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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
	ary Transmissions by	DATE RECEIVED	AMOUNT					
	ems (Short Form)			<u>coplicsoa@loc.gov</u>				
			\$	For additional information, contact the U.S. Copyright				
	uctions are located	08/29/2022		Office Licensing Division at:				
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ((YYY/(Period))					
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		<u>_</u>						
		Т						
		Barcode Data Filing Period (option	al - see instructions)					
Accounting								
Period								
	Instructions: Give the full legal name of the owner of	the cable system. If the owner is a su	osidiary of another corporation, give the full (corporate				
B	title of the subsidiary, not that of the par		,,,,,,,,,,,					
Owner	List any other name or names under whi	ch the owner conducts the business c	f 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							
	Check here if this is the system's first fili	ng. If not, enter the system's ID numb	er assigned by the Licensing Division.	27470				
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	М					
	MEDIACOM ILLINOIS LLC							
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	NT)					
			,					
	MAILING ADDRESS OF OWNER OF	E CABLE SYSTEM						
	ONE MEDIACOM WAY							
	(Number, street, rural route, apartment, or suite i	number)						
	MEDIACOM PARK, NY 10918 (City, town, state, zip)							
^	INSTRUCTIONS: In line 1, give any busi	iness or trade names used to id	entify the business and operation of t	he system unless these				
С	names already appear in space B. In line	e 2, give the mailing address of	the system, if different from the addre	ss given in space B				
System	IDENTIFICATION OF CABLE SYSTEM:							
		A.						
	MAILING ADDRESS OF CABLE SYSTEM							
	2 (Number, street, rural route, apartment, or suite							
	Chillicothe, IL 61523 (City, town, state, zip code)							
<u> </u>	(,,							

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MEDIACOM ILLINOIS LLC	274
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Wyoming	IL
Community	Toulon	IL IL
	BRADFORD	IL
dd Rows as Necessary	WILLIAMSFIELD	IL

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID
Name								515	2747
		LC							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	• • •			-				
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n					•			
Rates	separately for the particular serv			•••				chargeu	
	Rate: Give the standard rate of	harged for eac	ch cate	gory of service.	Include bo	oth the amount o	of the charg		
	unit in which it is generally billed					ard rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable	
	systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count ur	ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	e-word descript	ion of the	service is	
	sufficient.	2014			1				
	BLC	OCK 1 NO. OF					BLOCK 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:								
	 Service to first set 		351	40.49-51.54					,
	 Service to additional set(s) 								,
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		0	40.49-51.54					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s				
-	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				0		0 /	
ransmissions:									
Rates	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								
	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.								
	brief (two- or three-word) description	ption and inclu							
	brief (two- or three-word) descri		∩K 1	ate for each.				BLOCK 2	
		BLO			VICE	RATE	CATEGO	BLOCK 2	RATE
	CATEGORY OF SERVICE		CATE	ate for each. GORY OF SER ation: Non-res	-	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	CATEGORY OF SERVICE	BLO	CATE Install	GORY OF SER	-	RATE	CATEGO Family	DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:	BLO RATE	CATE Install • Mo	GORY OF SER ation: Non-res	-	RATE		DRY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO RATE	CATE Install • Mo • Co	GORY OF SEF ation: Non-res	-	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CATE Install • Mo • Co • Pa	GORY OF SEF ation: Non-res otel, hotel mmercial	sidential	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE	CATE Install • Mo • Co • Pa • Pa	GORY OF SEF ation: Non-res otel, hotel mmercial y cable	sidential	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLO RATE	CATE Install • Mo • Co • Pa • Pa • Fir	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl	nannel	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO RATE PP PP	CATE Install • Mc • Co • Pa • Pa • Fir • Bu	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection	nannel	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO RATE PP PP 109.99	CATE Install • Mc • Co • Pa • Pa • Fir • Bu Other	GORY OF SEF ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior	nannel	RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE PP PP 109.99	CATE Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re	GORY OF SEF ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	nannel			DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO RATE PP PP 109.99 15.00-49.00	CATE Install • Mc • Co • Pa • Pa • Fir • Bu • Bu • Cther • Re • Dis	GORY OF SEF ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	nannel			DRY OF SERVICE	

