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	GHT OFFICE USE ONLY	Return completed workbook by email to:				
-	ary Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@loc.gov</li> </ul>				
General instr	ems (Short Form) uctions are located o of this workbook	08/29/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ('	 YYYY/(Period))	_				
		,	· · · · ·					
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		Barcode Data Filing Period (option	al - see instructions)					
Accounting Period								
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the par		bsidiary of another corporation, give the full (	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 filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	M					
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREI	NT)					
		· · · · · · · · · · · · · · · · · · ·						
	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 businames already appear in space B. In line							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MEDIACOM ILLINOIS LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 P.O. Box 334, 1102 N. Fourth Street (Number, street, rural route, apartment, or suite number)							
	Chillicothe, IL 61523							
	(City, town, state, zip code)							
Data and the state of								

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.

Number         MEDACOM ILLINOS ILLC         227           Image: Comparison of the state sparter community served by the table system. A "community is the same as a "community and effect on the sparter and distinct community or municipal entity (including unincorporated community and effect on the state is a table of the same as a "community is and is the same as a "community is the same as a "community is t	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
D       "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First       CITY OR TOWN       STATE         Community       IL	Name		2763
Area Served     identified city.       First Community     CITY OR TOWN	D	"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, I list will serve as a form of system identification hereafter know
First Bureau IL			e home parks should be reported in parentheses below the
First Bureau IL			STATE
Community	First		
di tos s fixion			
	dd Rows as Necessary		
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	LEGAL NAME OF OWNER OF C							FORM SA1-			
Name								515	2763		
		MEDIACOM ILLINOIS LLC 2763									
Е	SECONDARY TRANSMISSION										
E	In General: The information in s	•		-		•					
Secondary	system, that is, the retransmission about other services (including particular services)										
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	Ũ									
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	ee-word descript	ion of the s	service is			
	sufficient.	DCK 1					BLOCK	( )			
	DLU	NO. OF	:				BLUCF	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI		
	Residential:										
	Service to first set		27	40.49-57.04							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		0	40.49-57.04							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC				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										
0	service for a single fee. There a	•			•			,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	enter only the letters "PP" in the			,			anie hei h	regram zacie,			
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 congrete charge was made or octablished. List these other convices 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.										
	I briet (two- or three-word) description	otion and inclu	ле ше і	ate for each.							
	briet (two- or three-word) descri			ate for each.			1	BLOOK A			
		BLO	CK 1		VICE	RATE	CATEGO	BLOCK 2	RATE		
	CATEGORY OF SERVICE		CK 1 CATE	GORY OF SER	-	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE		
	CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATE Install	GORY OF SER ation: Non-res	-	RATE	-	DRY OF SERVICE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATE Install	GORY OF SER	-	RATE	CATEGO Family	DRY OF SERVICE	RATE ####		
	CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATE Install • Mo • Co	GORY OF SER ation: Non-res	-	RATE	-	DRY OF SERVICE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CK 1 CATE Install • Mo • Co • Pa	GORY OF SER ation: Non-res otel, hotel mmercial	idential	RATE	-	DRY OF SERVICE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE	CK 1 CATE Install • Mo • Co • Pa • Pa	GORY OF SER ation: Non-res otel, hotel mmercial y cable	idential	RATE	-	DRY OF SERVICE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO RATE	CK 1 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	CK 1 CATE Install • Mo • 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	CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir • Bu Other	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar 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 • Additional set(s)	BLO RATE PP PP 109.99	CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re	GORY OF SER 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	CK 1 CATE( Install • Mc • Co • Pa • Pa • Pa • Pa • Bu • Bu • Bu • Re • Dis	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	nannel		-	DRY OF SERVICE			

carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rule basis under specific FCC rule basis under specific FCC rule basis. For list the station here station was carried <i>only</i> on a basis. For further information <b>Column 1:</b> List each station' multicast stream associated 'WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WR <b>Column 3:</b> Indicate in each of educational station, by enter (for independent multicast), " For the meaning of these ter <b>Column 4:</b> Give the location	TELEVISION ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (fr a substitute basis. Iso in space I, if the station was carried to concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the the form. I number the FCC assigned to the tele CC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instru-	g translator stations and low power tel of (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESP ne-air designation. For example, repo- revision station for broadcasting over the catation, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. st the community with which the station in the community with which the station	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
PRIMARY TRANSMITTERS: In General: In space G, iden carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rule to <i>not</i> list the station here station was carried <i>only</i> on a basis. For further information <b>Column 1:</b> List each station' multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WR <b>Column 3:</b> Indicate in each educational station, by enteri (for independent multicast), " For the meaning of these teri <b>Column 4:</b> Give the location	TELEVISION ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (fr a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the for concerning in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instru-	<i>bt</i> (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESP ne-air designation. For example, repo evision station for broadcasting over the extation, an independent station, or a (for network multicast), "I" (for independent stations in the paper SA1-2 form. st the community to which the station in	levision stations) me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. 'N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
In General: In space G, iden carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information <b>Column 1:</b> List each station <sup>1</sup> multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WR <b>Column 3:</b> Indicate in each of educational station, by enteri (for independent multicast), " For the meaning of these tern <b>Column 4:</b> Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tele CC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instru-	<i>bt</i> (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESP ne-air designation. For example, repo evision station for broadcasting over the extation, an independent station, or a (for network multicast), "I" (for independent stations in the paper SA1-2 form. st the community to which the station in	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAOE/WAOE (HD) Cornersto	39	I	PEORIA, IL
WEEK/WEEK (HD) NBC	25	N	Peoria, IL
WEEK-DT2/WEEK-DT2 (HD) 4	25.2	N-M	Peoria, IL
WEEK-DT3/WEEK-DT3 (HD) (	25.3	I-M	Peoria, IL
WHOI (HD)	19.3	I-M	Peoria, IL
WMBD/WMBD (HD) CBS	30	N	Peoria, IL
WMBD-DT2 Bounce TV	30.2	I-M	Peoria, IL
WMBD-DT3 Laff	30.3	I-M	Peoria, IL
WMBD-DT4 ION Mystery	30.4	I-M	Peoria, IL
WTVP/WTVP (HD) PBS	46	E	Peoria, IL
WTVP-DT2 PBS KIDS	46.2	E-M	Peoria, IL
WTVP-DT3 PBS WORLD	46.3	E-M	Peoria, IL
WTVP-DT4 Create	46.4	E-M	Peoria, IL
WYZZ/WYZZ (HD) FOX	28	I	Bloomington, IL
WYZZ-DT3 getTV	28.3	I-M	Bloomington, IL
	VAOE/WAOE (HD) Cornersto VEEK/WEEK (HD) NBC VEEK-DT2/WEEK-DT2 (HD) A VEEK-DT3/WEEK-DT3 (HD) C VHOI (HD) VMBD/WMBD (HD) CBS VMBD-DT2 Bounce TV VMBD-DT3 Laff VMBD-DT3 Laff VMBD-DT3 Laff VMBD-DT4 ION Mystery VTVP/WTVP (HD) PBS VTVP-DT2 PBS KIDS VTVP-DT2 PBS KIDS VTVP-DT3 PBS WORLD VTVP-DT4 Create VYZZ/WYZZ (HD) FOX	VAOE/WAOE (HD) Cornersto39WEEK/WEEK (HD) NBC25VEEK-DT2/WEEK-DT2 (HD) /25.2VEEK-DT3/WEEK-DT3 (HD) C25.3VHOI (HD)19.3VMBD/WMBD (HD) CBS30VMBD-DT2 Bounce TV30.2VMBD-DT3 Laff30.3VMBD-DT4 ION Mystery30.4VTVP/WTVP (HD) PBS46VTVP-DT2 PBS KIDS46.2VTVP-DT3 PBS WORLD46.3VTVP-DT4 Create46.4VZZZ/WYZZ (HD) FOX28	VAOE/WAOE (HD) Cornersto39IVEEK/WEEK (HD) NBC25NVEEK-DT2/WEEK-DT2 (HD) /25.2N-MVEEK-DT3/WEEK-DT3 (HD) /25.3I-MVHOI (HD)19.3I-MVMBD/WMBD (HD) CBS30NVMBD/DT2 Bounce TV30.2I-MVMBD-DT3 Laff30.3I-MVMBD-DT4 ION Mystery30.4I-MVTVP-DT2 PBS KIDS46.2E-MVTVP-DT3 PBS WORLD46.3E-MVTVP-DT4 Create46.4E-MVZZZWYZZ (HD) FOX28I

LEGAL NAME OF								SYSTEM I 276
	t every radio s	station ca	arried 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 station	y the sys be recei it the Co sign of e the static 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 k 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 ii 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	

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						27639
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LC	)G			
	In General: In space I, ident	tify every no	nnetwork telev	<i>ision program,</i> broadcast b	y a <i>distant</i> sta	tion, that you	r cable sys	tem carried on a
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	<ul> <li>During the accounting pe</li> </ul>	riod, did yo	ur cable syster	m carry, on a substitute ba	asis, any nonr	network telev	vision prog	ram
Statement and Program Log	broadcast by a distant sta						YES	× NO
i rogium 20g	Note: If your answer is "No		a rest of this no	aa blank If your answer i	s "Ves " vou r	must comple		
	log in block 2.	, leave the		age blaitk. If your allower i	s res, your	nust comple	te the prog	liam
	2. LOG OF SUBSTITUT	E PROGR	AMS					
	In General: List each subs	titute progr	am on a separ		s wherever po	ossible, if the	eir meaning	g is
	clear. If you need more spa					4 44		
	period, was broadcast by a			vision program ("substitut our cable system substitu				
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	eneral instruct	ions for furth	er informa	tion.
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
			adcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
	Column 4: Give the bro the case of Mexican or Car		````	the community to which the community with which the		,	e FCC or,	in
				stem carried the substitute		,	, with the n	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes			ogram was carried by you ried by a system from 6:0:				ately
	stated as "6:00–6:30 p.m."	. <u>_</u> //ap.o.	a program our					
				n was substituted for prog				
	to delete under FCC rules was substituted for prograr							ogram
	effect on October 19, 1976	0	, , , , , , , , , , , , , , , , , , ,	1		5		
	s			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. TI FROM —		DELETION
						_		
		+	+					
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Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	YSTEM ID# 27639
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	7,732.25 oss 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 \$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	this six-mon	
	accounting period is \$52.00 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		jhts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 27639
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 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	22 73
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 8	45-443-2762
	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 (This statement of account must be certified and signed in accordance with Copyright Office regulations)          • 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 identified in line 1 of space B;         × (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or         • (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.         • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]         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., /s/ John Smith)         Typed or printed name:       Kenneth J. Kohrs         Title:       Vice President, Financial Reporting         (Title of official position held in corporation or partnership)       Date:	stem as identified

