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	HT OFFICE USE ONLY	Return completed workbook by email to:					
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>					
General instru	ems (Short Form) uctions are located of this workbook	08/29/2022	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150						
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ()	/YYY/(Period))	J					
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optiona	ıl - see instructions)						
Accounting Period		_							
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		osidiary of another corporation, give the full c	corporate					
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 filir	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	27486					
	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	T)						
			,						
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM							
		a mate a st							
	(Number, street, rural route, apartment, or suite r	number)							
	(City, town, state, zip)								
С	<b>INSTRUCTIONS:</b> In line 1, give any busi names already appear in space B. In line								
System	1								
	MEDIACOM ILLINOIS LLC								
	MAILING ADDRESS OF CABLE SYSTEM								
	2 1102 North Fourth Street, P.O. Box (Number, street, rural route, apartment, or suite r								
	Chillicothe, IL 61523								
	(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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MEDIACOM ILLINOIS LLC	274
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Kincaid	IL
Community	Buffalo	IL
	Bulpitt	IL
Add Rows as Necessary	Clear Lake Township	IL
	Clear Lake Village	IL
	Dawson	IL
	Edinburg	IL
	Harvel	IL
	Jeiseyville	
	Mechanicsburg	IL
	Morrisonville	IL
	Mt. Auburn	IL IL
	Palmer	
	River Oaks	L
	Точеу	L
	Sagamon CTY	IL
	Loami	IL
	New Berlin	IL
	Franklin	IL

	LEGAL NAME OF OWNER OF C								2E. PAGE		
Name								515	2748		
		LU									
Е	SECONDARY TRANSMISSION										
	In General: The information in s system, that is, the retransmission	•		-		•					
Secondary	about other services (including p										
Transmission	last day of the accounting period	• • •			-			0			
Service: Sub-	Number of Subscribers: Both	•									
scribers and Rates	down by categories of secondar			•		•					
Nates	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 of	harged for eac	ch cateo	gory of service.	Include bo	oth the amount o	of the char				
	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					ondany transmis	ssion 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	nder "Servi	ice 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, t	Ũ									
	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.			( )							
	BLC	DCK 1 NO. OF					BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI		
	Residential:										
	Service to first set		764	29.95-74.49							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		0	29.95-74.49							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA			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 ar furnished at cost or (2) services	•			0		• •	,			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the			,				· · g ,			
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<b>Block 2:</b> 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 concrete 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.										
	CATEGORY OF SERVICE	BLO		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 ORY OF SERVICE	RATE		
	Continuing Services:	TUTE	-	ation: Non-res	-	TUTE	0/(TEO				
	• Pay cable	PP		otel, hotel			Family	Cable	####		
	• Pay cable—add'l channel	PP		mmercial							
	Fire protection			y cable							
	•Burglar protection			y cable-add'l cł	nannel						
	Installation: Residential			e protection							
	• First set	109.99	• Bu	rglar protection							
	<ul> <li>Additional set(s)</li> </ul>	15.00-49.00		services:							
	• FM radio (if separate rate)		• Re	connect		49.00					
	• Converter	10.50	• Dis	sconnect							
				Itlet relocation		15.00-49.00					
			00	and relevanon							
				ove to new addr	ess						

