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						
AMOUNT						
\$ 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
	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 (Carl Junction, MO)
	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	INSTRUCTIONS: 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 (Carl Junction, MO)
	MAILING ADDRESS OF CABLE SYSTEM:
	2 ONE MEDIACOM WAY [Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)
	V

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.

	T	FORM SA1-2E. PAGI					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I 241					
Nume	Mediacom Southeast LLC (Carl Junction, MO)						
	Instructions: List each separate community served by the cable system. A "com	munity" is the same as a "community unit" as defined in FCC rule					
D	"a separate and distinct community or municipal entity (including unincorporate	ed communities within unincorporated areas and including single					
ט	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 filing						
	Note: Entities and properties such as hotels, apartments, condominiums, or mo						
Area	identified city.						
Served							
	CITY OR TOWN	STATE					
F14		MO					
First	Cassville						
Community	Exeter	MO					
	Purdy	MO					
Rows as Necessary	Purdy Rural	MO					
		111111111111111111111111111111111111111					
		111111111111111111111111111111111111111					

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24164

FORM SA1-2E, PAGE 2

Mediacom Southeast LLC (Carl Junction, MO)

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	104	29.95-76.49			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.95-76.49			
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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mediacom Southeast LLC (Carl Junction, MO)

24164

1. CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters:

Television

G

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

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

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

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

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

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

2. B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KODE (ABC)	43	N	Joplin, MO
KOLR/KOLR(HD)CBS	10	N	Springfield, MO
KOLR-DT2 Laff	10.2	I-M	Springfield, MO
KOLR-DT3 Grit	10.3	I-M	Springfield, MO
KOZJ (PBS)	25	E	Joplin, MO
KOZK (HD) PBS	23	E	Springfield, MO
KOZK-DT2PBS kids	23.2	E-M	Springfield, MO
KOZK-DT3 Create	23.3	E-M	Springfield, MO
KOZK-DT4 PBS WORLD	23.4	E-M	Springfield, MO
KOZL/KOZL (HD) MyNet	28		SPRINGFIELD, MO
KOZL-DT2 ION Mystery	28.2	I-M	SPRINGFIELD, MO
KOZL-DT3 Bounce TV	28.3	I-M	SPRINGFIELD, MO
KOZL-DT4 Rewind TV	28.4	I-M	SPRINGFIELD, MO
KRBK/KRBK (HD) FOX	49	<u> </u>	Springfield, MO
KRBK-DT2 Antenna TV	49.2	I-M	Springfield, MO
KRBK-DT3 DABL	49.3	I-M	Springfield, MO
KSPR/KSPR(HD) ABC	19	N	Springfield, MO
KSPR-DT3 MeTV	19.3	I-M	Springfield, MO
KWBM Daystar	31	<u> </u>	Springfield, MO
KYCW/KYCW (HD) CW	25	I	Chicago, IL
KYCW-DT2 Cozi TV	25.2	I-M	Chicago, IL

3 TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

ounting Period:	2022/2	FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Mediacom Southeast LLC (Carl Junction, MO)				
	PRIMARY TRANSMITTERS: TELEVISION				
G	In General: In space G, identify every television station (including translator stations a carried by your cable system during the accounting period, except (1) stations carried FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain	d only on a part-time basis under			
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; are substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable				
	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 <i>only</i> on a substitute basis.				
	• List the station here, and also in space I, if the station was carried both on a substitut basis. For further information concerning substitute basis stations, see page (v) of the Column 1: List each station's call sign. Do not report origination program services sumulticast stream associated with a station according to its over-the-air designation. F "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for br	e general instructions. uch as HBO, ESPN, etc. Identify each for example, report multistream			
	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 indepen educational station, by entering the letter "N" (for network), "N-M" (for network multica (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncom For the meaning of these terms, see page (iv) of the general instructions in the paper Column 4: Give the location of each station. For U.S. stations, list the community to verifice.	dent station, or a noncommercial st), "I" (for independent), "I-M" nmercial educational multicast). SA1-2 form. which the station is licensed by the			

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KYTV/KYTV(HD)NBC	44	N	Springfield, MO
KYTV-DT4 Circle	44.4	I	Springfield, MO

24164

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Southeast LLC (Carl Junction, MO)

24164

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 SICN	ΛM 05 ΓM	6/D	LOCATION OF STATION	CALLSION	ΛΝΛ ος ΓΝΛ	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
		 					