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.

DIACOM ILLINOIS LLC       27         SPEACOM ILLINOIS LLC       Security of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:       Image: The Security of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:       Image: The Security of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.°       Image: The Security of the capper SA1-2 form.       Image: The Security of the caple system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?       Image: The Security of the satellite carrier(s) below.       Image: The Security of the complete this worksheet for those royally 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.       Image: The Security of the sate sate sate of a late payment or underpayment. The or an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: The Security of the cable sapayment or	unting Period: 2022/1	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Tite 17, section 111(d)(1)(A), of the Copyright Act by adding the following secondary transmissions of primary broadcast transmitters. The system shall not include sub-section 11s <sup>1</sup> . The section 11s <sup>1</sup> is the order providing secondary transmissions of primary broadcast transmitters. The system shall not include sub-section 11s <sup>1</sup> . The section 11s <sup>1</sup> is the determining the total number of subscribers and the gross amounts paid to the cable system for the basic sub-section 11s <sup>1</sup> . The system and mounts collected from subscribers receiving secondary transmissions pursuant to section 11s <sup>1</sup> . The system instructions located in the paper SA1-2 form.       P         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below.       \$         Interest Assessment       \$         Name       Maing Address         Maing Address       .         Vor must complete this worksheet for those royally 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 Assesser         Line 1       Enter the amount of late payment or underpayment.       .	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellise Home Veseer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing senicers. The determining the total number of subscribers and the gross amounts paid to the cable system for the basic sortiers and amounts collected from subscribers and the gross amounts paid to the cable system for the basic sortiers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. <sup>1</sup> For more information on when to exclude these amounts, see the note on page (wii) of the general instructions focated in the paper SA1-2 form. Image databases Manne Address Nore Nor	DIACOM ILLINOIS LLC	2763
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?       No         Image: SA1-2 form.       Image: SA1-2 form.       S         Image: SA1-2 form.       Image: SA1-2 form.       S         Image: SA1-2 form.       Image: SA1-2 form.       S         Image: SA1-2 form.       Image: SA1-2 form.       Image: SA1-2 form.         Image: SA1-2 form.       Image: SA1-2 form.       Image: SA1-2 form.         Image: SA1-2 form.       Image: SA1-2 form.       Image: SA1-2 form.         Image: SA1-2 form.       Image: SA1-2 form.       Image: SA1-2 form.         Line 1       Enter the amount of late payment or underpayment.       Image: SA1-2 form.       Image: SA1-2 form.         Line 2       Multiply line 1 by the interest rate* and enter the sum here	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-	Special Statement Concerning Gross
made by satellite carriers to satellite dish owners?       No         YES. Enter the total here and list the satellite carrier(s) below.       \$		Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Mailing Address       Maining Address         INTEREST ASSESSMENT       Name         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.       Imterest Assessment         Line 1 Enter the amount of late payment or underpayment.	made by satellite carriers to satellite dish owners?	
Name       Name         Maiing Address       Maiing Address         INTEREST ASSESSMENT       You must complete this worksheet for those royally 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 Assessm         Line 1       Enter the amount of late payment or underpayment.       x	X NO	
Mailing Address       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.       Image: 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.       Image: 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.       Image: 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.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For further assistance place the sum here complete the sum here complete the sum here complete the sum here complete the form of the general instructions (interest rate, pdf. For further assistance place contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.       Image: Complete the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner       Complete the owner, address, first community served, ID number, and accounting period as given in the original filing.         Di number       ID number       ID number, and accounting period as given in the original filing. </td <td>YES. Enter the total here and list the satellite carrier(s) below</td> <td></td>	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Comparison of the page of th		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Comparison of the page of th		
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Construction of the payment or underpayment	INTEREST ASSESSMENT	
Line 1       Enter the andout of late payment or underpayment         x       - <td< td=""><td></td><td>Q</td></td<>		Q
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 3       Multiply line 2 by the number of days late and enter the sum here		
Line 3       Multiply line 2 by the number of days late and enter the sum here	A	—
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* 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	xdays	
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 <u>\$</u> (interest charge)  * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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 ID number	x 0.00274	
(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         ID number       ID number		
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Address ID number		
Address ID number	Owner	
First community served		
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