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

A	ACCO	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.	30530
		T	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)	
		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 is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	_	MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite number)	
	_	EXCELSIOR SPRINGS, MO 64024	
		(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 fing, a determination that would be made by a court of law.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)	305
	Instructions: List each separate community served by the cable system. A "community" i	
D	"a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w as the "first community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home identified city.	e parks should be reported in parentheses below the
Serveu		
	CITY OR TOWN	STATE
First	BURLINGTON	KS
Community	BALDWIN CITY	KS
	BURLINGAME	KS
d Rows as Necessary	CARBONDALE	KS
	EDGERTON	KS
	GRIDLEY	KS
	LEBO	KS
	LEROY	KS
	LYNDON	KS
	NEW STRAWN	KS
,		KS
	SCRANTON	KS
	WELLSVILLE	KS

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name	MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)								3053
				10N, N3)					
Е		SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmissi							
	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	ndicated	d-not the num	ber of set	ts receiving serv	ice).	-	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanua		s within a p		
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categor					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca	ble service to a	additiona	al sets would b	e included				
	first set" and would be counted or Block 2: If your cable system I					sonvice that are	difforant fr	om thoso	
	printed in block 1 (for example, the	-		•					
	with the number of subscribers a								
	sufficient.								
	BLU	OCK 1 NO. OF				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		1,055	29.95-56.49					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		0	29.95-56.49					
	Converter								
	Residential								
	Non-residential								
			I						
	SERVICES OTHER THAN SEC							4	
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								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ites are cr	harged on a varia	able per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip	nces in the	IOTTI OF A						
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			0,1120		
			• Mot	tel, hotel			Family	Cable	99.0
	• Pay cable	PP							
	-	PP PP	• Cor	nmercial					
	 Pay cable Pay cable—add'l channel Fire protection 		• Pay	/ cable					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Pay • Pay	/ cable / cable-add'l ch	nannel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	PP	• Pay • Pay • Fire	/ cable / cable-add'l ch e protection					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	PP 109.99	• Pay • Pay • Fire • Bur	/ cable / cable-add'l ch e protection glar protection					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP	• Pay • Pay • Fire • Bur Other s	 cable cable-add'l ch protection glar protection services: 					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	PP 109.99 15.00-49.00	• Pay • Pay • Fire • Bur • Bur • Rec	v cable v cable-add'l ch protection glar protection services: connect		49.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP 109.99	• Pay • Pay • Fire • Bur • Bur • Rec • Disc	 cable cable-add'l ch protection glar protection services: 		49.00			

