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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM 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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MEDIACOM MINNESOTA LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)	
		Waseca, MN 56093 (City, town, state, zip code)
		(A-13) 1-1-13 and 1-2-14

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 OARLE OVOTEM	SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	MEDIACOM MINNESOTA LLC	284
	Instructions: List each separate community served by the cable system. A "commu	
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	list 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	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Appleton	MN
Community	Clinton	MN
	Dawson	MN
Rows as Necessary	Graceville	MN
	Madison	MN
	Wheaton	MN
	r	

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM MINNESOTA LLC

SYSTEM ID# 28484

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 	769	29.99-74.49				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	0	29.99-74.49				
Converter						
Residential						
Non-residential						
		T				

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 1				BLOCK 2	
CATEGORY OF SERVICE	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE			CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	99.00
 Pay cable—add'l channel 	PP	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
 First set 	109.99	Burglar protection			
 Additional set(s) 	15.00-49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28484

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 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 othe 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 noncommercia 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
KARE/KARE (HD) NBC	11	N	Minneapolis, MN
KARE-DT2 Court TV	11.2	I-M	Minneapolis, MN
KARE-DT3 True Crime Netw	11.3	I-M	Minneapolis, MN
KMSP/KMSP(HD) FOX	9	<u>l</u>	Minneapolis, MN
KMSP-DT4 BUZZR	9.2	I-M	Minneapolis, MN
KPXM/KPXM HD (ION)	40	<u>l</u>	St. Cloud, MN
KPXM-DT2 Bounce	40.2	I-M	St. Cloud, MN
KPXM-DT3 Grit	40.3	I-M	St. Cloud, MN
KSTC/KSTC(HD) IND	45	<u>l</u>	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 PBS TPT 2 (HD)	34	E	St. Paul, MN
KTCA-DT2 (HD) PBS KIDS	34.2	E-M	St. Paul, MN
KTCI PBS TPT Life	23	E	St. Paul, MN
KWCM/KWCM (HD) PBS	10	E	Appleton, MN
KWCM-DT2 Create	10.2	I-M	Appleton, MN
KWCM-DT3 PBS MN	10.3	E-M	Appleton, MN
KWCM-DT4 PBS World	10.4	E-M	Appleton, MN
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
WUCW/WUCW(HD) CW	22	l	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#

28484

MEDIACOM MINNESOTA LLC 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 EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
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Accounting Period: 2022/1 FORM SA1-2E. PAGE 5.							
		ГЕМ:					SYSTEM ID# 28484
In General: In space I, identi substitute basis during the acexplanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant state	fy every nor ecounting peng that muse CONCER od, did your ion?	nnetwork televis period, under spe t be included in NING SUBST r cable system	cion program, broadcast ecific present and former this log, see page (v) of FITUTE CARRIAGE carry, on a substitute ba	by a distant st FCC rules, reg the general ins asis, any nonr	ulations, or a structions in t	authorization the paper SA vision progra YES	s. For a further 1-2 form.
In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so Column 4: Give the broathe case of Mexican or Canto Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a	2. LOG OF SUBSTITUTE PROGRAMS 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. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in						
S 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONT	RIAGE OCO	CURRED TIMES	7. REASON FOR DELETION
	SUBSTITUTE CARRIAGE In General: In space I, identification of the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, region ont use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call second the case of Mexican or Canace Column 4: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	MEDIACOM MINNESOTA LLC SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did your broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mot "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast statio the case of Mexican or Canadian statio Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulatio was substituted for programming that y effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pag log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional r Column 1: Give the title of every nonnetwork televi period, was broadcast by a distant station and that yo under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the or Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carrie stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system wa effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute base broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer i log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitu under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peri- was substituted for programming that your system was permitted to delete un- effect on October 19, 1976.	MEDIACOM MINNESOTA LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant st substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonr broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever porclear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the under certain FCC rules, regulations, or authorizations. See page (v) of the general instruction to use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the broadcast station's location (the community to which the station is lide case of Mexican or Canadian stations, if any, the community with which the station is lide case of Mexican or Canadian stations, if any, the community with which the station is lide case of Mexican or Canadian stations is not the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m." Column 5: Give the month and day when your system carried the substitute programming that to delete under FCC rules and regulations in effect during the accounting period; enter the I w	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis and the programming that must be included in this log, see page (v) of the general instructions in the substitute program of the program	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sys substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progration by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progration block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another st under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information on the general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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 leensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is leensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the

Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			(SYSTEM ID: 28484
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 explanati 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.	system's son of how	econdary trans to compute this	mission servi s amount, see \$ 32	ce
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 \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ 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 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	es 1 and 2		· · <u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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 I	ess than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	327,314.84		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	63,514.84		
	4. Multiply line 3 by .01	<u>.</u>	\$	635.15	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>.</u>	\$	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		\$	1,954.15
	FILING FEE AND TOTAL REMITTANCE DU	Ē			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,954.15	
Due	Filing Fee (See the instructions for more information on filing fee calculations) .	••••••	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,974.15
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		_		ghts!

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7
Name	MEDIACOM MIN	WNER OF CABLE SYSTEM: INESOTA LLC				SYSTEM ID# 28484
M Channels	to its subscribers, 1. Enter the total is system carried the call on which the call	and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television l		during the accounting period	i.	72
N Individual to Be Contacted		BE CONTACTED IF FURTHI	R INFORMATION IS NEEDED (Identify an individual to whon	n	
for Further Information	Name	Kenneth J. Kohrs			Telephone 845-443-2	762
	Address	One Mediacom Way (Number, street, rural route, apartn	nt, or suite number)			
		Mediacom Park, NY (City, town, state, zip))918			
	Email	Copyrights@me	acomcc.com	Fax (optional)	
	CERTIFICATION (This statement of account mu	be certified and signed in acco	dance with Copyright Office	regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check on	but only one, of the boxes.)			
	(Owner	other than corporation or pa	nership) I am the owner of the ca	ble system as identified in line	e 1 of space B; or	
			n or partnership) I am the duly a er is not a corporation or partners		of the cable system as identif	ïed
	(Office		corporation) or a partner (if a part		ntified as owner of the cable	system
	I have examined to	the statement of account and h , and correct to the best of my l	eby declare under penalty of law owledge, information, and belief,		ained herein	
			X /s/ Kenneth J. Koh		ment.	
			nter signature using an "/s/ signatu	re" (e.g., /s/ John Smith)		
		Typed or printed	ame: Kenneth J. Kohrs	S	100100100100100100100100100100100100100	
		Title: (Title of of	Vice President, Financia			
		Date:		8/5/2022	2	

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

ccounting Period: 2022/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
IEDIACOM MINNESOTA LLC	28484
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 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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	

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