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

				Return completed workbook
STATEMENT OF ACCOUNT		FOR COPYRIGH	T OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	- coplicsoa@loc.gov
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	3/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional -	- see instructions)	
Accounting Period		<u>1</u>		
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the pare	-	idiary of another corporation, give the full c	orporate
Owner	List any other name or names under whic	th the owner conducts the business of t	he cable system.	

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.	27113
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM WISCONSIN LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system s already appear in space B. In line 2, give the mailing address of the system, if different from the address given	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM WISCONSIN LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1504 Second Street S.E.	
	2	(Number, street, rural route, apartment, or suite number)	
		Waseca, MN 56093	
		(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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC
Name		
	MEDIACOM WISCONSIN LLC	27'
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including singlist will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Mauston	WI
Community	Camp Douglas	WI
	Hustler	WI
Add Rows as Necessary	Juneau County	WI
	Necedah	WI
	New Lisbon	WI
	Germantown	WI
	Norwalk	WI
	Ontario	WI
	Wilton	WI

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	TEM ID
Name								010	2711
					A.T.F.O.				
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of t	he cable	
	system, that is, the retransmission			-		•			
Secondary	about other services (including p	• • •			•		those exist	ing on the	
Transmission	last day of the accounting period Number of Subscribers: Both						hla avatam	brokon	
Service: Sub- scribers and	down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate	indicate	ed—not the nur	nber of se	ts receiving serv	vice).		
	Rate: Give the standard rate c								
	unit in which it is generally billed				any standa	ard rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	condary transmis	ssion servi	ce that cable	
	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 ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.				1			- ·	
	BLC	DCK 1 NO. OF					BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		535	29.95-74.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-74.49					
	Converter								
	Residential								
	Non-residential								
					•				
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					all vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There ar		,		0				
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	/ billed. If any r	ates are ci	narged on a var	able per-pi	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cab	le system for e	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a		,		ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential			.	
	• Pay cable	PP		otel, hotel			Family	Cable	###1
	 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	109.99		rglar protection					
	 Additional set(s) 	15.00-49.00		services:					
	 FM radio (if separate rate) 			connect		49.00			
	Converter	10.50		sconnect					
	1		• Ou	tlet relocation		15.00-49.00			
			04			10.00 40.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM		
Name	MEDIACOM WISCONSIN LLC PRIMARY TRANSMITTERS: TELEVISION					
	PRIMARY TRANSMITTERS:	TELEVISION				
G Primary Transmitters: 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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on • 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, WH Column 3: Indicate in each educational station, by entel (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepo- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	WEAU/WEAU (HD) (NBC)	38	N	Eau Claire, WI		
	WEAU-DT2 Cozi TV	38.2	I-M	Eau Claire, WI		
	WEAU-DT3 MeTV	38.3	I-M	Eau Claire, WI		
	WEAU-DT4 Movies!	38.4	I-M	Eau Claire, WI		
	WEAU/WEAU-DT5 (HD) CW	38.5	I-M	Eau Claire, WI		
	WHLA/WHLA(HD) PBS	30	E	MADISON, WI		
d Rows as Necessary	WHLA-DT2 PBS TWC	30.2	E-M	MADISON, WI		
	WHLA-DT3 PBS Create	30.3	E-M	MADISON, WI		
	WHLA-DT4 PBS Kids	30.4	E-M	MADISON, WI		
	WIFS ION	57	I	Janesville, WI		
	WISC/WISC(HD) CBS	50	Ν	Madison, WI		
	WKBT/WKBT (HD) (CBS)	8	N	La Crosse, WI		
	WKBT-DT2 MyNet	8.2	I-M	La Crosse, WI		
	WKOW/WKOW(HD) ABC	26	N	Madison, WI		
	WKOW-DT2 This	26.2	I-M	Madison, WI		
	WKOW-DT3 Decades HD	26.3	I-M	Madison, WI		
	WKOW-DT4 Court TV HD	26.4	I-M	Madison, WI		
	WKOW-DT5 True Crime Netw	26.5	I-M	Madison, WI		
	WLAX/WLAX (HD) (FOX)	17	I	LA CROSSE, WI		
	WLAX-DT2 Antenna	17.2	I-M	LA CROSSE, WI		
	WLAX-DT3 Laff	17.3	I-M			
	WLAX-DT3 Laff WLAX-DT4 Grit	17.3	I-M	LA CROSSE, WI		