•	LEGAL NAME OF OWNER OF CA	DI E SVSTEM		SYSTEM I				
Name				305				
	MEDIACOM SOUTHEAST PRIMARY TRANSMITTERS: TEL	000						
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 in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - Usit the station had lasis 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 HEO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multifisteram "WETA-2" as the same on the form. Column 3: Indicate in each case whether 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 multicast), "I' (for independent), "I-M" (for independent multicast), "E' (for noncommercial educational in the paper SA1-2 form. Column 4: Give the chance, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the chance of each station. For U.S. stations,							
	1. CALL SIGN 2.	B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KCPT/KCPT (HD) PBS	18	E	KANSAS CITY, MO				
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO				
	KCPT-DT3 Create	18.3	E-M	KANSAS CITY, MO				
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO				
	KCTV/KCTV (HD) CBS	24	N	KANSAS CITY, MO				
	KCTV-DT2 Circle	24.2	I-M	KANSAS CITY, MO				
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO				
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO				
ld Rows as Necessary	KCWE (CW)/ KCWE HD	31	1	KANSAS CITY, MO				
,	KCWE-DT2 True Crime Netwo	31.2	I-M	KANSAS CITY, MO				
	KMBC/KMBC (HD) ABC	29	N	KANSAS CITY, MO				
	KMBC-DT2 MeTV	29.2	I-M	KANSAS CITY, MO				
	KMCI/ KMCI HD (IND)	41	1	LAWRENCE, KS				
	KMCI-DT2 Bounce TV	41.2	i-M	LAWRENCE, KS				
	KMCI-DT3 ION Mystery	41.3	I-M	LAWRENCE, KS				
			I-M	LAWRENCE, KS				
		41.4 51	1					
	KPXE (ION)/ KPXE ION HD	51		KANSAS CITY, MO				
	KPXE-DT2 Court	51.2	I-M	KANSAS CITY, MO				
	KPXE-DT3 Defy TV	51.3	I-M	KANSAS CITY, MO				
	KPXE-DT4 TrueReal	51.3 51.4	I-M I-M	KANSAS CITY, MO				
	KPXE-DT4 TrueReal KPXE-DT5 Newsy	51.3 51.4 51.5	I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO				
	KPXE-DT4 TrueReal KPXE-DT5 Newsy KSHB/KSHB (HD) NBC	51.3 51.4 51.5 42	I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KPXE-DT4 TrueReal KPXE-DT5 Newsy KSHB/KSHB (HD) NBC KSHB-DT2 Grit	51.3 51.4 51.5 42 42.2	I-M I-M I-M N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KPXE-DT4 TrueReal KPXE-DT5 Newsy KSHB/KSHB (HD) NBC KSHB-DT2 Grit KSHB-DT4 getTV	51.3 51.4 51.5 42 42.2 42.4	I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KPXE-DT4 TrueReal KPXE-DT5 Newsy KSHB/KSHB (HD) NBC KSHB-DT2 Grit KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD)	51.3 51.4 51.5 42 42.2 42.4 42.4 47	I-M I-M I-M I-M I-M I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KPXE-DT4 TrueReal KPXE-DT5 Newsy KSHB/KSHB (HD) NBC KSHB-DT2 Grit KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 theGrio	51.3 51.4 51.5 42 42.2 42.4 47 47.2	I-M I-M I-M I-M I-M I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KPXE-DT4 TrueReal KPXE-DT5 Newsy KSHB/KSHB (HD) NBC KSHB-DT2 Grit KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 theGrio KSMO-DT3 DABL	51.3 51.4 51.5 42 42.2 42.4 47 47.2 47.3	I-M I-M I-M I-M I-M I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KPXE-D74 TrueReal KPXE-D75 Newsy KSHB/KSHB (HD) NBC KSHB-D72 Grit KSHB-D74 getTV KSMO/D74 getTV KSMO-D72 theGrio KSMO-D73 DABL KSMO-D74 Cozi TV	51.3 51.4 51.5 42 42.2 42.4 47 47.2 47.3 47.4	I-M I-M I-M I-M I-M I.M I.M I-M	KANSAS CITY, MO KANSAS CITY, MO				
	KPXE-D74 TrueReal KPXE-D75 Newsy KSHB/KSHB (HD) NBC KSHB-D72 Grit KSHB-D74 getTV KSMO-D74 getTV KSMO-D73 DABL KSMO-D74 Cozi TV KSMO-D75 COMET	51.3 51.4 51.5 42 42.2 42.4 47 47.2 47.3 47.4 47.5	I-M I-M I-M I-M I-M I.M I.M I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO				
	KPXE-D74 TrueReal KPXE-D75 Newsy KSHB/KSHB (HD) NBC KSHB-D72 Grit KSHB-D74 getTV KSMO/D74 getTV KSMO-D72 theGrio KSMO-D73 DABL KSMO-D74 Cozi TV	51.3 51.4 51.5 42 42.2 42.4 47 47.2 47.3 47.4	I-M I-M I-M I-M I-M I.M I.M I-M	KANSAS CITY, MO KANSAS CITY, MO				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I					
