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 ILLINOIS LLC									
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
	ONE MEDIACOM WAY									
	(Number, street, rural route, apartment, or suite number)									
	MEDIACOM PARK, NY 10918									
	(City, town, state, zip)									
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B									
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MEDIACOM ILLINOIS LLC									
	MAILING ADDRESS OF CABLE SYSTEM:									
	P.O. Box 334, 1102 N. Fourth Street									
	(Number, street, rural route, apartment, or suite number)  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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM									
	MEDIACOM ILLINOIS LLC 2754										
	Instructions: List each separate community served by the cable system. A "con										
D	"a separate and distinct community or municipal entity (including unincorpora	ted communities within unincorporated areas and including single									
	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 filings.										
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	obile home parks should be reported in parentheses below the									
Served	identified city.										
		<del>_</del>									
	CITY OR TOWN	STATE									
First	Dallas City	<u>L</u>									
Community	Lomax	L									
	Pontoosuc	IL IL									
Rows as Necessary	ROSEVILLE	IL									
	OQUAWKA	IL									
	NAUVOO	IL .									
	STRONGHURST	IL									

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 27541

### **MEDIACOM ILLINOIS 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	385	29.99-74.49				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	29.99-74.49				
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		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# 27541

### MEDIACOM ILLINOIS LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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

13

7

15

8

KHQA-DT2/KHQA-DT2 (HD) 7.2 N-M Add Rows as Necessary KHQA-DT3 Comet 7.3 I-M KIIN (PBS) 12

49
33

1. CALL SIGN

KHQA/KHQA(HD) CBS

KGCW (CW)

KYOU (FOX)

WMWC (TBN)

KWQC/KWQC(HD) NBC 36 KWQC-DT3 Cozi 36.3 36.4 KWQC-DT4 H&I

KWQC-DT5 Start TV 36.5 KWQC-DT6 Circle 36.6

WGEM/WGEM(HD) NBC 10 WGEM-DT2/WGEM-DT2 (CW) 10.2 WGEM-DT3/WGEM-DT3 (HD) 10.3

WGEM-DT4 MeTV (HD) 10.4 7 WHBF/WHBF(HD) CBS

WHBF-DT2 Court TV 7.2 WMEC/WMEC(HD) PBS 21 WMEC-DT2 PBS WORLD 21.2

WMEC-DT3 Create 21.3 WMEC-DT4 PBS KIDS 21.4

I-M Е E-M E-M

3. TYPE OF STATION

N

I-M

I-M

I-M

Ν

I-M

I-M

I-M

N

E-M

ı

MACOMB, IL MACOMB, IL

Moline, IL

Davenport, IA Davenport, IA Davenport, IA Davenport, IA OTTUMWA, IA Quincy, IL Quincy, IL Quincy, IL Quincy, IL Rock Island, IL Rock Island, IL MACOMB, IL MACOMB, IL

4. LOCATION OF STATION

Davenport, IA

HANNIBAL, MO

HANNIBAL, MO

HANNIBAL, MO

Iowa City, IA DAVENPORT, IA OTTUMWA, IA

Davenport, IA

U.S. Copyright Office

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27541 MEDIACOM ILLINOIS LLC **PRIMARY TRANSMITTERS: TELEVISION** In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 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: 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 Television 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 Moline, IL WQAD/WQAD(HD) ABC 38 38.2 I-M WQAD-DT2 Antenna Moline, IL WQAD-DT3 (HD) MyNet 38.3 I-M Moline, IL 32 QUINCY, IL WTJR (TBN)

FORM SA1-2E. PAGE 3.

Accounting Period: 2022/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **MEDIACOM ILLINOIS LLC**

