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**

STATEM	ENT OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to:		
	ary Transmissions by	DATE RECEIVED	AMOUNT	-		
	ems (Short Form)			<u>coplicsoa@loc.gov</u>		
General instru	uctions are located	3/1/23	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		
•						
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (	YYYY/(Period))			
		_				
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		Barcode Data Filing Period (option	al - see instructions)			
Accounting Period						
	Instructions:					
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa		bsidiary of another corporation, give the full	corporate		
Owner	List any other name or names under wh	ich the owner conducts the business c	of the cable system.			
	If there were different owners during th single statement of account and royalty		on the last day of the accounting period shoul unting period.	d submit a		
	Check here if this is the system's first fili	ng. If not. enter the system's ID numb	er assigned by the Licensing Division.	20489		
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTE	M			
	MEDIACOM MINNESOTA LLC					
	BUSINESS NAME(S) OF OWNER (	OF CABLE SYSTEM (IF DIFFEREI	NT)			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM				
	ONE MEDIACOM WAY					
	(Number, street, rural route, apartment, or suite MEDIACOM PARK, NY 10918	number)				
	(City, town, state, zip)					
С	<b>INSTRUCTIONS:</b> In line 1, give any bus names already appear in space B. In line					
System	1					
	I MEDIACOM MINNESOTA LLC					
	MAILING ADDRESS OF CABLE SYSTE	M:				
	ONE MEDIACOM WAY					

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 suffciency of the fling, a determination that would be made by a court of law.

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(Number, street, rural route, apartment, or suite number)

