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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	3/1/23	\$ ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	

		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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 SOUTHEAST LLC (MADISON, 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)
	INCT	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:
	I	MEDIACOM SOUTHEAST LLC (MADISON, KS)
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. BOX 249
	2	(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 Office'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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	MEDIACOM SOUTHEAST LLC (MADISON, KS)	17
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bbile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MADISON	KS
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C								2E. PAGE
Name				N KS)				010	176
				N, NO)					
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							U	
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and Rates	down by categories of secondar each category by counting the n	,		0 / 3					
Rates	separately for the particular serv			•••		•		schargeu	
	Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed					ard rate variatior	is within a	particular rate	
	category, but do not include disc					ondor <i>u</i> tronomi		as that ashla	
	Block 1: In the left-hand block systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count u	nder "Servi	ice to the	
	first set" and would be counted of Block 2: If your cable system					service that ar	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1 NO. OF					BLOC		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	00000						CODUCTION	
	Service to first set		32	76.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	76.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•	,		-	• •			
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				ISHEG. EIST		1000 11 11		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:	TUTE		ation: Non-res		TUTE	ONTEO		
	• Pay cable	PP	• Mo	otel, hotel			FAMIL	Y CABLE	####
	• Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential			e protection					
	First set	99.99		rglar protection					
	Additional set(s)	15.00-49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
	Converter	10.50		sconnect					
				tlet relocation		15.00-49.00			
				ive to new add	ress	10.00-40.00			

	LEGAL NAME OF OWNER OF			FORM SA1-2E. PAG
Name		AST LLC (MADISON, KS)		17
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	lso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	tt (1) stations carried only on a part-ti he carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAKE/KAKE(HD) ABC	10	N	WICHITA, KS
	KMTW-DT Dabl	35	1	HUTCHINSON, KS
ows as Necessary	KMTW-DT2 getTV	35.2	I-M	HUTCHINSON, KS
	KMTW-DT3 Charge!	35.3	I-M	HUTCHINSON, KS
	KMTW-DT4 TBD	35.4	I-M	HUTCHINSON, KS
	KSAS/KSAS(HD) FOX	26	I	WICHITA, KS
	KSAS-DT2/KSAS-DT2 (HD) MyNe	26.2	I-M	WICHITA, KS
	KSAS-DT3 COMET	26.3	I-M	WICHITA, KS
				,
	KSCW/KSCW (HD) CW	12		WICHITA, KS
	KSCW/KSCW (HD) CW	12	I	WICHITA, KS
	KSCW-DT2 Decades	12.2	I-M	WICHITA, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV	12.2 12.3	I-M I-M	WICHITA, KS WICHITA, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC	12.2 12.3 45	i-M i-M N	WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC KSNW-DT4 True Crime	12.2 12.3 45 45.4	I-M I-M N I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC KSNW-DT4 True Crime KTWU/KTWU(HD) PBS	12.2 12.3 45 45.4 11	i-M i-M N i-M E	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS TOPEKA, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC KSNW-DT4 True Crime KTWU/KTWU(HD) PBS KTWU-DT2 PBS KIDS/MHz World	12.2 12.3 45 45.4 11 11.2	i-M i-M N i-M E E E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS TOPEKA, KS TOPEKA, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC KSNW-DT4 True Crime KTWU/KTWU(HD) PBS KTWU-DT2 PBS KIDS/MHz World KTWU-DT3 PBS Enhance	12.2 12.3 45 45 45.4 11 11.2 11.3	i-M i-M N i-M E E E-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC KSNW-DT4 True Crime KTWU/KTWU(HD) PBS KTWU-DT2 PBS KIDS/MHz World KTWU-DT3 PBS Enhance KWCH/KWCH(HD) CBS	12.2 12.3 45 45.4 11 11.2 11.3 19	i-M i-M N i-M E E E-M E-M N	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC KSNW-DT4 True Crime KTWU/KTWU(HD) PBS KTWU-DT2 PBS KIDS/MHz World KTWU-DT3 PBS Enhance KWCH/KWCH(HD) CBS KWCH-CBS STORM TEAM 12	12.2 12.3 45 45.4 11 11.2 11.3 19 19.1	I-M I-M N I-M E E E-M E-M N N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC KSNW-DT4 True Crime KTWU/KTWU(HD) PBS KTWU-DT2 PBS KIDS/MHz World KTWU-DT3 PBS Enhance KWCH/CBS STORM TEAM 12 KWCH-CBS STORM TEAM 12 KWCH-DT4 Circle	12.2 12.3 45 45.4 11 11.2 11.3 19 19.1 19.4	I-M I-M N I-M E E E-M E-M N N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS HUTCHINSON, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC KSNW-DT4 True Crime KTWU/KTWU(HD) PBS KTWU-DT2 PBS KIDS/MHz World KTWU-DT3 PBS Enhance KWCH/KWCH(HD) CBS KWCH-CBS STORM TEAM 12	12.2 12.3 45 45.4 11 11.2 11.3 19 19.1	I-M I-M N I-M E E E-M E-M N N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC KSNW-DT4 True Crime KTWU/KTWU(HD) PBS KTWU-DT2 PBS KIDS/MHz World KTWU-DT3 PBS Enhance KWCH/CBS STORM TEAM 12 KWCH-CBS STORM TEAM 12 KWCH-DT4 Circle	12.2 12.3 45 45.4 11 11.2 11.3 19 19.1 19.4	I-M I-M N I-M E E E-M E-M N N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS HUTCHINSON, KS
	KSCW-DT2 Decades KSCW-DT3 Antenna TV KSNW/KSNW(HD) NBC KSNW-DT4 True Crime KTWU/KTWU(HD) PBS KTWU-DT2 PBS KIDS/MHz World KTWU-DT3 PBS Enhance KWCH/CBS STORM TEAM 12 KWCH-CBS STORM TEAM 12 KWCH-DT4 Circle	12.2 12.3 45 45.4 11 11.2 11.3 19 19.1 19.4	I-M I-M N I-M E E E-M E-M N N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS HUTCHINSON, KS

