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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	3/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	

7 .	A001	Southed Period Covered B1 This Statement: (TTTT/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
		barcoue bata rining renou (optional - see instructions)	
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	
В		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 share were different supposed wine the economical and she errors with the day of the economic state and the the the	
		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.	
			29861
		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 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)	
			1 4
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system of s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM WISCONSIN LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
		1504 2nd Street SE	
	2	(Number, street, rural route, apartment, or suite number)	
		Waseca, MN 56093	
	1	(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. PAG SYSTEM
Name		298
	MEDIACOM WISCONSIN LLC	
	Instructions: List each separate community served by the cable system. A "communi-	
D	"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	st will serve as a form of system identification hereafter kn
	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 h	nome parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Cuba City	WI
Community	Belmont	WI
	Benton	WI
	Darlington	WI
Add Rows as Necessary		
	Hazel Green	WI
	Potosi	WI
	Shullsburg	WI
	Tennyson	WI

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	
Name								010	2986
					ATE0				
E	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of t	he cable	
	system, that is, the retransmission	on of television	and ra	dio broadcasts	by your s	ystem to subscri	bers. Give	information	
Secondary	about other services (including p	• • •			-		those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	, umber of billing	gs in tha	at category (the	e number o	of persons or or	ganizations		
	separately for the particular serv					•	,	na and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc						5 within a j		
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			•		0			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	once again und	ler "Ser	vice to addition	al set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		e nym-i	Iditu Diock. A t		e-word descript		Service is	
	BLC	DCK 1					BLOCK	2	
		NO. OF		DATE	0.17			NO. OF	D 4 T
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Service to first set		396	29.95-57.04					
	Service to additional set(s)		330	29.95-57.04					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-57.04					
	Converter			20.00 07.01					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat								
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
nutoo	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP		tel, hotel			Family	Cable	###
	Pay cable—add'l channel	PP	• Co	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:		10.00			
	• FM radio (if separate rate)	40.50		connect		49.00			
	• Converter	10.50		connect		15 00 40 00			
			-	tlet relocation		15.00-49.00			
				ve to new addr					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM WISCONS			29
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: 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 rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station ¹ multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination Vis call sign. <i>Do not</i> report origination I with a station according to its over-the he form. al number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a subst the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPI lee-air designation. For example, report evision station for broadcasting over the castation, an independent station, or a to (for network multicast), "I" (for independent or "E-M" (for noncommercial education inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFXB (CTN)	43	1	Dubuque, WI
	WHA/WHA(HD) PBS	20	E	Madison, WI
Rows as Necessary	WHA-DT2 (PBS) TWC (HD)	20.2	E-M	Madison, WI
	WHA-DT3 (PBS) Create	20.3	E-M	Madiaan MI
	······································		•	Madison, WI
	WHA-DT4 (PBS) Kids	20.4	E-M	Madison, Wi
	WHA-DT4 (PBS) Kids WIFS/WIFS (HD) ION		E-M	
		20.4	E-M I N	Madison, WI
	WIFS/WIFS (HD) ION	20.4 32	I	Madison, WI Madison, WI
	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS	20.4 32 50	I	Madison, WI Madison, WI Madison, WI
	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS WISC-DT2 MyNet	20.4 32 50 50.2	I N I-M	Madison, WI Madison, WI Madison, WI Madison, WI
	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS WISC-DT2 MyNet WKOW/WKOW(HD) ABC	20.4 32 50 50.2 26	I N I-M N	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS WISC-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 This TV	20.4 32 50 50.2 26 26.2	I N I-M N I-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS WISC-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 This TV WKOW-DT3 Decades (HD)	20.4 32 50 50.2 26 26.2 26.3 26.4	I N I-M N I-M I-M	Madison, WI
	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS WISC-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 This TV WKOW-DT3 Decades (HD) WKOW-DT4 Court TV (HD)	20.4 32 50 50.2 26 26.2 26.3 26.4	I N I-M N I-M I-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS WISC-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 This TV WKOW-DT3 Decades (HD) WKOW-DT4 Court TV (HD) WKOW-DT5 True Crime Netw	20.4 32 50 50.2 26 26.2 26.3 26.3 26.4 26.5	I N I-M N I-M I-M	Madison, WI
	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS WISC-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 This TV WKOW-DT3 Decades (HD) WKOW-DT4 Court TV (HD) WKOW-DT5 True Crime Netw WMSN/WMSN(HD) FOX	20.4 32 50 50.2 26 26.2 26.3 26.4 26.5 49	I N I-M I-M I-M I-M I-M I-M I	Madison, WI
	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS WISC-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 This TV WKOW-DT3 Decades (HD) WKOW-DT4 Court TV (HD) WKOW-DT5 True Crime Netw WMSN/WMSN(HD) FOX WMSN-DT2 Comet	20.4 32 50 50.2 26 26.2 26.3 26.3 26.4 26.5 49 49.2	I N I-M I-M I-M I-M I-M I-M	Madison, WI
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	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS WISC-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 This TV WKOW-DT3 Decades (HD) WKOW-DT4 Court TV (HD) WKOW-DT5 True Crime Netw WMSN/WMSN(HD) FOX WMSN-DT3 Charge! WMSN-DT3 Charge!	20.4 32 50 50.2 26 26.2 26.3 26.3 26.4 26.5 49 49.2 49.3 49.4	I N I-M I-M I-M I-M I I I I I I I I I I I I	Madison, WI
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	WIFS/WIFS (HD) ION WISC/WISC(HD) CBS WISC-DT2 MyNet WKOW/WKOW(HD) ABC WKOW-DT2 This TV WKOW-DT3 Decades (HD) WKOW-DT4 Court TV (HD) WKOW-DT5 True Crime Netw WMSN/WMSN(HD) FOX WMSN-DT3 Charge! WMSN-DT3 Charge! WMSN-DT4 TBD WMTV/WMTV(HD) NBC WMTV-DT2 CW (HD) WMTV-DT3 AntennaTV	20.4 32 50 50.2 26 26.2 26.3 26.3 26.4 26.5 49 49.2 49.3 49.4 19 19.2 19.3	I N I-M I-M I-M I-M I-M I I I I I I N I-M	Madison, WI Madison, WI

