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

Accounting Period Barcode Data Filling Period (optional - see instructions) Barcode Data Filling Period (optional - see instructions) Barcode Data Filling Period (optional - see instructions) 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. 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. 27513 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM ILLINOIS 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 sulin number) MEDIACOM PARK, NY 10918 [City, town, stims, top) MEDIACOM PARK, NY 10918 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	Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
Accounting Period 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. 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. [27513] LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM ILLINOIS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY [Number, Street, trual route, apartment, or sulte number) MEDIACOM PARK, NY 10918 [City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
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		Prince Pr					
	С						
System IDENTIFICATION OF CABLE SYSTEM:	System	1 IDENTIFICATION OF CABLE SYSTEM:					
MEDIACOM ILLINOIS LLC							
MAILING ADDRESS OF CABLE SYSTEM:		D.O. Pay 224, 4402 Nowth Sounth Street					
P.O. Box 334, 1102 North Fourth Street (Number, street, rural route, apartment, or suite number)							
Chillicothe, IL 61523 (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.

	T	FORM SA1-2E. PAGI				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI				
	MEDIACOM ILLINOIS LLC	275				
	Instructions: List each separate community served by the cable system. A "commu					
D	"a separate and distinct community or municipal entity (including unincorporated					
_	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.	- h h d h d i h - h -				
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the				
Served	identified city.					
	CITY OR TOWN	STATE				
First	Pecatonica					
Community	Dakota	IL				
	Davis	L				
lows as Necessary	Durand	IL .				
	Lake Summerset	IL				
	Rock City	IL				
	Winnebago	IL				
	Lena	IL				
	Winslow	IL				
	Orangeville	IL .				
	McConnell	IL				
	Browntown	IL				
	So. Wayne	IL				
	Pearl City	IL				
	I can oly					

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#SYSTEM ID 27513

MEDIACOM ILLINOIS LLC

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	1,384	29.99-74.49			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.99-74.49			
Converter					
Residential					
Non-residential					
					1

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		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 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ILLINOIS LLC

27513

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WHA/WHA(HD) PBS	20	E	Madison, WI
WHA-DT2 PBS	20.2	E-M	Madison, WI
WHA-DT3 PBS Create	20.3	E-M	Madison, WI
WHA-DT4 PBS Kids	20.4	E-M	Madison, WI
WIFR/WIFR(HD) CBS	41	N	Rockford, IL
WIFR-DT2 Antenna TV	41.2	I-M	Rockford, IL
WIFR-DT3 Circle	41.3	I-M	Rockford, IL
WIFR/WIFR-DT5 (HD) CW	41.5	I-M	Rockford, IL
WIFS ION Life HD	32	<u> </u>	Madison, WI
WISC/WISC HD (CBS)	50	N	Madison, WI
WISC-DT2 (CBS) MyNet	50.2	N-M	Madison, WI
WKOW/WKOW HD (ABC)	26	N-M	Madison, WI
WKOW-DT2 This TV	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
WMSN/WMSN HD (FOX)	49	<u> </u>	Madison, WI
WMSN-DT2 COMET	49.2	I-M	Madison, WI
WMSN-DT3 Charge!	49.3	I-M	Madison, WI
WMSN-DT4 TBD	49.4	I-M	Madison, WI
WMTV/WMTV HD (NBC)	19	N	Madison, WI
WMTV-DT2 CW HD	19.2	I-M	Madison, WI
WMTV-DT3 Antenna TV	19.3	I-M	Madison, WI
WMTV-DT4 MeTV	19.4	I-M	Madison, WI

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27513

MEDIACOM ILLINOIS LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WMTV-DT5 Start TV	19.5	I-M	Madison, WI
WMTV-DT6 WeatherNation TV	19.6	I-M	Madison, WI
WQRF/WQRF(HD) FOX	42	<u>l</u>	Rockford, IL
WQRF-DT2 Bounce TV	42.2	I-M	Rockford, IL
WQRF-DT3 ION Mystery	42.3	I-M	Rockford, IL
WQRF-DT4 Rewind TV	42.4	I-M	Rockford, IL
WREX/WREX(HD) NBC	13	N	Rockford, IL
WREX-DT3 MeTV	13.3	I-M	Rockford, IL
WREX-DT4 Court TV	13.4	I-M	Rockford, IL
WREX-DT5 True Crime Netwo	13.5	I-M	Rockford, IL
WTVO/WTVO(HD) ABC	16	N	Rockford, IL
WTVO-DT2 MyNet HD	16.2	I-M	Rockford, IL
WTVO-DT3 Laff	16.3	I-M	Rockford, IL
WTVO-DT4 Grit	16.4	<u>l</u>	Rockford, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

27513

MEDIACOM ILLINOIS LLC

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.

