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 Filling Period (optional - see instructions)							
Accounting Period									
1 01104									
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							
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)							
		MEDIACOM PARK, NY 10918							
		(City, town, state, zip)							
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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	m 1 IDENTIFICATION OF CABLE SYSTEM:								
	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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM				
Name	MEDIACOM MINNESOTA LLC	284				
_	Instructions: List each separate community served by the cable system. A "communi					
D	"a separate and distinct community or municipal entity (including unincorporated co					
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter kno				
	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 mobile h	nome parks should be reported in parentheses below the				
Served	lear and the arms					
	CITY OR TOWN	STATE				
First	Cannon Falls	MN				
Community	Riverside Terrace	MN				
•	Sunrise Village	MN				
d Rows as Necessary	Blooming Prairie	MN				
	W. Concord	MN				
	Dodge Center	MN				
	Mantorville	MN				
	Kenyon	MN				
	Brownsdale	MN				
	Hayfield	MN				
	Waltham	MN				

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**MEDIACOM MINNESOTA LLC** 

SYSTEM ID# 28436

# 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	589	29.95-74.49			
Service to additional set(s)					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	0	29.95-74.49			
Converter					
Residential					
Non-residential					
	Г	T		1	

# 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	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	100.00
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	109.99	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	15.00-49.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		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# 28436

#### MEDIACOM MINNESOTA LLC

G

#### Primary Transmitters: Television

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAAL/KAAL (HD) ABC	36	N	Austin, MN
KAAL-DT2 ThisTv	36.2	I-M	Austin, MN
KARE/KARE (HD) (NBC)	11	N	Minneapolis MN
KARE-DT2 Court TV	11.2	I-M	Minneapolis MN
KIMT/KIMT (HD) (CBS)	42	N	Mason City, IA
KIMT-DT2 MyNet	42.2	I-M	Mason City, IA
KIMT-DT4 Antenna TV	42.4	I-M	Mason City, IA
KMSP/KMSP (HD) (FOX)	9	l	Minneapolis MN
KMSP-DT4 BUZZR	9.4	I-M	Minneapolis MN
KPXM (ION)	40	l	St. Cloud, MN
KSMQ/KSMQ (HD) (PBS)	20	E	Austin, MN
KSMQ-DT2 PBS Deutsche We	20.2	E-M	Austin, MN
KSMQ-DT3 PBS Create	20.3	E-M	Austin, MN
KSMQ-DT4 PBS MN Channel	20.4	E-M	Austin, MN
KSTC/KSTC(HD) IND	45	I	Minneapolis, MN
KSTC-DT2 MeTV	45.2	I-M	Minneapolis, MN
KSTC-DT3 getTV	45.3	I-M	Minneapolis, MN
KSTC-DT4 ThisTV	45.4	I-M	Minneapolis, MN
KSTP/KSTP(HD) ABC	35	N	St. Paul, MN
KSTP-DT2 Heroes and Icons	35.2	I-M	St. Paul, MN
KTCA-DT PBS TPT 2 /KTCA F	34	E	St Paul MN
KTCA-DT2 PBS Kids(HD)	34.2	E-M	St Paul MN
KTCA-DT3 PBS TPT NOW HD	23.4	E-M	St Paul MN
KTCI (PBS) TPT Life	23	E	St Paul MN
KTTC CW HD	10.1	I-M	Rochester MN

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28436

# MEDIACOM MINNESOTA 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTTC/KTTC (HD) (NBC)	10	N	Rochester MN
KTTC-DT2 (CW)	10.2	I-M	Rochester MN
KTTC-DT3 Heroes and Icons	10.3	I-M	Rochester MN
KTTC-DT4 Court TV	10.4	I-M	Rochester MN
KTTC-DT5 True Crime Netwo	10.5	I-M	Rochester MN
KXLT/KXLT (HD) (FOX)	46	<u>l</u>	ROCHESTER,MN MASON CITY
KXLT-DT2 MeTV	46.2	I-M	ROCHESTER,MN MASON CITY
KXLT-DT3 Laff	46.3	I-M	ROCHESTER,MN MASON CITY
KXLT-DT4 ION Mystery	46.4	I-M	ROCHESTER,MN MASON CITY
KXLT-DT5 Quest	46.5	I-M	ROCHESTER,MN MASON CITY
KYIN (PBS)	18	E	ROCHESTER,MN MASON CITY
WCCO/WCCO (HD) (CBS)	32	N	Minneapolis MN
WCCO-DT2 Start TV	32.2	I-M	Minneapolis MN
WCCO-DT3 DABL	32.3	I-M	Minneapolis MN
WFTC/WFTC (HD) (MyNET)	29	I	Minneapolis MN
WFTC-DT3 Movies	29.3	I-M	Minneapolis MN
WHLA PBS	30	E	La Crosse, WI
WUCW/WUCW (HD) CW	22	<u>l</u>	Minneapolis MN
WUCW-DT2 Comet	22.2	I-M	Minneapolis MN
WUCW-DT3 Charge!	22.3	I-M	Minneapolis MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **MEDIACOM MINNESOTA LLC**

