must be in the form of an electronic payment payable to the Re	aister of Copyria	hts!					

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (BUTLER,	, MO)		SYSTEM ID# 27191
M Channels	to its subscribers The total system carried to the total on which the car.	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television I	s	accounting period.	68
N Individual to Be Contacted		BE CONTACTED IF FURTHI	ER INFORMATION IS NEEDED (Identify an it.)	individual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm	nent, or suite number)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mediacom Park, NY (City, town, state, zip)	10918		
	Email	Copyrights@me	ediacomcc.com	Fax (optional)	
0	CERTIFICATION (This statement of account mu	ust be certified and signed in accordance wit	h Copyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check o	one, but only one, of the boxes.)		
	(Owner	r other than corporation or pa	artnership) I am the owner of the cable syste	m as identified in line 1 of space	B; or
			ation or partnership) I am the duly authorized wner is not a corporation or partnership; or	agent of the owner of the cable	system as identified
		er or partner) I am an officer (ine 1 of space B.	if a corporation) or a partner (if a partnership)	of the legal entity identified as o	wner of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all st knowledge, information, and belief, and are n		in
			X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above	to certify this statement.	_
			Enter signature using an "/s/ signature" (e.g., /	•	
		Typed or printed	name: Kenneth J. Kohrs		
		Title: (Title of off	Vice President, Financial Repor	ting	
		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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAS	ST LLC (BUTLER, MO)
-------------------	---------------------

EDIACOM SOUTHEAST LLC (BUTLER, MO)	27191
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	sic de sub- Special Statement
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	ssions
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 underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 1
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	rge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please
** 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, I list below the owner, address, first community served, ID number, and accounting period as given in the original file. Owner Address	•
ID number	шининининининин
First community served	
Accounting period	
	l l

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)