	_						
				1			t

	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					FORM SA1	STEM ID:		
Name	Mediacom Southeast			MO)				Ο.	24164		
	SUBSTITUTE CAPPIAG	E. SDECI	AI STATEME	ENT AND PROGRAM LO	G						
- 1		_	_	rision program, broadcast by		tion that y	our cabl	e system c	carried on a		
•				pecific present and former F							
Substitute				in this log, see page (v) of the							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special attement and	and burning the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
rogram Log	broadcast by a distant sta	ation?					YE	s x	NO		
	Note: If your answer is "No	n" leave the	rest of this n	age blank. If your answer is	"Yes" vou n	nust com					
	log in block 2.	, 10 010 the	71000 01 11110 pt	ago biarik. Il your allower ic	, 100, your	naot com	pioto tiro	program			
	2. LOG OF SUBSTITUT	E PROGRA	AMS								
	In General: List each subs	stitute progra	am on a sepa		wherever po	ossible, if	their me	aning is			
	clear. If you need more spa				nrogram") th	act durin	a the ee	oounting			
	period, was broadcast by a			evision program ("substitute your cable system substitut					on		
	under certain FCC rules, re										
	Do not use general catego		ovies" or "basl	ketball." List specific progra	m titles, for e	xample, '	'I Love L	ucy" or			
	"NBA Basketball: 76ers vs Column 2: If the progra		dcast live ent	ter "Yes." Otherwise enter "	No."						
				casting the substitute progr							
				the community to which the			the FC	C or, in			
	the case of Mexican or Ca			e community with which the /stem carried the substitute			ale with	the menth	,		
	first. Example: for May 7 g		wileli your sy	stem camed the substitute	piogram. Os	se mumer	ais, Willi	uie monu	ı		
	Column 6: State the time	nes when th		rogram was carried by your							
			a program car	rried by a system from 6:01	:15 p.m. to 6	:28:30 p.i	m. shoul	d be			
	stated as "6:00–6:30 p.m."		listed progra	m was substituted for progr	amming that	VOLIT SVS	tem was	required			
				during the accounting perio					m		
	was substituted for prograi										
		0	your system v	vas permitted to delete und	er FCC rules	and regu	ilations i	n			
	effect on October 19, 1976	•	your system v	vas permitted to delete und	er FCC rules	and regu	ilations i	n			
	effect on October 19, 1976	•	your oystem v	vas permitted to delete und	T			n 			
	,	S	E PROGRAN		WHE	N SUBST	TITUTE		REASON FO		
	s	SUBSTITUT		л	WHE	N SUBST	TITUTE	D 7. R	REASON FOI DELETION		
	,	SUBSTITUT	E PROGRAM	л	WHE CARRI	N SUBST	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
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	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
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	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	D 7. R	REASON FOF		
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OC	TITUTE CURRE TIMES	D 7. R			
	s	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBSTAGE OC	TITUTE CURRE TIMES	D 7. R			

ccounting Period:	2022/2	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC (Carl Junction, MO)	SYSTEM II 2416
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission: (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	total of
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 \$263,800 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.	
	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 this six	-mon
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	52.00
	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)	
	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	
		9.00
		0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	0.00
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2.00
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	5.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	07.00
	Important: Your remittance must be in the form of an electronic payment payable to the Register of o See page i of the general instructions in the paper SA1-2 form for more information.	Copyrights!

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER O		on, MO)			SYSTEM ID# 24164
M Channels	to its subscribers, and (2) 1. Enter the total number	the cable system's t	total number	on which the cable system carr of activated channels during t		29
	Enter the total number on which the cable system	of activated channel em carried television	els n broadcast s			68
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			MATION IS NEEDED (Identify	an individual to whom	
for Further Information	Address One I	eth J. Kohrs Wediacom Way			Telephone &	345-443-2762
	(Number Medi a	, street, rural route, apart acom Park, NY vn, state, zip)	tment, or suite r	number)		
	Email	Copyrights@m	nediacomcc.	.com	Fax (optional)	
O Certification	I, the undersigned, hereb (Owner other ti X (Agent of owner)	y certify that (Check of the corporation or perfect of the corporation corpor	one,but only partnership) ration or part	one, of the boxes.) I am the owner of the cable sys	with Copyright Office regulations) stem as identified in line 1 of space B	
	in line 1 of s	space B.			o) of the legal entity identified as own	ner of the cable system
		rrect to the best of my		are under penany of law that an	statements of fact contained herein e made in good faith.	
			Enter an ele	/s/ Kenneth J. Kohrs ectronic signature on the line about ture using an "/s/ signature" (e.g.		
		Typed or printed	ed name:	Kenneth J. Kohrs		
		Title: (Title of o		esident, Financial Rep held in corporation or partnership)	orting	
		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 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24164 Mediacom Southeast LLC (Carl Junction, MO) 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. \$ Name 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 Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum 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 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served

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Accounting period