counting Period:	2022/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
Name	MEDIACOM WISCONS			2986
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, excep	y translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network progran	ne basis under
Primary			61(e)(2) and (4))]; and (2) certain static	
Transmitters: Television	Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	carried by your cable system on a subs	titute program
		in space G—but do list it in space I (I	the Special Statement and Program Lo	pg)—if the
			ed both on a substitute basis and also	on some other
		· · · ·	, see page (v) of the general instruction	
			program services such as HBO, ESPN	
	multicast stream associated	with a station according to its over-th	e-air designation. For example, report	t multistream
	"WETA-2" as the same on the			
		0	evision station for broadcasting over th	e air in its community
		RC is channel 4 in Washington, D.C.	station, an independent station, or a r	oncommercial
			(for network multicast), "I" (for indepen	
			or "E-M" (for noncommercial education	
		rms, see page (iv) of the general instru		
			t the community to which the station is	licensed by the
	FCC. For Mexican or Canad	ian stations, if any, give the name of t	the community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

	F OWNER OF C		. . . Em.					SYSTEM I 298
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column 4: Colum 4: Column	i it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor (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 his point, see pay ed by the cable s e 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				5,0		

Accounting Perio	Dd: 2022/2 LEGAL NAME OF OWNER OF	CARI E OVO	TEM					SYSTEM ID
Name	MEDIACOM WISCONS		т СIVI.					2986
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	CG			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting pe	eriod, under sp	ecific present and former	FCC rules, reg	ulations, o	r authoriza	ations. For a further
Carriage:	1. SPECIAL STATEMEN				and general in			
Special	During the accounting pe	-			asis, any noni	network te	levision p	rogram
Statement and Program Log	broadcast by a distant sta	•	,	3 7			YES	
• •	Note: If your answer is "No		rest of this na	ige blank. If your answer	is "Ves " vou i	must com		
	log in block 2.			ige blank. If your answer	13 103, you i	nust com		Jiogram
	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 broat the case of Mexican or Cat Column 5: Give the mon first. Example: for May 7 gi	e of every no a distant stat egulations, o ries like "mo . Bulls." m was broad sign of the adcast statio nadian statio nth and day ive "5/7."	onnetwork tele- tion and that y or authorization ovies" or "bask dcast live, entu- station broadc on's location (1 ons, if any, the when your sy e substitute pro-	vision program ("substitut our cable system substitu- ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you	uted for the pro- eneral instruct ram titles, for e "No." gram. he station is lin he station is id te program. U ur cable syste	ogrammin ions for fu example, " censed by entified). se numera m. List the	g of anoth rther info I Love Lu the FCC als, with th times ac	ner station rmation. cy" or or, in ne month ccurately
	to delete under FCC rules was substituted for program	ter "R" if the and regulation mming that y	ions in effect d		od; enter the	etter "P" if	the listed	d program
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulati mming that y b.	ions in effect d your system w	uring the accounting peri as permitted to delete un	od; enter the l der FCC rules	etter "P" if and regu	The listed lations in	j program
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. UBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting peri as permitted to delete un	od; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	TITUTE TITUTE TITURE TIMES	7. REASON FO DELETION
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ions in effect d your system w E PROGRAM	uring the accounting peri as permitted to delete un	od; enter the der FCC rules WHE CARRI	N SUBST	The listed lations in ITUTE CURRED	7. REASON FO DELETION
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	SI	/STEM ID# 29861
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	3,846.05 ss 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 \$2 • 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	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		02.00
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	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		
	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 DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	SYSTEM ID# 29861
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 on which the cable system carried television broadcast stations and nonbroadcast services	29
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 (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 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 o 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 here 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)] K / s/ 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: 2/7/2023	B; or system as identified wner of the cable system

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.

NAME OF OWNER OF CABLE SYSTEM: ACOM WISCONSIN 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- owing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions ocated in the paper SA1-2 form.	SYSTEM IE 2986 P Special Statement Concerning Gross Receipts Exclusion
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- owing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- owing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	Special Statement Concerning Gross
	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions nade by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Iame Name Aailing Address Mailing Address	
NTEREST 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.	Q
ine 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
ine 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
ine 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
.ine 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 \$ -	
(interest charge)	
* 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 ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Dwner Address	
D number	
First community served	
Accounting period	

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