H

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
		 					
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				1			t

Accounting Perio	nd: 2022/2						EOE	RM SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOI	SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						27513
Substitute Carriage:	In General: In space I, iden substitute basis during the a explanation of the programn	tify every non accounting p ning that mu	nnetwork telev eriod, under sp st be included	pecific present and former Forms in this log, see page (v) of the	a <i>distant</i> stat CC rules, regi	ulations, c	r authorizati	ons. For a further
Special	1. SPECIAL STATEMEN	_		m carry, on a substitute ba	eie anv nonn	etwork te	levision pro	aram
Statement and Program Log	broadcast by a distant sta		ui cable syste	in carry, on a substitute bas	sis, arry florin	ietwork te	YES	X NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you n	nust com	plete the pro	gram
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant sta egulations, or ries like "mo Bulls." m was broa sign of the adcast stati andian stati and and stati es when the Example:	am on a separadd additional and that your authorization ovies" or "bask deast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program car listed programions in effect of	I rows to the tables. Exision program ("substitute your cable system substitute ins. See page (v) of the geretball." List specific programmer "Yes." Otherwise enter "casting the substitute programmer community to which the ecommunity with which the yotem carried the substitute rogram was carried by your ried by a system from 6:01 m was substituted for programmer to the substituted for programmer in the accounting perioduring the accounting the accounting perioduring the accounting the accounting the accounting the accounting the accounting the accounting	e program") the ed for the proper instruction titles, for each of the station is lice a station is lic	peensed by entified). See numera. List the 28:30 p.u. your sysetter "P" i and regu	g the accour g of another irther inform 'I Love Lucy if the FCC or als, with the e times accum, should be tem was req f the listed p	nting station ation. or in in month rately uired
	1 1. TITLE OF PROGRAM 2. LIVE: 0. STATISTO 1 1 1 1 1 1 1 1 1				7. REASON FOR			
						TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
								····
								""
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							_	

	2022/2	CVCTEMI							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM I 275							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form.	mission service							
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 416,044.47 (Amount of gross receipts)							
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	or this six-mon							
	Line 1. Royalty fee for accounting period								
	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								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)							
	1. Base amount under statutory formula	<u>) </u>							
	2. Enter amount of gross receipts from space K	<u> </u>							
	3. Subtract line 2 from line 1	<u></u>							
	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 \$52	7,600)							
	1. Enter the amount of gross receipts from space K	7							
	2. Base amount under statutory formula	_)							
	3. Subtract line 2 from line 1	_ 7							
	4. Multiply line 3 by .01	 1,522.44							
	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	\$ 2,841.44							
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and									
Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,841.44							
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	\$ 2,861.44							
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more inform								

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name	MEDIACOM ILLINO				SYSTEM ID# 27513
M Channels			channels on which the cable system carried telev		
		nber of channels on which vision broadcast stations .	the cable		48
	on which the cable s	nber of activated channels system carried television services	roadcast stations		68
N Individual to		CONTACTED IF FURTH t this statement of accoun	R INFORMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name K e	enneth J. Kohrs		Telephone 845-4	43-2762
	(Nui	ne Mediacom Way			
		ediacom Park, NY '	U918		
	Email	Copyrights@me	diacomcc.com F	Fax (optional)	
O Certification			st be certified and signed in accordance with Cop le,but only one, of the boxes.)	yright Office regulations)	
			rtnership) I am the owner of the cable system as in ion or partnership) I am the duly authorized agent		as identified
	in line 1	of space B and that the o	ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the		
	I have examined the	d correct to the best of my	ereby declare under penalty of law that all stateme knowledge, information, and belief, and are made in		
			X /s/ Kenneth J. Kohrs		
			Enter an electronic signature on the line above to cer Enter signature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	name: Kenneth J. Kohrs		
		Title: (Title of of	Vice President, Financial Reporting		
		Date:		2/7/2023	

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: 27513 MEDIACOM ILLINOIS LLC 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

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Address

ID number

First community served Accounting period

1	1.00
N	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25