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	MEDIACOM WISCONS	SIN LLC		27			
	PRIMARY TRANSMITTERS: TELEVISION						
G	carried by your cable system	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, <i>except</i> (1) stations carried only on a part-time basis under					
Primary ransmitters: Television	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 rule	es, regulations, or authorizations: in space G—but do list it in space I (the					
	• List the station here, and al basis. For further information	Iso in space I, if the station was carried n concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pr	see page (v) of the general instru	ictions.			
	multicast stream associated " "WETA-2" as the same on th	with a station according to its over-the-	-air designation. For example, re	eport multistream			
	of license. For example, WR Column 3: Indicate in each o	RC is channel 4 in Washington, D.C. case whether the station is a network s	station, an independent station, or	r 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						
		n of each station. For U.S. stations, list t lian stations, if any, give the name of the	•				
			•	-			
	FCC. For Mexican or Canadi	lian stations, if any, give the name of the	ne community with which the static	on is identified.			
	FCC. For Mexican or Canadi	lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	ne community with which the station	on is identified. 4. LOCATION OF STATION			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge	lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3	e community with which the station 3. TYPE OF STATION I-M	on is identified. 4. LOCATION OF STATION Madison, WI			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD	Lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3 49.4	e community with which the static 3. TYPE OF STATION I-M I-M	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC	lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3 49.4 19	e community with which the static 3. TYPE OF STATION I-M I-M N	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI Madison, WI			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW HD	lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2	a community with which the static 3. TYPE OF STATION I-M N I-M I-M	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW HD WMTV-DT3 AntennaTV	Lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3	e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT4 MeTV	Lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3 19.4	e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/DT4 TBD WMTV-DT2 CW HD WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT4 MeTV WMTV-DT5 Start TV	Lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3 19.4 19.5	e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT3 AntennaTV WMTV-DT5 Start TV WMTV-DT6 Weather	lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3 19.4 19.5 19.6	e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M	on is identified. 4. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT3 AntennaTV WMTV-DT5 Start TV WMTV-DT6 Weather WXOW/WXOW (HD) (ABC)	lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3 19.4 19.5 19.6 48	e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M N	on is identified. A. LOCATION OF STATION Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI LA CROSSE, WI			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT4 MeTV WMTV-DT5 Start TV WMTV-DT5 Start TV WMTV-DT6 Weather WXOW/WXOW (HD) (ABC) WXOW-DT2 Decades	Lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.3 19.4 19.5 19.6 48 48.2	e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M	on is identified.			
	FCC. For Mexican or Canadi 1. CALL SIGN WMSN-DT3 Charge WMSN-DT4 TBD WMTV-DT4 TBD WMTV-DT2 CW HD WMTV-DT3 AntennaTV WMTV-DT3 AntennaTV WMTV-DT5 Start TV WMTV-DT6 Weather WXOW/WXOW (HD) (ABC) WXOW-DT2 Decades WXOW-DT3 This	lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 49.3 49.4 19 19.2 19.2 19.3 19.4 19.5 19.6 48 48.2 48.3	e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M	on is identified.			

