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	OUNTING 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 WISCONSIN 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 WISCONSIN LLC							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	1504 2nd Street SE (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 CHANGED OF CARLE CYCTEM.	SYSTEM						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	MEDIACOM WISCONSIN LLC	298						
_	Instructions: List each separate community served by the cable system. A "com							
D	"a separate and distinct community or municipal entity (including unincorporat							
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification herea							
	as the "first community." Please use it as the first community on all future filin							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bbile home parks should be reported in parentheses below the						
Served	identified city.							
	OLTV OR TOWN	OTATE						
	CITY OR TOWN	STATE WI						
First Community	Cuba City							
Community	Belmont	WI						
	Benton	WI						
d Rows as Necessary	Darlington	WI						
	Hazel Green	WI						
	Potosi	WI						
	Shullsburg	WI						
	Tennyson	WI						

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

MEDIACOM WISCONSIN LLC

49861 29861

# E

### 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	435	29.95-57.04			
Service to additional set(s)					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	0	29.95-57.04			
Converter					
Residential					
Non-residential					
		T		I	I

# 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	PP	Motel, hotel		Family Cable	98.00
<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:			
• 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# 29861

### **MEDIACOM WISCONSIN 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
KFXB (CTN)	43	<u>l</u>	Dubuque, WI
WHA/WHA(HD) PBS	20	E	Madison, WI
WHA-DT2 (PBS) TWC (HD)	20.2	E-M	Madison, WI
WHA-DT3 (PBS) Create	20.3	E-M	Madison, WI
WHA-DT4 (PBS) Kids	20.4	E-M	Madison, WI
WIFS/WIFS (HD) ION	32	<u> </u>	Madison, WI
WISC/WISC(HD) CBS	50	N	Madison, WI
WISC-DT2 MyNet	50.2	I-M	Madison, WI
WKOW/WKOW(HD) ABC	26	N	Madison, WI
WKOW-DT2 This TV	26.2	I-M	Madison, WI
WKOW-DT3 Decades (HD)	26.3	I-M	Madison, WI
WKOW-DT4 Court TV (HD)	26.4	I-M	Madison, WI
WKOW-DT5 True Crime Netw	26.5	I-M	Madison, WI
WMSN/WMSN(HD) FOX	49	<u>l</u>	Madison, WI
WMSN-DT2 Comet	49.2	I-M	Madison, WI
WMSN-DT3 Charge!	49.3	I-M	Madison, WI
WMSN-DT4 TBD	49.4	I-M	Madison, WI
WMTV/WMTV(HD) NBC	19	N	Madison, WI
WMTV-DT2 CW (HD)	19.2	I-M	Madison, WI
WMTV-DT3 AntennaTV	19.3	I-M	Madison, WI
WMTV-DT4 MeTV	19.4	I-M	Madison, WI
WMTV-DT5 Start TV	19.5	I-M	Madison, WI
WMTV-DT6 WeatherNationTV	19.6	I-M	Madison, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **MEDIACOM WISCONSIN LLC**

29861

### 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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	<del> </del>						
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Accounting Perio		CARLE SVS	ΓΕM·				FOR	SYSTEM ID#
Name			i Livi.					29861
Substitute Carriage: Special Statement and Program Log	Name  LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM WISCONSIN 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 system of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. Fo explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 from the second						em carried on a For a further -2 form.  NO m	
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT		s permitted to delete und	er FCC rules a WHE CARR	and regulation	TUTE	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— ТО —	

ystem's son of how in comment	nan or equal nan \$527,600 nn.  LESS ou must pay 1  263,800.0  155,885.7  107,914.2  \$ \$	to \$263,800 for this six-mont  37,100)  0  8 2 155,885.78 107,914.22 47,971.56	th  0.00
ystem's son of how in comment	nan or equal nan \$527,600 nn.  LESS ou must pay 1  263,800.0  155,885.7  107,914.2  \$ \$	to \$263,800 of this six-mont s	th  0.00
but less thout less th	nan or equal nan \$527,600 nn.  LESS ou must pay 1  Dre than \$13  263,800.0  155,885.7  107,914.2	to \$263,800  for this six-mont   37,100)  0  8  2  155,885.78  107,914.22  47,971.56  \$	th 0.00
but less the formation 100 OR L fee that you set 1 and 2 S (but most)	nan \$527,600 nn.  LESS ou must pay to the pa	for this six-mont   37,100)  0  8  2  155,885.78  107,914.22  47,971.56	0.00
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es 1 and 2	263,800.0 155,885.7 107,914.2 \$	37,100) 0 8 2 155,885.78 107,914.22 47,971.56	- - 239.86
S (but mo	263,800.0 155,885.7 107,914.2 \$	37,100)  0  8  2  155,885.78  107,914.22  47,971.56	
<b>5 5 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9</b>	263,800.0 155,885.7 107,914.2 \$ \$	0 8 2 155,885.78 107,914.22 47,971.56	
•	155,885.7 107,914.2 \$ \$	8 2 155,885.78 107,914.22 47,971.56	
•	107,914.2 \$ \$	155,885.78 107,914.22 47,971.56	
······ <u>·</u>	\$ \$ \$	155,885.78 107,914.22 47,971.56	
· · · · · · · · · · · · · · · · · · ·	\$	107,914.22 47,971.56 \$	
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· · · · · · · · <u>-</u>		e	259.86
-		Ψ	233.00
	5, and 6 .	5, and 6	5, and 6

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: SCONSIN LLC		SYSTEM ID# 29861
M Channels	1. Enter the total system carried to the total on which the carried to the total on which the carrier to the total on th	and (2) the cable system's to number of channels on which television broadcast stations. number of activated channels ble system carried television b		29
N Individual to Be Contacted		BE CONTACTED IF FURTHI	R INFORMATION IS NEEDED (Identify an individual to whom )	
for Further Information	Name	Kenneth J. Kohrs		Telephone <b>845-443-2762</b>
	Address	One Mediacom Way (Number, street, rural route, apartin		
		Mediacom Park, NY (City, town, state, zip)	US 10	
	Email	Copyrights@me	liacomcc.com Fax (optional)	
_	CERTIFICATION (	This statement of account mu	t be certified and signed in accordance with Copyright Office re	gulations)
O Certification	• I, the undersigned	d, hereby certify that (Check on	, but only one , of the boxes.)	
	(Owner	other than corporation or pa	tnership) I am the owner of the cable system as identified in line 1	of space B; or
			on or partnership) I am the duly authorized agent of the owner of ner is not a corporation or partnership; or	the cable system as identified
		er or partner) I am an officer (if ne 1 of space B.	corporation) or a partner (if a partnership) of the legal entity identi	fied as owner of the cable system
		, and correct to the best of my k	reby declare under penalty of law that all statements of fact contain nowledge, information, and belief, and are made in good faith.	ned herein
			X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statements	ont.
			Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name: Kenneth J. Kohrs	
			Vice President, Financial Reporting	
		Date:	8/5/2022	

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM WISCONSIN LLC	29861
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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