Name	MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)								
	PRIMARY TRANSMITTERS: TELEVISION								
G	In General: In space G, iden carried by your cable system	ne basis under							
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph	he carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub-	ons carried on a					
	basis under specific FCC rule	es, regulations, or authorizations: in space G—but do list it in space I (t	he Special Statement and Program L						
	· List the station here, and also	so in space I, if the station was carrie	d both on a substitute basis and also see page (y) of the general instruction						
	Column 1: List each station's multicast stream associated v	s call sign. <i>Do not</i> report origination p with a station according to its over-th	program services such as HBO, ESPN e-air designation. For example, repor	I, etc. Identify each					
	"WETA-2" as the same on the Column 2: Give the channel		evision station for broadcasting over the	he air in its community					
	of license. For example, WR Column 3: Indicate in each of	C is channel 4 in Washington, D.C. ase whether the station is a network	station, an independent station, or a	noncommercia					
			(for network multicast), "I" (for independent of the second secon						
	For the meaning of these terr	ms, see page (iv) of the general instru	uctions 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								
	roo. For wexican or Ganadian 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					
	KTKA-DT2 DABL	49.2	I-M	TOPEKA, KS					
	KTKA-DT2 DABL KTKA-DT3 CW	49.2 49.3	I-M I-M	TOPEKA, KS TOPEKA, KS					
	KTKA-DT3 CW	49.3	I-M	TOPEKA, KS					
	KTKA-DT3 CW KTKA-DT4 Antenna	49.3 49.4	I-M I-M	TOPEKA, KS TOPEKA, KS					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX	49.3 49.4 43	I-M I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery	49.3 49.4 43 43.2	I-M I I I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit	49.3 49.4 43 43.2 43.3	I-M I-M I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff	49.3 49.4 43 43.2 43.3 43.3 43.4	I-M I-M I-M I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTMU/KTWU (HD) PBS	49.3 49.4 43 43.2 43.3 43.4 11	I-M I-M I-M I-M I-M E	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W	49.3 49.4 43 43.2 43.3 43.3 43.4 11 11.2	I-M I-M I-M I-M E E E-M	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KID5/MHz W KTWU-DT3 Enhance	49.3 49.4 43 43.2 43.3 43.4 11 11.2 11.3	I-M I-M I-M I-M E E E-M	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX	49.3 49.4 43 43.2 43.3 43.4 11 11.2 11.3 32	I-M I-M I-M I-M I-M E E E-M E-M I	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT2 Antenna	49.3 49.4 43 43.2 43.3 43.4 11 11.2 11.3 32 32.2 32.3	I-M I-M I-M I-M I-M E-M E-M I I I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT2 Antenna WDAF-DT3 Court TV	49.3 49.4 43 43.2 43.3 43.3 43.4 11 11.2 11.3 32 32 32.2	I-M I-M I-M I-M I-M E E E-M I I I-M I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU-KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT2 Antenna WDAF-DT3 Court TV WDAF-DT4 TBD	49.3 43.4 43.4 43.1 43.2 43.3 43.4 11.1 11.2 11.3 32 32.1 32.2 32.3 32.4	I-M I-M I-M I-M E E-M E-M I I I-M I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF-MD4 (HD) FOX WDAF-DT3 Court TV WDAF-DT4 TBD WIBW/WIBW (HD) CBS	49.3 43. 43. 43. 43.3 43.4 11. 11.2 11.3 32. 32.3 32.4 13.4	I-M I-M I-M I-M I-M E E-M I I I-M I-M I-M I-M N	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTWU-DT3 Grit KTWU-DT2 PBS KIDS/MH2 W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT3 Court TV WDAF-DT4 TBD WIBW/WIBW (HD) CBS WIBW-DT2 MyNet MeTV	49.3 43. 43. 43. 43.3 43.4 11. 11.2 11.3 32. 32.3 32.4 13.1 13.2	I-M I-M I-M I-M I-M E E-M I I I-M I-M I-M I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO TOPEKA KS TOPEKA KS					

