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 COPYRIGE	IT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/29/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	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 (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 MINNESOTA LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	_
	(City, town, state, zip)	_
С	INSTRUCTIONS: 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:	
	I MEDIACOM MINNESOTA LLC	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 1504 Second Street, S.E. (Number, street, rural route, apartment, or suite number)	
	Waseca, MN 56093	
	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	MEDIACOM MINNESOTA LLC	28411
D Area Served	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Gerveu		
	CITY OR TOWN	STATE
First	Lake City	MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	2841
Е	SECONDARY TRANSMISSION					, transmission a	anviaa of th		
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicate	d-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide	e to their subsci	ibers. (Give the numbe	r of subsc	ribers and rate f	or each list	ed category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system	has rate catego	ries for	secondary trai	nsmission				
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tv	o- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	-DS	RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBI	213	NATE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	NAT
	Service to first set		340	40.49-49.54					
	Service to additional set(s)		• • •	10110 1010 1					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-49.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, t								
-	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	or facilities furn	ished t	o nonsubscribe	rs. Rate in	formation shoul	d include b	oth the	
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cabl	e system for ea	ch of the a	applicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	e the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	BLOO RATE	CATE	GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	RATE	CATE(GORY OF SER ation: Non-res		RATE		DRY OF SERVICE	
	Continuing Services: • Pay cable	RATE PP	CATE Install • Mo	GORY OF SER ation: Non-res tel, hotel		RATE	CATEGO Family	DRY OF SERVICE	RATE 99.0
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEC Install • Mo • Co	GORY OF SER ation: Non-res tel, hotel mmercial		RATE		DRY OF SERVICE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE PP	CATEC Install • Mo • Co • Pa	GORY OF SER ation: Non-res tel, hotel mmercial y cable	idential	RATE		DRY OF SERVICE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE PP	CATEC Install • Mo • Co • Pa • Pa	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	idential	RATE		DRY OF SERVICE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE PP PP	CATEC Install • Mo • Co • Pa • Pa • Fire	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	idential nannel	RATE		DRY OF SERVICE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE PP PP 109.99	CATEC Install • Mo • Co • Pa • Pa • Fin • Bu	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential nannel	RATE		DRY OF SERVICE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE PP PP	CATEC Install • Mo • Co • Pa • Pa • Firr • Bu Other	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential nannel			DRY 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)	RATE PP PP 109.99 15.00-49.00	CATEC Install • Mo • Co • Pa • Fin • Bu • Bu • Cther • Re	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential nannel	RATE		DRY OF SERVICE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE PP PP 109.99	CATEC Install • Mo • Co • Pa • Fin • Bu Other • Re • Dis	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential nannel			DRY OF SERVICE	

