This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
3/1/23	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting	Barcode Data Filing Period (optional - see instructions)						
Accounting Period							
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner	List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	MEDIACOM SOUTHEAST LLC (TRENTON, KY)						
	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	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MEDIACOM SOUTHEAST LLC						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 90 NORTH MAIN (Number street rural route anathent or suite number)						
	(Number, street, rural route, apartment, or suite number)  BENTON, KY 42025						
	(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 fling, a determination that would be made by a court of law.

Namo	Name		SYSTEM ID
MEDIACOM SOUTHEAST LLC (TRENTON, KY)  Particulors: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule as separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  TRENTON  GUTHRIE  GUTHRIE  KY  OAK GROVE  FEMBROKE  FIRBROKE  TODD COUNTY  KY  DOVER  TN  STEWART COUNTY  TN		INVERTIGACIONA CONTINUE A CT. L. O. (TRENTON, 1777)	
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  COMMUNITY CHRISTIAN COUNTY KY  ELKTON KY  GUTHRIE OAK GROVE PEMBROKE KY  TODD COUNTY KY  DOVER TN  STEWART COUNTY TN			2413
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE TRENTON KY CHRISTIAN COUNTY CHRISTIAN COUNTY FLIKTON KY GUTHRIE KY OAK GROVE PEMBROKE KY TODD COUNTY KY TODD COUNTY KY DOVER TN STEWART COUNTY TN			
as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  TRENTON KY COMMUNITY CHRISTIAN COUNTY KY ELKTON KY GUTHRIE KY OAK GROVE KY PEMBROKE KY TODD COUNTY KY TODD COUNTY KY DOVER TN STEWART COUNTY TN	D		
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN	_		list will serve as a form of system identification hereafter know
Area Served identified city.    City or town   STATE     First   TRENTON   KY     Community   CHRISTIAN COUNTY   KY     ELKTON   KY     GUTHRIE   KY     OAK GROVE   KY     PEMBROKE   KY     TODD COUNTY   KY     DOVER   TN     STEWART COUNTY   TN			home parks should be reported in parentheses helpy the
CITY OR TOWN   STATE			e nome parks should be reported in parentheses below the
First Community         TRENTON         KY           Community         CHRISTIAN COUNTY         KY           ELKTON         KY           GUTHRIE         KY           OAK GROVE         KY           PEMBROKE         KY           TODD COUNTY         KY           DOVER         TN           STEWART COUNTY         TN	Served	identified city.	
First Community         TRENTON         KY           Community         CHRISTIAN COUNTY         KY           ELKTON         KY           GUTHRIE         KY           OAK GROVE         KY           PEMBROKE         KY           TODD COUNTY         KY           DOVER         TN           STEWART COUNTY         TN			
First Community         TRENTON         KY           Community         CHRISTIAN COUNTY         KY           ELKTON         KY           GUTHRIE         KY           OAK GROVE         KY           PEMBROKE         KY           TODD COUNTY         KY           DOVER         TN           STEWART COUNTY         TN		CITY OR TOWN	STATE
Community         CHRISTIAN COUNTY         KY           ELKTON         KY           d Rows as Necessary         GUTHRIE         KY           OAK GROVE         KY           PEMBROKE         KY           TODD COUNTY         KY           DOVER         TN           STEWART COUNTY         TN	Firet		
ELKTON   KY			
d Rows as Necessary  GUTHRIE  OAK GROVE  FEMBROKE  TODD COUNTY  DOVER  STEWART COUNTY  TN  KY  TN	-		
OAK GROVE KY PEMBROKE KY TODD COUNTY KY DOVER TN STEWART COUNTY TN	ld Rows as Necessary		
PEMBROKE KY TODD COUNTY KY  DOVER TN STEWART COUNTY TN	id Nows as Necessary	L	
TODD COUNTY KY  DOVER TN  STEWART COUNTY TN			
DOVER TN STEWART COUNTY TN		L	
STEWART COUNTY TN			
	•		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#SYSTEM ID 24136

## MEDIACOM SOUTHEAST LLC (TRENTON, KY)

# E

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	572	27.95-61.54					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	27.95-61.54					
Converter							
Residential							
Non-residential							

# F

## Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24136

4. LOCATION OF STATION

## MEDIACOM SOUTHEAST LLC (TRENTON, KY)

G

## Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multipact stroom associated with a station associat

with the continuous call sign. Do not report origination program services such as HBO, ESPN, etc. Identity each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

WJFB/WJFB(HD) MeTV NASHVILLE, TN 16 WKMU/WKMU(HD) PBS K 36 Ε MURRAY, KY E-M MURRAY, KY WKMU-DT2 KET2 HD 36.2 WKMU-DT3 KET KY 36.3 E-M MURRAY, KY WKMU-DT4 PBS Kids 36.4 E-M MURRAY, KY 27 NASHVILLE, TN WKRN/WKRN(HD) ABC Ν WNAB DT-1 Dabl 23 NASHVILLE, TN WNPT/WNPT(HD) PBS 8 Е NASHVILLE, TN 10 N WSMV/WSMV(HD) NBC NASHVILLE, TN WTVF/WTVF(HD) CBS 5 Ν NASHVILLE, TN **WUXP MY NET** 21 NASHVILLE, TN WZTV/WZTV(HD) FOX 15 NASHVILLE, TN WZTV/WZTV-DT2(HD) CW I-M NASHVILLE, TN 15.2