ounting Period: 2	-			OVOTEMI							
Name	LEGAL NAME OF OWNER OF			SYSTEM I 274							
	MEDIACOM ILLINOIS			274							
G		<b>General:</b> In space G, identify every television station (including translator stations and low power television stations) rried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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									
Duine our c	•	· · · · · ·		•							
Primary ransmitters:		(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	o1(e)(2) and (4))]; and (2) certain stat	ions carried on a							
Television	basis under specific FCC ru	With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis.									
		Iso in space I, if the station was carrie									
		n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p									
	multicast stream associated "WETA-2" as the same on t	with a station according to its over-the	e-air designation. For example, repo	rt multistream							
		e form. I number the FCC assigned to the tele	evision station for broadcasting over t	he 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	noncommercial							
		ring the letter "N" (for network), "N-M" (	· · ·								
	· · · //	"E" (for noncommercial educational), o		onal multicast).							
		rms, see page (iv) of the general instru n of each station. For U.S. stations, list		s licensed by the							
	FCC. For Mexican or Canac	lian stations, if any, give the name of t	he community with which the station	is identified.							
	1. CALL SIGN	4. LOCATION OF STATION									
	КНQА СВЅ	12	N	Decatur, IL							
	WAND/WAND(HD) NBC	17	N	Decatur, IL							
	WAND-DT2 CoziTV	17.2	I-M	Decatur, IL							
Rows as Necessary	WBUI/WBUI(HD) CW	22	I	Decatur, IL							
	WBUI-DT2 DABL	22.2	I-M	Decatur, IL							
	WBUI-DT3 Stadium	22.3	I-M	Decatur, IL							
	WCIA/WCIA(HD) CBS	48	N	Champaign, IL							
		48.3									
	WCIA-DT3 Bounce TV	40.0	I-M	Champaign, IL							
	WCIA-DT3 Bounce TV	48.4	I-M								
				Champaign, IL Champaign, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD)	48.4 13.2	I-M	Champaign, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery	48.4 13.2 13.3	I-M I-M I-M	Champaign, IL Springfield, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff	48.4 13.2 13.3 13.4	I-M I-M I-M I-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC	48.4 13.2 13.3 13.4 42	I-M I-M I-M I-M N	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC WICS-DT2 Comet	48.4 13.2 13.3 13.4 42 42.2	I-M I-M I-M I-M N I-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC WICS-DT2 Comet WICS-DT3 TBD	48.4 13.2 13.3 13.4 42 42.2 42.3	I-M I-M I-M I-M I-M I-M I-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC WICS-DT2 Comet	48.4 13.2 13.3 13.4 42 42.2	I-M I-M I-M I-M N I-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC WICS-DT2 Comet WICS-DT3 TBD	48.4 13.2 13.3 13.4 42 42.2 42.3	I-M I-M I-M I-M I-M I-M I-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC WICS-DT2 Comet WICS-DT3 TBD WICS-DT4 Charge!	48.4 13.2 13.3 13.4 42 42.2 42.2 42.3 42.4	I-M I-M I-M I-M I-M I-M I-M I-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC WICS-DT2 Comet WICS-DT3 TBD WICS-DT4 Charge! WILL/WILL(HD) PBS	48.4 13.2 13.3 13.4 42 42.2 42.2 42.3 42.4 9	i-M i-M i-M i-M i-M i-M i-M i-M i-M i-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Champaign, IL							
	WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC WICS-DT2 Comet WICS-DT3 TBD WICS-DT3 TBD WICS-DT4 Charge! WILL/WILL(HD) PBS WILL-DT2 PBS World	48.4 13.2 13.3 13.4 42 42.2 42.2 42.3 42.4 9 9 9.2	I-M I-M I-M I-M I-M I-M I-M I-M E E E-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Champaign, IL							
	WCIA-DT4 Grit WCIX-DT7/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC WICS-DT2 Comet WICS-DT3 TBD WICS-DT4 Charge! WILL/WILL(HD) PBS WILL-DT2 PBS World WILL-DT3 Create	48.4 13.2 13.3 13.4 42 42.2 42.2 42.3 42.4 9 9.2 9.3	I-M I-M I-M I-M I-M I-M I-M I-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Champaign, IL Champaign, IL							
	WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC WICS-DT2 Comet WICS-DT3 TBD WICS-DT3 TBD WICS-DT4 Charge! WILL/WILL(HD) PBS WILL-DT2 PBS World WILL-DT3 Create WRSP/WRSP(HD) FOX	48.4 13.2 13.3 13.4 42 42.2 42.3 42.3 42.4 9 9 9.2 9.3 44	i-M i-M i-M i-M i-M i-M i-M i-M i-M i-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Champaign, IL Champaign, IL Champaign, IL							
	WCIA-DT4 Grit WCIX-DT7/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS-DT4 Laff WICS-DT2 Comet WICS-DT3 TBD WICS-DT4 Charge! WILL-DT3 TBD WILL-DT2 PBS World WILL-DT3 Create WRSP/WRSP(HD) FOX	48.4 13.2 13.3 13.4 42 42.2 42.2 42.3 42.4 9 9.2 9.3 44 44.2	i-M i-M i-M i-M i-M i-M i-M i-M i-M i-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL							
	WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WICS/WICS(HD) ABC WICS-DT2 Comet WICS-DT3 TBD WICS-DT3 TBD WICS-DT4 Charge! WILL/WILL(HD) PBS WILL-DT2 PBS World WILL-DT3 Create WRSP/WRSP(HD) FOX WRSP-DT2 MeTV WRSP-DT3 Antenna TV	48.4 13.2 13.3 13.4 42 42.2 42.3 42.4 9 9.2 9.3 44 44.2 44.3	i-M i-M i-M i-M i-M i-M i-M i-M	Champaign, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Springfield, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL							

ccounting Period:	2022/1			FORM SA1-2E. PAG							
Norma	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I							
Name	MEDIACOM ILLINOIS	LLC		274							
	PRIMARY TRANSMITTERS:	TELEVISION									
G	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under										
Primary	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										
Transmitters:		s explained in the next paragraph.									
Television		: With respect to any distant stations c	arried by your cable system on a sub	stitute program							
	basis under specific FCC ru	lles, regulations, or authorizations:									
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program L	.og)—if the							
		also in space I, if the station was carrie									
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions.										
	<b>Column 1:</b> List each station's call sign. <i>Do not</i> 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).										
		rms, see page (iv) of the general instru		- Barrison d Los Ales							
		n of each station. For U.S. stations, list	,	5							
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	ne community with which the station	is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	WSEC-DT4 PBS KIDS	15.4	E-M	JACKSONVILLE, IL							