				0)/0751
Name				SYSTEM 284
	MEDIACOM MINNESO			20.
G Primary ransmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	t (1) stations carried only on a part- he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st	time basis under rams [sections ations carried on a
Television	basis under specific FCC rul • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	Log)—if the so on some other tions. IPN, etc. Identify each oort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE/KARE (HD) NBC	11	N	Minneapolis, MN
	KARE-DT2 Court TV	11.2	I-M	Minneapolis, MN
Rows as Necessary	KARE-DT3 True Crime Netwo	11.3	I-M	Minneapolis, MN
	KMSP/KMSP (HD) FOX	9	l	Minneapolis, MN
	KMSP-DT4 BUZZR	9.4	I-M	Minneapolis, MN
	KPXM/KPXM (HD) (ION)	19	I	MINNEAPOLIS, MN
		•		
	KPXM-DT2 Bounce TV	19.2	I-M	MINNEAPOLIS, MN
	KPXM-DT2 Bounce TV KPXM-DT3 Grit	<u>19.2</u> 19.3	I-M I-M	
				MINNEAPOLIS, MN
	KPXM-DT3 Grit	19.3		MINNEAPOLIS, MN MINNEAPOLIS, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV	19.3 45 45.2	i-M i i-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV	19.3 45 45.2 45.3	I-M I I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV	19.3 45 45.2 45.3 45.4	I-M I I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC	19.3 45 45.2 45.3 45.4 35	I-M I I-M I-M I-M N	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN St. Paul, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC KSTP-DT2 Heros and Icons	19.3 45 45.2 45.3 45.4 35 35.2	I-M I I-M I-M I-M N I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN St. Paul, MN St. Paul, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC KSTP-DT2 Heros and Icons KTCA-DT PBS TPT 2/KTCA P	19.3 45 45.2 45.3 45.4 35 35.2 34	I-M I I-M I-M I-M I-M I-M E-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN St. Paul, MN St. Paul, MN St. Paul, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC KSTP-DT2 Heros and Icons KTCA-DT PBS TPT 2/KTCA P KTCA-DT2 PBS KIDS HD	19.3 45 45.2 45.3 45.4 35 35.2 34 34 34.2	I-M I I-M I-M I-M I-M I-M E-M E-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN St. Paul, MN St. Paul, MN St. Paul, MN St. Paul, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC KSTP-DT2 Heros and Icons KTCA-DT2 HEROS TPT 2/KTCA P KTCA-DT2 PBS KIDS HD KTCA-DT3 PBS TPT NOW HD	19.3 45 45.2 45.3 45.4 35 35.2 34 34.2 34.3	I-M I I-M I-M I-M I-M I-M E-M E-M E-M E-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN St. Paul, MN St. Paul, MN St. Paul, MN St. Paul, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC KSTP-DT2 Heros and Icons KTCA-DT PBS TPT 2/KTCA P KTCA-DT2 PBS KIDS HD KTCA-DT3 PBS TPT NOW HD KTCI PBS TPT Life	19.3 45 45.2 45.3 45.4 35 35.2 34 34.3 22.4	I-M I I-M I-M I-M I-M I-M E-M E-M E-M E-M E-M E-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN St. Paul, MN St. Paul, MN St. Paul, MN St. Paul, MN St. Paul, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC KSTP-DT2 Heros and Icons KTCA-DT PBS TPT 2/KTCA P KTCA-DT2 PBS KIDS HD KTCA-DT3 PBS TPT NOW HD KTCI PBS TPT Life KTCI-DT2 PBS TPT MN (HD)	19.3 45 45.2 45.3 45.4 35 35.2 34 34.2 34.3 22.4 23.2	I-M I I-M I-M I-M I-M E-M E-M E-M E-M E-M E-M	MINNEAPOLIS, MN St. Paul, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC KSTP/CT2 Heros and Icons KTCA-DT PBS TPT 2/KTCA P KTCA-DT2 PBS KIDS HD KTCA-DT3 PBS TPT NOW HD KTCI-DT3 PBS TPT NOW HD KTCI-DT2 PBS TPT MN (HD) WCCO/WCCO(HD) CBS	19.3 45 45.2 45.2 45.3 45.4 35 35.2 34 34 34.2 34.3 22.4 23.2 32	I-M I I-M I-M I-M I-M E-M E-M E-M E-M E-M N	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN St. Paul, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC KSTP-DT2 Heros and Icons KTCA-DT PBS TPT 2/KTCA P KTCA-DT2 PBS KIDS HD KTCA-DT2 PBS KIDS HD KTCA-DT3 PBS TPT NOW HD KTCI PBS TPT Life KTCI-DT2 PBS TPT MN (HD) WCCO/WCCO(HD) CBS	19.3 45 45.2 45.3 45.4 35 35.2 34 34.2 34.3 22.4 23.2 32 32.2	I-M I I I-M I-M I-M I-M E-M E-M E-M E-M E-M E-M E-M E-M I I I I I I I I I I I I I I I I I I I	MINNEAPOLIS, MN St. Paul, MN Minneapolis, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC KSTP/CSTP (HD) ABC KSTP-DT2 Heros and Icons KTCA-DT PBS TPT 2/KTCA P KTCA-DT2 PBS KIDS HD KTCA-DT3 PBS TPT NOW HD KTCI-DT2 PBS TPT NOW HD KTCI-DT2 PBS TPT NOW HD KTCI-DT2 PBS TPT MN (HD) WCCO/WCCO(HD) CBS WCCO-DT2 Start TV WCCO-DT3 DABL	19.3 45 45.2 45.3 45.4 35 35.2 34 34.2 34.3 22.4 23.2 32 32.3	I-M I I-M I-M I-M I-M E-M E-M E-M E-M E-M E-M I I-M I-M	MINNEAPOLIS, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN
	KPXM-DT3 Grit KSTC/KSTC (HD) (IND) KSTC-DT2 MeTV KSTC-DT3 getTV KSTC-DT4 ThisTV KSTP/KSTP (HD) ABC KSTP-DT2 Heros and Icons KTCA-DT PBS TPT 2/KTCA P KTCA-DT2 PBS KIDS HD KTCA-DT2 PBS KIDS HD KTCA-DT3 PBS TPT NOW HD KTCI PBS TPT Life KTCI-DT2 PBS TPT MN (HD) WCCO/WCCO(HD) CBS	19.3 45 45.2 45.3 45.4 35 35.2 34 34.2 34.3 22.4 23.2 32 32.2	I-M I I I-M I-M I-M I-M E-M E-M E-M E-M E-M E-M E-M E-M	MINNEAPOLIS, MN St. Paul, MN Minneapolis, MN