27541

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	LEGAL NAME OF OWNER OF	F CABLE SVS	STEM.				FUR	M SA1-2E. PAGE 5 SYSTEM ID#				
Name	MEDIACOM ILLINOIS		JI LIVI.					27541				
	SUBSTITUTE CARRIAG	E SPECI	AI STATEME	ENT AND PROGRAM LO	iG.							
I	In General: In space I, iden substitute basis during the	itify every no accounting p	nnetwork telev period, under sp	ision program, broadcast by pecific present and former F	a distant sta CC rules, reg	ulations, c	or authorizatio	ns. For a further				
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Carriage: Special	• During the accounting period did your cable system carry on a substitute basis, any nonnetwork television program											
Statement and												
Program Log	broadcast by a distant sta	ation?					YES	X NO				
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. 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 subs			ate line. Llee abbreviations	s wherever n	neeible if	their meanin	a ie				
	clear. If you need more sp				s wherever po	Jaaibic, ii	their meanin	9 13				
				vision program ("substitute								
	period, was broadcast by a under certain FCC rules, re											
	Do not use general catego	ories like "m										
	"NBA Basketball: 76ers vs		dood live ont	er "Yes." Otherwise enter '	"No."							
				casting the substitute progr								
				the community to which th			the FCC or,	in				
	the case of Mexican or Ca			e community with which the estem carried the substitute			als with the r	month				
	first. Example: for May 7 g	,	which your sy	stem carried the substitute	program. O	oc mumer	ais, with the i	Honar				
				ogram was carried by you								
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.i	m. snould be					
	Column 7: Enter the let	tter "R" if the		n was substituted for prog								
	to delete under FCC rules was substituted for progra							rogram				
	effect on October 19, 1976	•	your system w	ras permitted to delete und	iei roo iules	and regu	ilations in					
					\A/I.IE	N CLIDO						
	S	SUBSTITUT	E PROGRAM	1		N SUBST AGE OC	CURRED	7. REASON FOR				
	TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>					
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counting Period:	2022/1						FORM S	A1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF						S	YSTEM II 275	
<b>K</b> Gross Receipts	•	eipts) paid to your E) during the accornal instructions locations locations locations are subscribers for atting period.	cable system by bunting period. F ated in the paper secondary trans	y subscribers for the or a further explana SA1-2 form. mission service(s)	e system's s ation of how	econdary trans to compute this	mission service s amount, see	3,059.35 oss receipts)	
L Copyright Royalty Fee	COPYRIGHT ROYALT Instructions: To compu Complete block 1, blow Use block 1 if the amo Use block 2 if the amo Use block 3 if the amo See page (vi) of the general	te the royalty fee yock 2, or block 3. bunt of gross receiount of gross receiount of gross receiount of gross recei	pts in space K is pts in space K is pts in space K is	more than \$137,10 more than \$263,80	00 but less th	nan \$527,600	\$263,800		
		BLC	OCK 1: GROSS	RECEIPTS OF \$1	137,100 OR	LESS			
	Instructions: As a cable accounting period is \$5		s receipts of \$137	,100 or less, the roy	alty fee that	you must pay fo	or this six-mon		
	Line 1. Royalty fee for	accounting period					· · <u> </u>		
	Line 2. Interest charge.	. Enter the amount	t from line 4, spac	e Q, page 8				0.00	
	Line 3. TOTAL ROYAL								
		BLOCK 2: GROS	SS RECEIPTS (	OF \$263,800 OR L	.ESS (but m	ore than \$137	,100)		
	1. Base amount under	•				·	<u>)                                    </u>		
	2. Enter amount of gros				-	•	_		
	3. Subtract line 2 from						_		
	4. Enter the amount of	•	•				183,059.35		
	5. Enter the amount fro					-			
	6. Subtract line 5 from								
	7. Multiply line 6 by .00							511.59	
	8. Interest charge. Ent	er the amount from	line 4, space Q,	page 8			•	0.00	
	9. TOTAL ROYALTY F	EE PAYABLE FO	R ACCOUNTING	PERIOD. Add line	s 7 and 8		\$	511.59	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	1. Enter the amount of	gross receipts fron	n space K						
	2. Base amount under						_ )		
	3. Subtract line 2 from	•					_		
	4. Multiply line 3 by .01						_		
	5. Royalty due on the fi						1,319.00		
	6. Interest charge. Ent								
	7. TOTAL ROYALTY F								
		FILING F	EE AND TOTA	L REMITTANCE [	DUE				
Filing Fee and	1 Develor Fee Develor	for Accessoration - D	wind (from DI-	1 0 or 2 -b)		¢	E44 E0		
otal Remittance	Royalty Fee Payable	e for Accounting Pe	erioa (trom Block	ı, ∠, or ʒ, above)		. <b>Þ</b>	511.59		
240	2. Filing Fee (See the i	nstructions for mor	e information on	filing fee calculations	s)	<u>  \$                                 </u>	20.00		
							\$	531.59	
	3. TOTAL AMOUNT D	UE FOR ACCOUN	ITING PERIOD.	Add lines 2 and 3.			Ą		

Accounting Period:	2022/1					F	ORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM: OIS LLC					SYSTEM ID# 27541
M Channels	to its subscribers, and  1. Enter the total nursystem carried tele  2. Enter the total nursy which the cable	nd (2) the cable system's to	oroadcast stations	ls during the acc	counting period.	. 38	
N Individual to Be Contacted		E CONTACTED IF FURTHE ut this statement of account	ER INFORMATION IS NEEDED	) (Identify an indi			
for Further Information		enneth J. Kohrs			Telephor	ne 845-443-2762	
	(N	One Mediacom Way umber, street, rural route, apartm lediacom Park, NY 1					
	Email	ity, town, state, zip)  Copyrights@me	diacomcc.com		Fax (optional)		
	CERTIFICATION (Thi	is statement of account mu	st be certified and signed in acc	cordance with Co	opyright Office regulations	3)	
O Certification	• I, the undersigned, I	hereby certify that (Check or	ne, but only one, of the boxes.)				
	(Owner ot	ther than corporation or pa	artnership) I am the owner of the	e cable system as	s identified in line 1 of spa	ce B; or	
			tion or partnership) I am the dul wner is not a corporation or partn		ent of the owner of the cab	le system as identified	
		or partner) I am an officer (if 1 of space B.	ia corporation) or a partner (if a p	partnership) of th	e legal entity identified as	owner of the cable system	
		nd correct to the best of my	nereby declare under penalty of la knowledge, information, and beli			ein	
			X /s/ Kenneth J. Ko		ertify this statement.	_	
			Enter signature using an "/s/ signa	ature" (e.g., /s/ Jo	ohn Smith)		
		Typed or printed	name: Kenneth J. Koh	ırs			
			Vice President, Financical position held in corporation or part		g		
		Date:			8/5/2022		111111111111111111111111111111111111111

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: 27541 MEDIACOM ILLINOIS LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 0.00274 Line 4 Multiply line 3 by 0.00274\*\* and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

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ID number

First community served Accounting period