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						
	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 MINNESOTA 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)  INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С	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 MINNESOTA LLC						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 1504 Second Street S.E. (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 suffciency of the fling, a determination that would be made by a court of law.

MEDIACOM MINNESOTA LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC r "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sin 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 k 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  Chatfield  MN			FORM SA1-2E. PAGE					
MEDIACOM MINNESOTA LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCCr "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sin 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 is 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  Chatfield  MN  Dover Twnshp  MN  Dover Twnshp  MN  Spring Valley  St. Charles  MN  Lanesboro  Adams  MN  Leroy  MN  Fountain  MN  Fountain	Name		SYSTEM II					
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sind 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 keep the sate 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  Rushford (Village)  MN  Dover Twnshp  MN  Preston  MN  St. Charles  MN  Lanesboro  MN  Adams  MN  Leroy  MN  Leroy  MN  Fountain  MN  Fountain								
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 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  Chatfield  MIN  Dover Twnshp  Preston  Spring Valley  St. Charles  MN  Lanesboro  MN  Adams  MN  Leroy  MN  Leroy  MN  Lyle  MN  Fountain  MN  MN								
Area Served  Community  City Or Town  Community  Community  City Or Town  Rows as Necessary  Preston  Spring Valley  St. Charles  Lanesboro  MN  St. Charles  MN  Claresboro  MN  Adams  Adams  Adams  Leroy  MN  Leroy  MN  Leroy  MN  Lyle  MN  Fountain  MN  Interest community that you list will serve as a form of system identification hereafter in 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.  STATE  Chatfield  MN  MN  MN  Spring Valley  MN  MN  Lanesboro  MN  MN  Leroy  MN  Leroy  MN  MN  MN  MN  MN  MN  MN  MN  MN  M	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 STATE  First Community Rushford (Village) MIN  Dover Twnshp MIN  Spring Valley MIN  St. Charles MIN  St. Charles MIN  Lanesboro MIN  Adams MIN  Leroy MIN  Lyle MIN  Fountain MIN  MIN  MIN  MIN  MIN  MIN  MIN  MIN								
Area Served identified city.  CITY OR TOWN STATE  First Chatfield MN  Rushford (Village) MN  Dover Twnshp MN  Preston MN  Spring Valley MN  St. Charles MN  Lanesboro MN  Adams MN  Leroy MN  Lyle MN  Fountain MN								
Served identified city.  CITY OR TOWN STATE  Chatfield MN  Rushford (Village) MN  Dover Twnshp MN  Preston MN  Spring Valley MN  St. Charles MN  Lanesboro MN  Adams MN  Leroy MN  Fountain MN	Δrea		ile home parks should be reported in parentheses below the					
First         Chatfield         MN           Community         Rushford (Village)         MN           Dover Twnshp         MN           Rows as Necessary         Preston         MN           Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN		identified city.						
First         Chatfield         MN           Community         Rushford (Village)         MN           Dover Twnshp         MN           Rows as Necessary         Preston         MN           Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN								
First         Chatfield         MN           Community         Rushford (Village)         MN           Dover Twnshp         MN           Rows as Necessary         Preston         MN           Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN								
Community         Rushford (Village)         MN           Dover Twnshp         MN           Rows as Necessary         Preston         MN           Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN			STATE					
Dover Twnshp	First	Chatfield	MN					
Dover Twnshp	Community	Rushford (Village)	MN					
Rows as Necessary         Preston         MN           Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN			MN					
Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN	Rows as Necessary							
St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN	nows as recessary							
Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN								
Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN								
Leroy MN Lyle MN Fountain MN								
Lyle MN Fountain MN								
Fountain MN								
			MN					
Wykoff MN		Fountain	MN					
		Wykoff	MN					

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 28419

### **MEDIACOM MINNESOTA LLC**

## 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.

BL	OCK 1	BLOCK 2				
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
<ul> <li>Service to first set</li> </ul>	890	29.95-74.49				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	0	29.95-74.49				
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	GORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	#####
<ul> <li>Pay cable—add'l channel</li> </ul>		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 addre		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28419