ounting Period:	2022/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	MEDIACOM MINNESC	DTA LLC		2841
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	n during the accounting period, except n effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: a in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th he form. al number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs (the Special Statement and Program Lo ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPN ne-air designation. For example, report levision station for broadcasting over the c station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. the community to which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKBT (CBS)	8	N	La Crosse, WI
	WUCW/WUCW(HD) CW	22	I	MINNEAPOLIS, MN
	WUCW-DT2 Comet	22.2	I-M	
				MINNEAPOLIS, MN

	FOWNER OF C							SYSTEM II 284
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed infi- aper SA1-2 for Column 1: In Column 2: S Column 3: It ignal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under (item whenever it is received a wed at the headend, with the pyright 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 this point, see pa sed by the cable s ne station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	1	1		T				
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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM MINNESO	TA LLC						28411
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	a distant stat	ion. that vour	cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televisi	on program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	the prograr	n
	log in block 2.				·			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			sion program ("substitute	program") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			-CC or, in	
				tem carried the substitute			ith the mon	ith
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	a program carne	ed by a system from 6.01.	15 p.m. to 6.2	o.su p.m. sno		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	ind regulation	is in	
					<u>тг</u>			Г
		претіті і	E PROGRAM			EN SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
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	2022/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	A1-2E. PAGE
Name	MEDIACOM MINNESOTA LLC				284
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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.	system's s tion of how	econdary trans to compute thi	mission servic s amount, see	e
	IMPORTANT: You must complete a statement in space P concerning gross	receipts.		(Amount of gro	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that yo	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	139,991.40		
	3. Subtract line 2 from line 1	\$	123,808.60	<u>.</u>	
	4. Enter the amount of gross receipts from space K	••••••	\$	39,991.40	
	5. Enter the amount from line 3	· · · · · · · · · · · · · · ·	\$	23,808.60	
	6. Subtract line 5 from line 4		\$	16,182.80	
	7. Multiply line 6 by .005 (enter figure here)			\$	80.91
	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		\$	80.91
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but l	ess than \$52	7,600)	
	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		-		
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	. 5. and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	80.91	
Total Remittance Due				20.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	••••••	Ψ	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	100.91
	Important: Your remittance must be in the form of an electronic pays	ment pavab	le to the Real	ster of Convrig	ihts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM ID# 28411
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	38
	and nonbroadcast services	
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)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• 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; o	or
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
	(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.	of the cable system
	 I 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: 8/5/2022	
	<u>I</u>	

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 the 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 telephon 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 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 t 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 lav

unting Period: 2022/1	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM MINNESOTA LLC	284
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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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.	P Special Statemen Concerning Gros Receipts Exclusio
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 Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	3
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days	-
Line 3 Multiply line 2 by the number of days late and enter the sum here x days x 0.00274 x x Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here x x 0.00274	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here x days Line 3 Multiply line 3 by 0.00274** and enter here x x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x x 0.00274 Line 5 Line 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.	
x	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here x days Line 3 Multiply line 3 by 0.00274** and enter here x x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x x 0.00274 Line 5 Line 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.	3 -
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here x	· · · · · · · · · · · · · · · · · · ·
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 x	s - -
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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