MEDIACOM PARK, NY 10918 (City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MEDIACOM MINNESOTA LLC	2048
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future film	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter knov ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	WORTHINGTON	MN
Community	LUVERNE	MN
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C								2E. PAGE
Name			:					313	2048
Е	SECONDARY TRANSMISSION								
<b>–</b>	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							g on the	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv							s charged	
	Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed					rd rate variation	is within a	particular rate	
	category, but do not include disc							aa that aabla	
	<b>Block 1:</b> In the left-hand block systems most commonly provide								
	that applies to your system. <b>Not</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,		
	sufficient.				1				
	BLC	DCK 1 NO. OF	:				BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		467	40.49-74.49					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		0	40.49-74.49					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				s				
-	In General: Space F calls for ra					Ill your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There an furnished at cost or (2) services	•			0		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			,				· - <b>g</b> ,	
ransmissions:	Block 1: Give the standard rat								
Rates	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.								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	TUTE		ation: Non-res		TUTE	ONTEOR		1011
	• Pay cable	PP		otel, hotel			Family	Cable	####
	• Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cł	nannel				
	Installation: Residential			e protection					
	First set	109.99		rglar protection					
	Additional set(s)	15.00-49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
	• Converter	10.50		sconnect					
						15.00-49.00			
			•00	Itlet relocation		15.00-49.00			
			-	ove to new addr	ess	15.00-49.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM MINNESO			20
	PRIMARY TRANSMITTERS:			
G	carried by your cable system FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting tl	of (1) stations carried only on a part-ti the carriage of certain network progra	me basis under ms [sections
Primary ransmitters:		)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	31(e)(2) and (4))]; and (2) certain stat	ions carried on a
Television	Substitute Basis Stations:	With respect to any distant stations ca	arried by your cable system on a sub	ostitute program
	• Do <i>not</i> list the station here station was carried <i>only</i> on a			
	basis. For further information <b>Column 1:</b> List each station	lso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on the	with a station according to its over-the ne form. I number the FCC assigned to the tele	<b>c</b>	
	of license. For example, WF	RC is channel 4 in Washington, D.C.	C C	,
	educational station, by enter	case whether the station is a network ing the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	endent), "I-M"
	(for independent multicast),	"E" (for noncommercial educational), o	or "E-M" (for noncommercial education	
		rms, see page (iv) of the general instru n of each station. For U.S. stations, list		is licensed by the
	FCC. For Mexican or Canad	lian stations, if any, give the name of t	the community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE NBC	11	N	MINNEAPOLIS, MN
	KDLT/KDLT(HD) NBC	47	N	SIOUX FALLS, SD
	KDLT-DT2/KDLT-DT2 FOX	47.2	I-M	SIOUX FALLS, SD
Rows as Necessary	KDLT-DT3 Antenna TV	47.3	I-M	SIOUX FALLS, SD
	KDLT-DT4 Cozi TV	47.4	I-M	SIOUX FALLS, SD
	KELO/KELO(HD) CBS	11	N	SIOUX FALLS, SD
	KELO-DT2 MYUTV	11.2	I-M	SIOUX FALLS, SD
	KESD/KESD(HD) PBS	8		
		8	E	BROOKINGS, SD
	KESD-DT2 PBS World	8.2	E E-M	BROOKINGS, SD BROOKINGS, SD
	KESD-DT2 PBS World	8.2	E-M	BROOKINGS, SD
	KESD-DT2 PBS World KESD-DT3 Create	8.2 8.3	E-M E-M	BROOKINGS, SD BROOKINGS, SD
	KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids	8.2 8.3 8.4	E-M E-M E-M	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD
	KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC	8.2 8.3 8.4 13	E-M E-M E-M N	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD
	KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD)	8.2 8.3 8.4 13 13.2	E-M E-M N I-M	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD
	KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV	8.2 8.3 8.4 13 13.2 13.3 34.1	E-M E-M E-M N I-M	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD
	KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV KTCA-DT PBS	8.2 8.3 8.4 13 13.2 13.3 34.1	E-M E-M E-M N I-M	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN
	KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV KTCA-DT PBS KTTW-DT1/KTTW-DT1 (HE	8.2 8.3 8.4 13 13.2 13.3 34.1 7	E-M E-M N I-M I-M I-M I I	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD
	KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD) KSFY-DT3 ME TV KTCA-DT PBS KTTW-DT1/KTTW-DT1 (HE KTTW-DT2 This TV	8.2 8.3 8.4 13 13.2 13.3 34.1 7 7.2	E-M E-M N I-M I-M I-M I-M	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD
	KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD KSFY-DT3 ME TV KTCA-DT PBS KTTW-DT1/KTTW-DT1 (HE KTTW-DT2 This TV KWCM (PBS)	8.2 8.3 8.4 13 13.2 13.3 34.1 7 7.2 10	E-M E-M N I-M I-M I I I I E-M E-M	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD
	KESD-DT2 PBS World KESD-DT3 Create KESD-DT4 PBS Kids KSFY/KSFY(HD) ABC KSFY-DT2/KSFY-DT2 (HD KSFY-DT3 ME TV KTCA-DT PBS KTTW-DT1/KTTW-DT1 (HE KTTW-DT2 This TV KWCM (PBS)	8.2 8.3 8.4 13 13.2 13.3 34.1 7 7.2 10	E-M E-M N I-M I-M I I I I E-M E-M	BROOKINGS, SD BROOKINGS, SD BROOKINGS, SD SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD MINNEAPOLIS, MN SIOUX FALL, SD SIOUX FALL, SD SIOUX FALL, SD

unting Period:	2022/2			FORM SA1-2E. PAG		
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM		
Name	MEDIACOM MINNESC	DTA LLC		204		
	PRIMARY TRANSMITTERS:	TELEVISION				
G	carried by your cable system	m during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tim	ne basis under		
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b>	e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph.	the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	ons carried on a		
	<ul> <li>Do not list the station here station was carried only on</li> </ul>	e in space G—but do list it in space I ( a substitute basis.	the Special Statement and Program Lo			
	<ul> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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.</li> </ul>					
	<b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each	el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. acase whether the station is a network	evision station for broadcasting over th < station, an independent station, or a n (for network multicast), "I" (for indepen	noncommercial		
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	"E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. It the community to which the station is	nal multicast). Icensed by the		
	FCC. For Mexican or Cana	dian 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		
	1					