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEN				
Name				27				
	PRIMARY TRANSMITTERS: TELEVISION							
G	In General: In space G, ider carried by your cable system	ntify every television station (including n during the accounting period, excer n effect on June 24, 1981, permitting	ot (1) stations carried only on a part-	time basis under				
Primary	76.59(d)(2) and (4), 76.61(e))(2) and (4), or 76.63 (referring to 76.	a . a	•				
ansmitters: Felevision	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 <i>not</i> 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 <i>only</i> on a substitute basis.							
		lso in space I, if the station was carrien n concerning substitute basis stations						
	Column 1: List each station	's call sign. <i>Do not</i> report origination	program services such as HBO, ES	PN, etc. Identify each				
	multicast stream associated "WETA-2" as the same on the	with a station according to its over-th ne form.	e-air designation. For example, rep	ort multistream				
	Column 2: Give the channe	I number the FCC assigned to the tel	evision station for broadcasting over	the air in its community				
	• •	RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a	a noncommercial				
	educational station, by enter	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indep	pendent), "I-M"				
	For the meaning of these ter	"E" (for noncommercial educational), rms, see page (iv) of the general instr	ructions in the paper SA1-2 form.	,				
	Column 4: Give the location	n of each station. For U.S. stations, lis lian stations, if any, give the name of	at the community to which the station	-				
	FUU. FUI MEXICALI UI Callau	lian stations, it any, give the name of		n is idenuned.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KLJB/KLJB FOX (HD)	49	I	Davenport, IA				
	KLJB-DT2 MeTV	49.2	I-M	Davenport, IA				
	KWQC/KWQC (HD) (NBC)	36	N	Davenport, IA				
	KWQC-DT3 CoziTV	36.3	I-M					
Rows as Necessary	KWQC-D13 CO2ITV		L	Davenport, IA				
Rows as Necessary	KWQC-DT4 H&I	36.4	I-M	Davenport, IA Davenport, IA				
Rows as Necessary								
Rows as Necessary	KWQC-DT4 H&I	36.4	I-M	Davenport, IA				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV	36.4 36.5 36.6	I-M I-M	Davenport, IA Davenport, IA				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle	36.4 36.5 36.6	I-M I-M	Davenport, IA Davenport, IA Davenport, IA				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto	36.4 36.5 36.6 39	I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA PEORIA, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC	36.4 36.5 36.6 39 25	I-M I-M I-M I N	Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (36.4 36.5 36.6 39 25 25.2	I-M I-M I-M I N N N-M	Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H	36.4 36.5 36.6 39 25 25.2 25.2 25.3	I-M I-M I-M I N N N-M I-M	Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS)	36.4 36.5 36.6 39 25 25.2 25.2 25.3 4	I-M I-M I-M I N N N-M I-M N	Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL Peoria, IL Peoria, IL Rock Island, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornerstc WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD)	36.4 36.5 36.6 39 25 25.2 25.2 25.3 4 19.3	I-M I-M I-M I N N-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL Peoria, IL Rock Island, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF	36.4 36.5 36.6 39 25 25.2 25.2 25.3 4 19.3 30	I-M I-M I-M I-M I N N-M I-M I-M N N	Davenport, IA Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL Peoria, IL Rock Island, IL Peoria, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ION Mystery	36.4 36.5 36.6 39 25 25.2 25.2 25.3 4 19.3 30 30.3 30.4	I-M I-M I-M I M I N N-M I-M I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ION Mystery WQAD (ABC)	36.4 36.5 36.6 39 25 25.2 25.3 4 19.3 30 30.3 30.4 38	I-M I-M I-M I-M N N-M I-M I-M I-M I-M I-M N	Davenport, IA Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT3 LAFF WMBD-DT4 ION Mystery WQAD (ABC) WTVP/WTVP (HD) PBS	36.4 36.5 36.6 39 25 25.2 25.3 4 19.3 30 30.3 30.4 38 46	I-M I-M I-M I I N N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL Peoria, IL Rock Island, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT3 LAFF WMBD-DT4 ION Mystery WQAD (ABC) WTVP/WTVP (HD) PBS WTVP-DT2 PBS KIDS	36.4 36.5 36.6 39 25 25.2 25.3 4 19.3 30 30.3 30.4 38 46 46.2	I-M I-M I-M I-M N N-M I-M I-M I-M I-M I-M I-M E E E	Davenport, IA Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ION Mystery WQAD (ABC) WTVP/WTVP (HD) PBS WTVP-DT2 PBS KIDS WTVP-DT3 PBS WORLD	36.4 36.5 36.6 39 25 25.2 25.3 4 19.3 30 30.3 30.4 38 46 46.2 46.3	I-M I-M I-M I M I I N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ION Mystery WQAD (ABC) WTVP/WTVP (HD) PBS WTVP-DT2 PBS KIDS WTVP-DT3 PBS WORLD WTVP-DT4 Create	36.4 36.5 36.6 39 25 25.2 25.3 4 19.3 30 30.3 30.4 38 46 46.3 46.4	I-M I-M I-M I-M I I N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL				
Rows as Necessary	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WAOE/WAOE (HD) Cornersto WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ION Mystery WQAD (ABC) WTVP/WTVP (HD) PBS WTVP-DT2 PBS KIDS WTVP-DT3 PBS WORLD	36.4 36.5 36.6 39 25 25.2 25.3 4 19.3 30 30.3 30.4 38 46 46.2 46.3	I-M I-M I-M I M I I N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA PEORIA, IL Peoria, IL				