28436

#### 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		0.4.01.0.40					FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF		IEM:					SYSTEM ID#		
- Tumo	MEDIACOM MINNESO	TA LLC						28436		
	OUDOTITUTE OADDIAO	- 00-014		NT AND DOCODANIA						
<b> </b> Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis eriod, under spe	sion program, broadcast by ecific present and former F	y a <i>distant</i> stat CC rules, regul	ations, or au	ıthorizations.	For a further		
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting per				sis anv nonne	twork televis	sion progran	n		
Statement and	broadcast by a distant sta	-	ii cabio cyclom	carry, or a capolitate bac	olo, arry mormo					
Program Log	broadcast by a distant sta	uonr					YES	NO		
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust complete	the prograr	m		
	log in block 2.									
	2. LOG OF SUBSTITUTE	PROGRA	MS							
				te line. Use abbreviations	wherever pos	sible, if thei	r meaning is	<b>;</b>		
		In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.								
				ision program ("substitute						
	period, was broadcast by a									
	under certain FCC rules, re							٦.		
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progra	m titles, for ex	ampie, "i Lo	ve Lucy or			
			deast live enter	r "Yes." Otherwise enter "	No "					
				sting the substitute progra						
				ne community to which the		nsed by the	FCC or, in			
	the case of Mexican or Can									
		,	when your sys	tem carried the substitute	program. Use	numerals,	with the mor	nth		
	first. Example: for May 7 given									
				gram was carried by your				ly		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01	:15 p.m. to 6:2	8:30 p.m. si	nould be			
		er "R" if the	listed program	was substituted for progr	amming that v	nur system	was require	d		
	to delete under FCC rules a									
	was substituted for program									
	effect on October 19, 1976.		•	•		ŭ				
					TT			T		
						N SUBSTI				
	S	UBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED 7. REASON					
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	_	TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
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ccounting Period:					SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC				SYSTEM ID 2843
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the fo all amounts (gross receipts) paid to your cable system by subscri (as identified in space E) during the accounting period. For a furtl page (vii) of the general instructions located in the paper SA1-2 finders of the gross receipts from subscribers for secondary transmission during the accounting period.  IMPORTANT: You must complete a statement in space P conceints.	ibers for the syster her explanation of orm. service(s)	n's secondary tran	ssmission servitis amount, se	rice
	·	Thing gross receipt		(Amount of	gross 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 \$137,10.  Use block 2 if the amount of gross receipts in space K is more the Use block 3 if the amount of gross receipts in space K is more the See page (vi) of the general instructions located in the paper SA1-2 for	an \$137,100 but le an \$263,800 but le	ss than \$527,600	o \$263,800	
	BLOCK 1: GROSS RECEIP	TS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or leaccounting period is \$52.00	ss, the royalty fee th	nat you must pay fo	r this six-mont	h
	Line 1. Royalty fee for accounting period				
					0.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page	e o		-	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PE	RIOD Add lines 1 a	nd 2	· · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,6	800 OR LESS (bu	it more than \$137	',100)	
	Base amount under statutory formula	<u>\$</u>	263,800.00	_	
	2. Enter amount of gross receipts from space K	<u>\$</u>	248,766.61	_	
	3. Subtract line 2 from line 1	<u>\$</u>	15,033.39	_	
	4. Enter the amount of gross receipts from space K		<u>\$</u>	248,766.61	_
	5. Enter the amount from line 3		\$	15,033.39	_
	6. Subtract line 5 from line 4		\$	233,733.22	_
	7. Multiply line 6 by .005 (enter figure here)			\$	1,168.67
	8. Interest charge. Enter the amount from line 4, space Q, page 8			·	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD	). Add lines 7 and 8		\$	1,168.67
	BLOCK 3: GROSS RECEIPTS OF MORE	THAN \$263,800 (	but less than \$52	27,600)	
	Enter the amount of gross receipts from space K				
	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 statutor			1,319.00	_
	6. Interest charge. Enter the amount from line 4, space Q, page 8				<b>=</b> '
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD				_
	FILING FEE AND TOTAL REMIT	TANCE DUE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3,	above)	<b>\$</b>	1,168.67	_
Due	Filing Fee (See the instructions for more information on filing fee c	calculations)	\$	20.00	_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	s 2 and 3		\$	1,188.67
	Important: Your remittance must be in the form of an ele	ctronic payment n	ayable to the Reg	ister of Copyr	ights!
	See page i of the general instructions in the		-		

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF ON MEDIACOM MIN	WNER OF CABLE SYSTEM: INESOTA LLC				SYSTEM ID# 28436
M Channels	to its subscribers,  1. Enter the total r system carried to  2. Enter the total r on which the cal	and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television	otal number on the cable	n which the cable system carried to of activated channels during the ac	counting period.	102
N Individual to Be Contacted		BE CONTACTED IF FURTHOOUT this statement of accoun		ATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
		One Mediacom Way (Number, street, rural route, apartn Mediacom Park, NY		umber)		
	Email	(City, town, state, zip)  Copyrights@me	ediacomcc.co	com	Fax (optional)	
	CERTIFICATION (	This statement of account mu	ust be certified	d and signed in accordance with (	Copyright Office regulations)	
O Certification	(Owner		artnership) l a	ne, of the boxes.) am the owner of the cable system as		
	in lii	ne 1 of space B and that the ov	wner is not a c		•	
		and correct to the best of my l		e under penalty of law that all staten nformation, and belief, and are made		
			Enter an elec	s/ Kenneth J. Kohrs  ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s/		
		Typed or printed	name: K	Kenneth J. Kohrs		
		Title: (Title of of		sident, Financial Reportir eld in corporation or partnership)	ng	
		Date:			8/5/2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 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

counting Period: 2022/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM MINNESOTA LLC	28436
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.  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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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 Assessment
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	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	
First community served	
Accounting period	

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