MEDIACOM	WISCONSI	N LLC						SYSTEM 1 271
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stati this by placing Give the station	y the sys be recei t the Cc sign of e he static ion's sign g a check h'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 this point, see pag ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) 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	
		5,0		UNLE UIGIN		5,0		

Accounting Peric			TEN4					0)/0==
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID# 27113
	SUBSTITUTE CARRIAG	E: SPECIA			OG			
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every non accounting pe	nnetwork televi eriod, under sp	<i>ision program,</i> broadcast b becific present and former	oy a <i>distant</i> sta FCC rules, reg	ulations, or	authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	• During the accounting pe	-			asis. anv noni	network tele	evision pro	aram
Statement and Program Log	broadcast by a distant sta		,			Γ	YES	
r rogram Log	Note: If your answer is "No		rest of this na	nge blank. If vour answer	is "Ves " vouu	– must.compl	-	
	log in block 2.			ige blank. If your answer	13 103, your	nust compi		gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Cat Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	a distant stat egulations, o ries like "mo . Bulls." m was broad l sign of the s vadcast static nadian static nth and day ive "5/7." nes when the s. Example: a	tion and that y or authorization ovies" or "bask dcast live, ente station broadc on's location (t ons, if any, the when your sy e substitute pro-	ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter asting the substitute prog the community to which t community with which the stem carried the substitu ogram was carried by yo	uted for the pr eneral instruct ram titles, for e "No." gram. he station is li he station is id te program. U ur cable syste	ogramming ions for furl example, "I censed by t lentified). se numeral m. List the f	of another her inform Love Lucy he FCC or s, with the imes accu	station ation. " or , in month rately
	Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the and regulation	ons in effect d		iod; enter the	letter "P" if t	he listed p	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ons in effect d your system w	luring the accounting per as permitted to delete un	iod; enter the ider FCC rules	letter "P" if t s and regula	he listed p ations in	rogram
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y b. SUBSTITUTE	ons in effect d your system w E PROGRAM	luring the accounting per as permitted to delete un	iod; enter the ider FCC rules WHE CARRI	letter "P" if t s and regula N SUBSTI AGE OCC	he listed p ations in TUTE URRED	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. SUBSTITUTE	ons in effect d your system w	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	letter "P" if t s and regula N SUBSTI AGE OCC	he listed p ations in	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	N SUBSTI AGE OCC	he listed p ations in TUTE URRED IMES	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	N SUBSTI AGE OCC	he listed p ations in TUTE URRED IMES	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	N SUBSTI AGE OCC	he listed p ations in TUTE URRED IMES	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	N SUBSTI AGE OCC	he listed p ations in TUTE URRED IMES	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	N SUBSTI AGE OCC	he listed p ations in TUTE URRED IMES	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	N SUBSTI AGE OCC	he listed p ations in TUTE URRED IMES	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y S. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	N SUBSTI AGE OCC	he listed p ations in TUTE URRED IMES	7. REASON FO
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Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC			S	YSTEM ID#
					27113
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 sy (as identified in space E) during the accounting period. For a further explanatio 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	condary transm o compute this a	ission service amount, see	9,637.50 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 t Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	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 accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	229,637.50		
	3. Subtract line 2 from line 1	\$	34,162.50		
	4. Enter the amount of gross receipts from space K		. \$ 2	229,637.50	
	5. Enter the amount from line 3		. \$	34,162.50	
	6. Subtract line 5 from line 4		\$	195,475.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	977.38
	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		\$	977.38
	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	\$	263.800.00		
	- 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)		\$	977.38	
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 \dots			\$	997.38
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Name	MEDIACOM WISCONSIN LLC	SYSTEM ID# 27113
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	47
	and nonbroadcast services	66
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	-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	 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 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 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)] 	
	X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs	
	Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	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
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM WISCONSIN LLC	2711
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system sha scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic Il not include sub- section 119."
For more information on when to exclude these amounts, see the note on page (vii) of the general inst located in the paper SA1-2 form.	uctions Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for seconda made by satellite carriers to satellite dish owners?	ry transmissions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions located in the pap	
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	
x	days
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	- nterest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further 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 Copyri	
list below the owner, address, first community served, ID number, and accounting period as given in th	
list below the owner, address, first community served, ID number, and accounting period as given in the Owner Address	
list below the owner, address, first community served, ID number, and accounting period as given in the Owner	

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