EGAL NAME O								SYSTEM I 204
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					

Accounting Perio	od: 2022/2							
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESO		TEM:					SYSTEM ID: 20489
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	tify every nor	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or	authorizat	ions. For a further
Carriage:	1. SPECIAL STATEMEN				<u></u>		<u> </u>	
Special Statement and	• During the accounting per	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tel	<u>evis</u> ion pro	ogr <u>am</u>
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comp	lete the pr	ogram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the mon first. Example: for May 7 gi	e of every no a distant stat egulations, o ries like "mo . Bulls." m was broad sign of the adcast statio nadian statio nth and day ive "5/7."	onnetwork tele- tion and that y or authorization ovies" or "bask dcast live, entu- station broadc on's location (1 ons, if any, the when your sy e substitute pro-	vision program ("substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter sasting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you	ted for the pro neral instruct am titles, for e "No." ram. e station is lid e station is id e program. Us r cable system	ogramming ions for fu example, "I censed by entified). se numera m. List the	of anothe ther inform Love Lucy the FCC o Is, with the times acco	er station nation. y" or r, in e month urately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the and regulation	ions in effect d		od; enter the l	etter "P" if	the listed p	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ions in effect d your system w	luring the accounting period as permitted to delete und	od; enter the l ler FCC rules WHE	etter "P" if and regul	the listed pations in	program
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	luring the accounting period	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed pations in ITUTE URRED	
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. SUBSTITUTE	ions in effect d your system w E PROGRAM	luring the accounting period as permitted to delete und	od; enter the l ler FCC rules WHE CARRI	etter "P" if and regul N SUBST AGE OCC	the listed pations in	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	luring the accounting period	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed pations in ITUTE URRED	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	luring the accounting period	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed pations in ITUTE URRED	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	luring the accounting period	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed pations in ITUTE URRED	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	luring the accounting period	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed pations in ITUTE URRED	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	luring the accounting period	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed pations in ITUTE URRED	7. REASON F
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	luring the accounting period	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed pations in ITUTE URRED	7. REASON FC
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	luring the accounting period	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed pations in ITUTE URRED	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	luring the accounting period	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed pations in ITUTE URRED	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	luring the accounting period	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed pations in ITUTE URRED	7. REASON FC
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Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			S	YSTEM ID# 20489
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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 receipting from subscribers and the space P concerning gross receipting from space P concerning gross from space P concerning gross from space P concerning gross from space P con	system's se on of how t	condary transm o compute this a	ission service amount, see	9,573.99 pss 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 l • Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lir	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula				
	2. Enter amount of gross receipts from space K	\$	169,573.99		
	3. Subtract line 2 from line 1	\$	94,226.01		
	4. Enter the amount of gross receipts from space K		. \$	169,573.99	
	5. Enter the amount from line 3		. \$	94,226.01	
	6. Subtract line 5 from line 4		\$	75,347.98	
	7. Multiply line 6 by .005 (enter figure here)			\$	376.74
	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		\$	376.74
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	376.74	
Due	2. 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			\$	396.74
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		hts!

	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM ID# 20489
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations .         2. Enter the total number of activated channels on which the cable system carried television broadcast stations .         on which the cable system carried television broadcast stations and nonbroadcast services .	26 76
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845-4	43-2762
	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)	
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	

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.

L NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM II
DIACOM MINNESOTA LLC	2048
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 fol- lowing 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- scribers 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 Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
x 0.00274       Line 4 Multiply line 3 by 0.00274** and enter here	
x 0.00274           Line 4 Multiply line 3 by 0.00274** and enter here           in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
x 0.00274       Line 4 Multiply line 3 by 0.00274** and enter 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         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.    For further assistance please	_
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.	_
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	
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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