MEDIACOM	ILLINOIS L	LC							274
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cat						н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by nonitoring, to rmation about m. entify the call tate whether the the radio stati this by placing ive the station	y the sys be receint t the Co sign of e he statio ion's sign g a check h's locatio	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	ati sy th se	the system's he rstem's FM ante is point, see pag d by the cable s station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se wed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0	LOOMING OF STATION	Ħ			5,0		
				ļļ					
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Accounting Perio	od: 2022/1						FORM	I SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	MEDIACOM ILLINOIS	LLC						27486			
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LC	)G						
1	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further										
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. <b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b>										
Special	During the accounting pe	-			sis any nonr	network telev	vision prog	ram			
Statement and	broadcast by a distant sta		ui cabie system	in carry, on a substitute be	1313, any 11011			NO			
Program Log	-						YES				
	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 p	ossible, if the	eir meaning	g is			
	clear. If you need more spa	ace, please	add additiona	I rows to the tables.				-			
	<b>Column 1:</b> 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 station										
	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 Ca	nadian stati	ions, if any, the	e community with which th	e station is id	entified).					
	<b>Column 5:</b> Give the more first. Example: for May 7 gi		/ when your sy	stem carried the substitute	e program. U	se numerals	, with the n	nonth			
	, , , , ,		e substitute pr	ogram was carried by you	ır cable svste	m. List the ti	mes accura	atelv			
	to the nearest five minutes										
	stated as "6:00–6:30 p.m."	har "D" if the	listed program	n was substituted for prog	remained the			ined			
	to delete under FCC rules										
	was substituted for program	nming that						0			
	effect on October 19, 1976										
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT AGE OCCL		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. TI FROM –		DELETION			
						_	_				
			+								
						-	-				
						-	_				
						_	_				
							-				
			+				-				
							-				
							- - -				

Accounting Period:	2022/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			Ş	8YSTEM ID# 27486
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an 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 explanatic 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 receipting the statement in space P concerning the statement in space	ystem's se on of how to	condary transm o compute this a	ission service amount, see \$23	
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 l • Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lir	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	237,836.18		
	3. Subtract line 2 from line 1	\$	25,963.82		
	4. Enter the amount of gross receipts from space K		. \$ 2	237,836.18	
	5. Enter the amount from line 3		. \$	25,963.82	
	6. Subtract line 5 from line 4		\$ 2	211,872.36	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,059.36
	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		\$	1,059.36
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,059.36	
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 $3 \dots$			\$	1,079.36
	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:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID: 2748(
M Channels	CHANNELS Instructions: You must give (1) the number of channels on witto its subscribers, and (2) the cable system's total number of at 1. Enter the total number of channels on which the cable system carried television broadcast stations	tivated channels during the accounting period.
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMAT</b> we can contact about this statement of account.)	ON IS NEEDED (Identify an individual to whom
for Further Information	Name Kenneth J. Kohrs	Telephone 845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite numb Mediacom Park, NY 10918 (City, town, state, zip)	1)
	Email Copyrights@mediacomcc.con	Fax (optional)
O Certification	X       (Agent of owner other than corporation or partners in line 1 of space B and that the owner is not a corporation) in line 1 of space B.         (Officer or partner) I am an officer (if a corporation) in line 1 of space B.         • I have examined the statement of account and hereby declare to are true, complete, and correct to the best of my knowledge, infor [18 U.S.C., Section 1001(1986)]         Image: the statement of account and hereby declare to are true, complete, and correct to the best of my knowledge, infor [18 U.S.C., Section 1001(1986)]         Image: the statement of account and hereby declare to are true, complete, and correct to the best of my knowledge, infor [18 U.S.C., Section 1001(1986)]         Image: the statement of account and hereby declare to are true, complete, and correct to the best of my knowledge, infor [18 U.S.C., Section 1001(1986)]         Image: the statement of account and hereby declare to are true, complete, and correct to the best of my knowledge, infor [18 U.S.C., Section 1001(1986)]         Image: the statement of account and hereby declare to are true, complete, and correct to the best of my knowledge, infor [18 U.S.C., Section 1001(1986)]         Image: the statement of account and hereby declare to are true, complete, and correct to the best of my knowledge, infor [18 U.S.C., Section 1001(1986)]         Image: the statement of account and hereby declare to are true, complete, and correct to the best of my knowledge, infor [18 U.S.C., Section 1001(1986)]         Image: the statement of account and hereby declare to are true, complete, and correct to the best of my knowledge, infor [18 U.S.C., Section 1001(1986)]         Image: the statement of	of the boxes.) the owner of the cable system as identified in line 1 of space B; or hip) I am the duly authorized agent of the owner of the cable system as identified boration or partnership; or r a partner (if a partnership) of the legal entity identified as owner of the cable system inder penalty of law that all statements of fact contained herein mation, and belief, and are made in good faith.  Cenneth J. Kohrs  neth J. Kohrs  ent, Financial Reporting
	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.

nting Period: 2022/1	FORM SA1-2E. PAGE 8
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
IACOM ILLINOIS LLC	2748
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 Exclusion
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 Mailing Address Name Mailing Address	
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
x	
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	
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 \$ -	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
D number	
ID number First community served	

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