ccounting Period:	2022/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
inallie	MEDIACOM SOUTHEA	AST LLC (MADISON, KS)		1769
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, excer	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network progran	ne basis under
Primary	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 static	
Transmitters:		explained in the next paragraph.		
Television		With respect to any distant stations of es, regulations, or authorizations:	carried by your cable system on a subs	titute program
			the Special Statement and Program Lo	pg)—if the
	station was carried only on a			57
			ed both on a substitute basis and also o	
			 see page (v) of the general instruction program services such as HBO, ESPN 	
			e-air designation. For example, report	•
	"WETA-2" as the same on th	0		
		5	evision station for broadcasting over th	e air in its community
		RC is channel 4 in Washington, D.C.		
			station, an independent station, or a r (for network multicast), "I" (for indeper	
		o	or "E-M" (for noncommercial education	· ·
	For the meaning of these ter	ms, see page (iv) of the general instr	uctions in the paper SA1-2 form.	,
			t the community to which the station is	
	FCC. For Mexican or Canad	ian stations, if any, give the name of	the community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

MEDIACOM	SOUTHEA	ST LLC	C (MADISON, KS)					17
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	/ the sys be recei t the Co sign of e he statio ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. on is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see pay ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALE SIGN		0,0				0,0		

Accounting Perio	d: 2022/2						FORM	M SA1-2E. PAGE 5.
_	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHE	ST LLC ((MADISON,	KS)				1769
I	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a	ify every no	nnetwork telev	<i>ision program,</i> broadcast by	a distant sta			
Substitute	explanation of the programm	01	· · ·		, 0	,		
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	During the accounting per				sis anv nonr	network tel	levision nroa	ram
Statement and				n oany, on a substitute ba	oio, any nom			
Program Log	broadcast by a distant sta	uon				l	YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust comp	plete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible, if t	their meaning	a is
	clear. If you need more spa				F	,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	in ulles, lor e	example,	I Love Lucy	01
			dcast live, ent	er "Yes." Otherwise enter "	'No."			
				asting the substitute progr				
			````	the community to which the		,	the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. Us	se numera	als, with the n	nonth
	, , , ,		e substitute pr	ogram was carried by your	r cable syste	n Listthe	times accur	atelv
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."	•			•			
				n was substituted for progr				
	to delete under FCC rules a							ogram
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
		•						
						N SUBST		
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	1		AGE OCC	CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN			6.	TIMES	DELETION
				4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
				4. STATION'S LOCATION				DELETION
								DELETION
				4. STATION'S LOCATION				DELETION
								DELETION
								DELETION
								DELETION

Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (MADISON, KS)	S	YSTEM ID# 1769
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	9,768.21 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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		
	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 less than \$527)	600)	
	1. Enter the amount of gross receipts from space K		
	2. 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 statutory formula) \$	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		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2022/2								FORM SA1-2E. PAG
Name		WNER OF CABLE SYSTEM: UTHEAST LLC (MADIS)							SYSTEM 17
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cat	a must give (1) the number and (2) the cable system's number of channels on white elevision broadcast stations number of activated channe ole system carried television st services	s total numb ich the cable s els on broadcas	ber of activate	ed channels durin	ng the accou	Inting period.	stations	27 43
N Individual to Be Contacted		BE CONTACTED IF FURT		DRMATION IS	S NEEDED (Iden	tify an individ	dual to whom		
for Further Information	Name	Kenneth J. Kohrs					Te	lephone 84	5-443-2762
		One Mediacom Way (Number, street, rural route, apa Mediacom Park, NY (City, town, state, zip)	artment, or sui						
	Email	Copyrights@n	mediacomo	ncc.com		F	ax (optional)		
O Certification	I, the undersigned     (Owner     (Agent     in lir     (Office     in lir     I have examined	Typed or printe Title:	r partnershi pration or p e owner is no r (if a corpor nd hereby de my knowledg <u>X</u> Enter an Enter sign ed name: Vice F	nly one, of the nip) I am the over partnership) I not a corporation partinership) I not a corporation partnership) I partnership partnership) I partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnership partnershi	e boxes.) wner of the cable am the duly auth on or partnership; artner (if a partner benalty of law tha	e system as id iorized agent ; or rship) of the l at all statemen d are made in above to cert (e.g., /s/ John	dentified in line 1 of the owner of t egal entity identif nts of fact contair good faith.	of space B; c he cable syst ied as owner ned herein	em as identified
		Date:					2/6/2023		

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 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 Office'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 fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE 8
IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM SOUTHEAST LLC (MADISON, KS)	1769
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: <ul> <li>"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? X NO YES. Enter the total here and list the satellite carrier(s) below.</li></ul>	Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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
	Interest Assessment
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 2 Multiply line 1 by the interest rate* and enter the sum here	ays
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	ays 
Line 2 Multiply line 1 by the interest rate* and enter the sum here	ays 
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 ays  e
Line 2       Multiply line 1 by the interest rate* and enter the sum here	 ays  e
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 ays  e

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 th 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 Office'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.