EGAL NAME OF								SYSTEM I 274
	every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		ł						

Accounting Perio	od: 2022/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						27470
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	INT AND PROGRAM LC	DG			
1	In General: In space I, ident substitute basis during the a	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, or a	uthorization	ns. For a further
Substitute Carriage:	explanation of the program				ine general ins		ne paper S	A 1-2 10111.
Special	 SPECIAL STATEMEN During the accounting period 	-				otwork tolo	vicion prog	rom
Statement and	broadcast by a distant sta		ui cable syster	in carry, on a substitute ba	asis, any nom			
Program Log	-					Ļ	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comple	te the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUT		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever po	ossible, if the	eir meaning	g is
	clear. If you need more spa	ace, please	add additiona	I rows to the tables.				-
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego	ries like "m						
		m was broa		er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by th	e FCC or	in
	the case of Mexican or Car	nadian stati	ions, if any, the	e community with which the	e station is id	entified).		
	Column 5: Give the more first. Example: for May 7 gi		/ when your sy	stem carried the substitute	e program. Us	se numerals	, with the n	nonth
	1 3 0		e substitute pr	ogram was carried by you	ır cable svstei	m. List the ti	mes accura	atelv
	to the nearest five minutes							,
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming that	vour oveten		irod
	to delete under FCC rules							
	was substituted for prograr	nming that						0
	effect on October 19, 1976	•						
	S	UBSTITUT	E PROGRAM	1		N SUBSTIT AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –		DELETION
						_	_	
			+					
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	YSTEM ID# 27470
K Gross Receipts	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 (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	5,682.76 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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 for accounting period is \$52.00	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. 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 \$263,800 (but less than \$527)	,600)	
	1. 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		
_			
Filing Fee and Total Remittance	1. 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 27470
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting 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 . 	ng period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individua we can contact about this statement of account.)	al to whom
for Further Information	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)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyrig • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as ider X (Agent of owner other than corporation or partnership) I am the duly authorized agent of in line 1 of space B and that the owner is not a corporation or partnership) of the legi in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in ge [18 U.S.C., Section 1001(1986)] K /s/ Kenneth J. Kohrs Typed or printed name: Kenneth J. Kohrs Title: Title: Title: Cite of official position here in corporation or partnership)	tified in line 1 of space B; or the owner of the cable system as identified al entity identified as owner of the cable system of fact contained herein ood faith.
	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 fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM ILLINOIS LLC	2747
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- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusior
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
^	—
Line 2 Multiply line 1 by the interest rate* and enter the sum here	—
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
··· · · · · · · · · · · · · · · · · ·	
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	_
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
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 \$	
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	
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