Accounting F	Period: 2022	/1						FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF									SYSTEM ID#
MEDIACOM	SOUTHEA	SILLO	C (BURLINGTON, KS)						30530
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Co	t every radio s whose signals ctions Conce it is carried b monitoring, to prmation about rm. dentify the call state whether f the radio state this by placing Sive the station	station ca were ge rning Al y the sys be recei to the co l sign of of the static cion's sig g a check n's locati	arried on a separate and disc nerally receivable by your cal I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	ble C at sy th	e system during opyright Office i the system's he ystem's FM ante his point, see pa ed by the cable s e station is licen	the accountir regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ng period n FM sig 2) it can vertain si jeneral i eparate	d. Inal is generally be expected, ated intervals. Instructions in the. and discrete	H Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3,0	LOCATION OF STATION	Η	UALL SIGN		3,0	LOCATION OF STATION	

Accounting Perio	od: 2022/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (BURLINGTO	N, KS)			30530
	SUBSTITUTE CARRIAG				6		
1	In General: In space I, ident					ion that your cable syste	am carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	s, any nonne	twork television 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	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUT						
	In General: List each subs				wherever pos	sible, if their meaning is	6
	clear. If you need more spa Column 1: Give the title			sion program ("substitute	program") tha	t during the accounting	r
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another sta	ition
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		vies or baske	toall. List specific program	1 lilles, for exa	ample, I Love Lucy or	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N			
				sting the substitute progra		need by the ECC on in	
	the case of Mexican or Car			e community to which the community with which the			
				tem carried the substitute			nth
	first. Example: for May 7 giv					1 :- 4 41 4 :	њ.
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01			ely
	stated as "6:00–6:30 p.m."	•					
	Column 7: Enter the lett	er "R" if the	listed program	was substituted for progra	mming that y	our system was <i>require</i>	ed
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.						
	s	UBSTITUT	E PROGRAM	1		N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION SLOCATION	AND DAY	FROM — TO	
						_	
		1				_	
							•••
						_	
		1			•		
						_	

Accounting Period:	2022/1			FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)			S	30530 SYSTEM
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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	stem's seco of how to c	ndary trans ompute this	mission servi s amount, see \$ 39	се
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	t less than		\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LES	S		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	e that you n	nust pay for	this six-month	I
	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 lines	1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but more t	han \$137,′	100)	
	1. Base amount under statutory formula	26	3,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K	<u></u>			
	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	d 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	0 (but less	than \$527	,600)	
	1. Enter the amount of gross receipts from space K	39	9,069.41		
	2. Base amount under statutory formula \$		3,800.00		
	3. Subtract line 2 from line 1		5,269.41		
	4. Multiply line 3 by .01			1,352.69	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	 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,				2 674 60
	7. TOTAL ROTALITTILL PATABLET OR ACCOUNTING PLRIOD. AND INNES 4, 0,	and U		φ	2,671.69
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>		2,671.69	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,691.69
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 fo		-		ghts!

Accounting Period:	2022/1		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: DUTHEAST LLC (BURLINGTON, KS)	SYSTEM ID# 30530
M		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		I number of channels on which the cable television broadcast stations	64
	on which the c	l number of activated channels able system carried television broadcast stations cast services	68
N Individual to Be Contacted		DECONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telephone	845-443-2762
	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)	
0	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E	; or
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable so line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
		er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owr line 1 of space B.	er of the cable system
		the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 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	
L	1		

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 telephol 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 fling, a determination that would be made by a court of lav

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. Receipt in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No Image: Mailing Address Marme Mailing Address Marme Mailing Address Image: Mailing Address Narme Mailing Address Marme Mailing Address Image: Mailing Address Marme Mailing Address Marme Mailing Address Image: Mailing Address Marme Mailing Address Marme Mailing Address Image: Mailing Address Marme Mailing Address Marme Mailing Address Image: Mailing Address Marme Mailing Address Marme Mailing Address Image: Mailing Address Marme Mailing Address Marme Mailing Address Image: Mailing Address Marme Mailing Address Marme Mailing Address Image: Mailing Address Marme Mailing Address Marme Mailing Address Image: Mailing Address Marme Mailing Address Marme Mailing Address Image: Mailing Address Marme Mailing Address Marme Mailing Address Image: Marme Mailing Address Marme Mailing Address Marme Mailing Address	SYSTEM 30
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 sub-soribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Special Concern Receipt 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. Summe During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. \$ None Maring Address Marine Mailing Address 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. Interest Line 1 Enter the amount of late payment or underpayment .	Ρ
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic services of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers even the on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Maing Address Name Maing Address Line 1 Enter the amount of late payment or underpayment. 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. 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 . Line 4 Multiply line 2 by the number of days late and enter the sum here . 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 . * Concert * C	-
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	ning Gros
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Line 1 Enter the amount of late payment or underpayment	Q
Line 1 Enter the amount of rate payment of underpayment	×
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Assessm
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
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in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 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	
** 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	

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