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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instr	ems (Short Form) uctions are located o of this workbook	3/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the p		sidiary of another corporation, give the full cor	porate
Owner	List any other name or names under w	hich the owner conducts the business of	the cable system.	
		he accounting period, only the owner or y fee payment covering the entire accou	n the last day of the accounting period should so nting period.	ubmit a
	Check here if this is the system's first fi	iling. If not, enter the system's ID numbe	r assigned by the Licensing Division.	40843
			-	
		ING ADDRESS OF CABLE SYSTEM	<u> </u>	
	MEDIACOM ARIZONA LLC BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	T)	
			,	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suit	e number)		
	, tambér, eu eo, rarar reate, apartment, or sait			

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B

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.

MEDIACOM PARK, NY 10918

IDENTIFICATION OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

MEDIACOM ARIZONA LLC MAILING ADDRESS OF CABLE SYSTEM:

181 ARROIGO BLVD

NOGALES, AZ 85621 (City, town, state, zip code)

(City, town, state, zip)

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	MEDIACOM ARIZONA LLC	4084
D	Instructions: List each separate community served by the cable system. A "commu "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 as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	NOGALES	AZ
Community	RIO RICO	AZ
	NOGALES COUNTY	AZ
dd Rows as Necessary		

		ABLE SYSTEM		FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name								010	TEM ID 4084			
E	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of t	he cable				
	system, that is, the retransmission	-		-		•						
Secondary	about other services (including p						those exist	ing on the				
Fransmission	last day of the accounting period Number of Subscribers: Both						hla avatam	brokon				
Service: Sub- scribers and	down by categories of secondar	•					-					
Rates	each category by counting the n											
	separately for the particular serv					•	,					
	Rate: Give the standard rate c unit in which it is generally billed											
	category, but do not include disc						is within a					
	Block 1: In the left-hand block					ondary transmis	ssion servi	ce that cable				
	systems most commonly provide											
	that applies to your system. Not			0		0						
	categories, that person or entity subscriber who pays extra for ca						•					
	first set" and would be counted of											
	Block 2: If your cable system											
	printed in block 1 (for example, t											
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description						ion of the s	service is				
	sufficient. BLOCK 1						BLOCK	2				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT			
	Residential:		4 0.00	40 40 74 40								
	Service to first set		1,026	40.49-74.49								
	• Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel Commercial		0	40.49-74.49								
	Converter		v	40.43-74.43								
	Residential											
	Non-residential											
	Non residentia											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S							
F	In General: Space F calls for rat	te (not subscril	per) info	ormation with re	espect to a	all your cable sys	stem's serv	vices that were				
Г	not covered in space E, that is, t					,	,					
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0.0					
Other Than												
Secondary	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.											
ransmissions: Rates	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											
Rales	Block 2: List any services that your cable system furnished or offered during the accounting per listed in block 1 and for which a separate charge was made or established. List these other service						•					
	brief (two- or three-word) description and include the rate for each.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT			
	Continuing Services:		Install	ation: Non-res	idential							
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	###			
	 Pay cable—add'l channel 	PP	• Co	mmercial								
	Fire protection		•Pa	y cable								
	 Burglar protection 		•Pa	y cable-add'l cł	nannel							
	Installation: Residential			e protection								
	• First set	109.99		rglar protection								
	 Additional set(s) 	49.00		services:								
	 FM radio (if separate rate) 			connect		49.00						
	Converter	10.50		sconnect								
			• Ou	tlet relocation		49.00			,			
				ove to new addr								