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

# **MEDIACOM SOUTHEAST LLC (TRENTON, KY)**

24136

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	od: 2022/2 LEGAL NAME OF OWNER OF	CARLESVS	TEM:					FOR	M SA1-2E. PAGE 5.  SYSTEM ID#	
Name				KY)					24136	
	MEDIACOM SOUTHEAST LLC (TRENTON, KY)							24130		
Substitute Carriage:										
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.									
Statement and Program Log	broadcast by a distant sta	•	,	•				YES	XNO	
	Note: If your answer is "No		rest of this no	nge blank If you	r answer is	"Ves" vou r	must com			
	log in block 2.	, leave the	rest of this pe	ige blank. II you	i aliswei is	res, your	nust com	piete trie proj	gram	
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spondered was broadcast by a under certain FCC rules, red Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	actitute prograce, please of every not distant state gulations, or ries like "mo Bulls." m was broasign of the addast statination and day ve "5/7." les when th . Example: ter "R" if the and regulatemming that	am on a separ add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask adcast live, ent station broadd on's location ( ons, if any, the or when your sy e substitute pr a program car e listed prograr ions in effect of	I rows to the table vision program (our cable system ins. See page (v) tetball." List specier "Yes." Otherweasting the substitute community to be community with stem carried the cogram was carried by a system in was substitute luring the account	les. ("substitute in substitute in substitut ) of the ger cific progra vise enter " titute progra o which the in which the e substitute fied by your in from 6:01 and for progra nting perio	program") the defor the proper instruct meral instruct meral instruct meral instruct meral instruct meral instruct instruct instruction."  am.  a station is lided program. Use the program. Use cable system in the feather instruction in the program in the system in the	hat, during ogrammin ions for fuexample, 'censed by entified). se numeram. List the c:28:30 p.r.	g the accoung of another information of the FCC or, als, with the retimes accurum, should be tem was requifithe listed principal of the listed principal of the should be	ting station ation. or in month rately	
	effect on October 19, 1976						N SUBST		7. DEACON FOR	
		1	E PROGRAM  3. STATION'S			5. MONTH		CURRED TIMES	7. REASON FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LO	OCATION	AND DAY	FROM	— то		
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ccounting Period:	2022/2			FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM SOUTHEAST LLC (TRENTON, KY)			S	YSTEM ID 2413
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the seas 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.	ystem's se on of how t	econdary transn to compute this	nission service amount, see	4,874.21 pss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	•				
	Line 1. Royalty fee for accounting period				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	204,874.21	_	
	3. Subtract line 2 from line 1	\$	58,925.79	_	
	Enter the amount of gross receipts from space K		. \$	_ 204,874.21	
	5. Enter the amount from line 3		. \$	58,925.79	
	6. Subtract line 5 from line 4			145.948.42	
	7. Multiply line 6 by .005 (enter figure here)				729.74
	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		\$	729.74
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	',600)	
	4 Fatastha annumb of management from annual K				
	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)		\$	,	
	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	ΙE			
Eiling Eco and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	729.74	
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			\$	749.74
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC (TRENTO	ON, KY)		SYSTEM ID# 24136
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total	s, and (2) the cable system's to I number of channels on which	s	ccounting period.	62
	and nonbroado	ast services			<b>V</b> 2
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour	IER INFORMATION IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 845-44	3-2762
incomunic	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)			
	Email	Copyrights@me	ediacomcc.com	Fax (optional)	
	CERTIFICATION	(This statement of account mu	ust be certified and signed in accordance with 0	Copyright Office regulations)	
O Certification			one, but only one, of the boxes.)  partnership) I am the owner of the cable system	as identified in line 1 of space B; or	
	in	line 1 of space B and that the o	ation or partnership) I am the duly authorized a owner is not a corporation or partnership; or		
		er or partner) I am an officer ( line 1 of space B.	if a corporation) or a partner (if a partnership) of	the legal entity identified as owner of the	e cable system
		e, and correct to the best of my	hereby declare under penalty of law that all state hereby declare under the penalty of law that all state hereby declare the penalty of law that all state hereby declare the penalty of law that all state hereby declare the penalty of law that hereby declare the penalty hereby declare the pen		
			X /s/ Kenneth J. Kohrs		
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed	d name: Kenneth J. Kohrs		
		Title:	Vice President, Financial Reporti	ng	
		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 fling, a determination that would be made by a court of law.

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIAGONA	00117115407		(TDENITON	1/3/
MEDIACOM	SOUTHEAST	LLC	(IKENION.	KY)

EDIACOM SOUTHEAST LLC (TRENTON, KY)	24136
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  Owner Address	
ID number	
ID number First community served	
Accounting period	
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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.