4. LOCATION OF STATION

# MEDIACOM MINNESOTA LLC PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

# G

#### 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 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 othe 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 noncommercia 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

N KAAL/KAAL (HD) ABC Austin MN 36 36.2 Austin MN KAAL-DT2 ThisTV I-M KIMT/KIMT(HD) CBS 42 N Mason City IA 42.2 KIMT-DT2 MyNet I-M Mason City IA 42.4 I-M KIMT-DT4 Antenna TV Mason City IA KSMQ (PBS)/KSMQ (PBS) H 20 Е Austin, MN KSMQ-DT2 PBS Deutsche V 20.2 E-M Austin, MN KSMQ-DT3 PBS Create 20.3 E-M Austin, MN KSMQ-DT4 PBS MN Chann 20.4 E-M Austin, MN KTCA -DT(PBS) TPT 2 34 E-M St. Paul MN KTTC CW HD 10.1 Rochester MN 10 KTTC/KTTC(HD) NBC Ν Rochester MN 10.2 KTTC-DT2 (CW) I-M Rochester MN KTTC-DT3 Heroes and Icons 10.3 I-M Rochester MN KTTC-DT4 Court TV 10.4 I-M Rochester MN KTTC-DT5 True Crime Netw 10.5 I-M Rochester MN KXLT/KXLT(HD) FOX 46 Rochester MN KXLT-DT2 MeTV 46.2 I-M Rochester MN **KXLT-DT3 Laff** 46.3 I-M Rochester MN 46.4 **KXLT-DT4 ION Mystery** I-M Rochester MN KXLT-DT5 Quest 46.5 I-M Rochester MN KYIN (PBS) 18 Ε ROCHESTER, MN WEAU/WEAU (HD) (NBC) 38 N LA CROSSE EAU CLAIRE WEAU-DT2 Cozi 38.2 I-M LA CROSSE EAU CLAIRE WEAU-DT3 MeTV 38.3 I-M LA CROSSE EAU CLAIRE WEAU-DT4 Movies 38.4 I-M LA CROSSE EAU CLAIRE

3. TYPE OF STATION

Add Rows as Necessary

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28419

# MEDIACOM MINNESOTA LLC PRIMARY TRANSMITTERS: TELEVISION

# G

#### 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 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 othe 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 noncommercia 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
WEAU/WEAU-DT5 (HD) CW	38.5	I-M	LA CROSSE EAU CLAIRE
WHLA/WHLA (HD) (PBS)	30	E	La Crosse WI
WHLA-DT2 PBS TWC	30.2	E-M	La Crosse WI
WHLA-DT3 PBS Create	30.3	E-M	La Crosse WI
WKBT/WKBT(HD) CBS	8	N	La Crosse WI
WKBT-DT2 MyNet	8.2	I-M	La Crosse WI
WLAX/WLAX (HD) (FOX)	31	l	La Crosse WI
WLAX-DT2 Antenna	31.2	I-M	La Crosse WI
WLAX-DT3 Laff	31.3	I-M	La Crosse WI
WLAX-DT4 Grit	31.4	I-M	La Crosse WI
WXOW/WXOW (HD) (ABC)	48	N	LA CROSSE-EAU CLAIRE
WXOW-DT2 Decades	48.2	I-M	LA CROSSE-EAU CLAIRE
WXOW-DT3 This TV	48.3	I-M	LA CROSSE-EAU CLAIRE
WXOW-DT4 Court TV	48.4	I-M	LA CROSSE-EAU CLAIRE
WXOW-DT5 True Crime Netv	48.5	I-M	LA CROSSE-EAU CLAIRE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **MEDIACOM MINNESOTA LLC**