	CARLE OVOTEM.		FORM SA1-2E. PA
			SYSTEM 40
			-TV
PRIMARY TRANSMITTERS: In General: In space G, ider 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 not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter	TELEVISION ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.63 c explained in the next paragraph. With respect to any distant stations can les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination perform. I 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" of the station of the station of the station of the station of the tele ring the letter "N" (for network), "N-M" of the station of the statio	(1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep	elevision stations) time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M"
For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of t	actions in the paper SA1-2 form. the community to which the station he community with which the statior	is licensed by the n is identified.
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGUN/KGUN(HD) ABC	9	N	TUCSON, AZ
KGUN-DT2 Laff	9.2	I-M	TUCSON, AZ
KGUN-DT3 Antenna TV	9.3	I-M	TUCSON, AZ
KGUN-DT4 Bounce TV	9.4	I-M	TUCSON, AZ
KGUN-DT6 Newsy	9.6	I-M	TUCSON, AZ
KHRR/KHRR(HD) Telemundo	40	I	TUCSON, AZ
KHRR-DT2 Telexitos	40.2	I-M	TUCSON, AZ
KMSB/KMSB(HD) FOX	25	I	TUCSON, AZ
KOLD/KOLD(HD) CBS	32	N	TUCSON, AZ
KOLD-DT2 MeTV	32.2	I-M	TUCSON, AZ
KOLD-DT3 Circle	32.3	I-M	TUCSON, AZ
KTTU (MYNET)	19	I	TUCSON, AZ
KTTU-DT2 This TV	19.2	I-M	TUCSON, AZ
KUAT/KUAT (HD) PBS	30	E	TUCSON, AZ
KUAT-DT2 PBS Kids	30.1	E-M	TUCSON, AZ
KUVE/KUVE(HD) Univision	46	I	TUCSON, AZ
KUVE-DT2/KUVE-DT2(HD) Ur	46.2	I-M	TUCSON, AZ
KVOA/KVOA(HD) NBC	23	N	TUCSON, AZ
KVOA-DT2 Cozi TV	23.2	I-M	TUCSON, AZ
	1		
KVOA-DT3 ION Mystery	23.3	I-M	TUCSON, AZ
KVOA-DT3 ION Mystery KVOA-DT4 DABL	23.3 23.4	I-M I-M	TUCSON, AZ TUCSON, AZ
	MEDIACOM ARIZONA PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channed of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canado 1. CALL SIGN KGUN-DT2 Laff KGUN-DT2 Laff KGUN-DT4 Bounce TV KGUN-DT4 Bounce TV KGUN-DT5 Circle KTTU (MYNET) KTTU-DT2 This TV KUAT/KUAT (HD) PBS KUAT-DT2 PBS Kids KUVE/KUVE(HD) Univision KUVE-DT2/KUVE-DT2(HD) Urivision	carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting th 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.65 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations ca- basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (th station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis stations, Colum 1: List each station's call sign. <i>Do not</i> report origination p multicast stream associated with a station according to its over-the "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the tele of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network educational station, by entring the letter "N" (for noncommercial educational), of For the meaning of these terms, see page (iv) of the general instru- Column 4: Give the location of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the 1. CALL SIGN 2. B'CAST CHANNEL NUMBER KGUN-DT3 Antenna TV 9.3 KGUN-DT4 Bounce TV 9.4 KGUN-DT4 Bounce TV 9.4 KGUN-DT4 Bounce TV 9.4 KGUN-DT4 Bounce TV 9.4 KGUD-DT6 Newsy 9.6 KHRR/KHRR(HD) Telemundo 40 KHRR-DT2 Telexitos 40.2 KMSB/KMSB(HD) FOX 25 KOLD/KOLD(HD) CBS 32 KOLD-HT0 Circle 32.3 KTU (MYNET) 19 KTTU-DT2 This TV 19.2 KUAT-MUAT (HD) PBS 30 KUAT-DT2 PBS Kids 30.1 KUVE/KUVE(HD) Univision 46 KUVE-DT2/KUVE-DT2(HD) Ur 46.2	MEDIACOM ARIZONA LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power to raried by your cable system during the accounting period, except (1) stations carried only on a part-FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network prograf. 56(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain statubstitute posering basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute basis on despecific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list til in space I (the Special Statement and Program station was carried and to a substitute basis and als basis. For further information concerning substitute basis stations, see page (V) of the general instruction (Column 1: List each station's call sign. D on terport origination program services such as HBO, ESI multicast stream associated with a station according to its over-the-air designation. For example, repriveTA-2' as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over (ficense, For example, WC (S 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 ducational station, by entering the letter 'N' (for network), 'N-M' (for network multicast), 'T (for independent multicast), 'E' (for noncommercial educations, list the community to which the station FCC. For Mexican or Canadian stations, if any, give the name of the community of