28419

#### 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	AM 05 EM	C/D	LOCATION OF STATION	CALLSION	ΛΝΛ ος ΓΝΑ	6/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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LEGAL NAME OF OWNER OF MEDIACOM MINNESC							FORM S	AT-ZE. I AGE C			
MEDIACOM MINNESC		STEM:					S	SYSTEM ID#			
	OTA LLC							28419			
In General: In space I, iden substitute basis during the a explanation of the programm	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 distant stat CC rules, reg	ulations, c	or authori	zations.	For a further			
During the accounting pe broadcast by a distant sta	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi 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	stitute progra ace, please of every no a distant state egulations, of ries like "mo . Bulls." m was broa sign of the adcast station addian station th and day ive "5/7." nes when the . Example: a ter "R" if the and regulati	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask dcast live, ent station broadd on's location ( ons, if any, the when your sy e substitute pro a program car elisted 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 exterior is like a station is like a program. Using table program, to 6 cramming that d; enter the like a formal of the program in the exterior is the program.	nat, during ogramminions for fu example, ' censed by entified). se numer. m. List the :28:30 p.i your sys etter "P" i	g the acc og of anounther info "I Love L y the FCC als, with e times a m. should tem was if the liste	counting ther sta ormatio ucy" or C or, in the more courated be require ed programments.	g ation in. nth ely			
	was substituted for programming that your system was permitted to delete uneffect on October 19, 1976.						WHEN SUBSTITUTE				
							7	DEACON FOR			
1. TITLE OF PROGRAM					AGE OC	CURREI TIMES		. REASON FOR DELETION			
1. TIT		LE OF PROGRAM  2. LIVE?	SUBSTITUTE PROGRAM  LE OF PROGRAM  2. LIVE?  3. STATION'S	SUBSTITUTE PROGRAM  LE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE PROGRAM  SUBSTITUTE PROGRAM  CARRI  LE OF PROGRAM  2. LIVE? 3. STATION'S  5. MONTH	SUBSTITUTE PROGRAM  SUBSTITUTE PROGRAM  CARRIAGE OC  LE OF PROGRAM  2. LIVE? 3. STATION'S  5. MONTH  6.	SUBSTITUTE PROGRAM  SUBSTITUTE PROGRAM  CARRIAGE OCCURRED  LE OF PROGRAM  2. LIVE? 3. STATION'S  5. MONTH  6. TIMES	October 19, 1976.    WHEN SUBSTITUTE   CARRIAGE OCCURRED   7   7   7   7   7   7   7   7   7			

ccounting Period:			A1-2E. PAGI						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	•	SYSTEM II 284						
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	-	08,641.89 ross 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 \$137,100 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	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 lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)							
	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 \$52)	',600)							
	1. 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	- 348.42							
	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	. \$	1,667.42						
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and									
Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,667.42							
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	\$	1,687.42						
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		ghts!						

Accounting Period:	2022/2						FORM SA1-2E. PAGE 7.		
Name	LEGAL NAME OF OWNER MEDIACOM MINNES						SYSTEM ID# 28419		
M 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.  52  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.								
N Individual to Be Contacted	INDIVIDUAL TO BE CO			N IS NEEDED (Identify an ir	ndividual to whom				
for Further Information	Name Ken	neth J. Kohrs			Tele	ephone 8	45-443-2762		
	(Numb	Mediacom Way er, street, rural route, apartm liacom Park, NY own, state, zip)							
	Email	Copyrights@me	diacomcc.com		Fax (optional)				
	CERTIFICATION (This st	tatement of account mu	st be certified and	signed in accordance with	Copyright Office regula	lations)			
O Certification	• I, the undersigned, here	eby certify that (Check or	ne, <i>but only one</i> , of			·	or		
	in line 1 of	f space B and that the ov	vner is not a corpo	(p) I am the duly authorized a ration or partnership; or a partner (if a partnership) of		-			
		atement of account and h correct to the best of my		der penalty of law that all stat ation, and belief, and are ma		ed herein			
			Enter an electronic	enneth J. Kohrs signature on the line above to					
		Typed or printed  Title:		eth J. Kohrs nt, Financial Reporti	na				
				orporation or partnership)	3				
		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: 28419 MEDIACOM MINNESOTA 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.

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Owner Address

ID number

First community served Accounting period