	LEGAL NAME OF OWNER O)F CABLE SYSTEM:		SYSTEM			
Name	MEDIACOM ARIZON	ALLC		40			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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						
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a	(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. is: With respect to any distant stations car	(e)(2) and (4))]; and (2) certain sta	tions carried on a			
	basis under specific FCC r	rules, regulations, or authorizations: are in space G—but do list it in space I (the					
	• List the station here, and basis. For further informati	d also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr	see page (v) of the general instruc	tions.			
	multicast stream associate "WETA-2" as the same on	ed with a station according to its over-the- n the form.	air designation. For example, rep	ort multistream			
	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						
		ch case whether the station is a network s					
	educational station, by ent (for independent multicast) For the meaning of these t		or network multicast), "I" (for indep "E-M" (for noncommercial educat ctions in the paper SA1-2 form.	endent), "I-M" ional multicast).			
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	educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	ch case whether the station is a network si tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t	or network multicast), "I" (for indep "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" ional multicast). is licensed by the			
	educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locatio FCC. For Mexican or Cana	ch case whether the station is a network si tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station e community with which the station	endent), "I-M" ional multicast). is licensed by the n is identified.			
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	educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN XHCAN Azteca	ch case whether the station is a network si tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25	or network multicast), "I" (for indep = "E-M" (for noncommercial educat titions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION CANANEA, MEXICO			
	educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN XHCAN Azteca XHDF Azteca	ch case whether the station is a network si tering the letter "N" (for network), "N-M" (for the station of the seneral instruc- tor of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25 25	or network multicast), "I" (for indep "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION I I	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION CANANEA, MEXICO MEXICO CITY, MEXICO			
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	educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN XHCAN Azteca XHDF Azteca	ch case whether the station is a network si tering the letter "N" (for network), "N-M" (for the station of the seneral instruc- terms, see page (iv) of the general instruc- terms, see page (iv) of the	or network multicast), "I" (for indep "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION I I	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION CANANEA, MEXICO MEXICO CITY, MEXICO			
	educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN XHCAN Azteca XHDF Azteca	ch case whether the station is a network si tering the letter "N" (for network), "N-M" (for the station of the seneral instruc- terms, see page (iv) of the general instruc- terms, see page (iv) of the	or network multicast), "I" (for indep "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION I I	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION CANANEA, MEXICO MEXICO CITY, MEXICO			
	educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN XHCAN Azteca XHDF Azteca	ch case whether the station is a network si tering the letter "N" (for network), "N-M" (for the station of the seneral instruc- terms, see page (iv) of the general instruc- terms, see page (iv) of the	or network multicast), "I" (for indep "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION I I	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION CANANEA, MEXICO MEXICO CITY, MEXICO			

EGAL NAME OF								SYSTEM I 408
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (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 pa ed by the cable s re station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						 		
						<u> </u>		
						 		
						<u> </u>		
						<u> </u>		
						 		
						 		
			1					

Accounting Perio								
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID 4084
								4084
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM L	OG			
	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				and general in			
Special Statement and	During the accounting per	-			asis, any noni	network tele	vision prog	Iram
Program Log	broadcast by a distant sta	ation?			·		YES	× NO
	Note: If your answer is "No	o". leave the	rest of this pa	age blank. If vour answer	is "Yes." vou i	must comple	ete the pro	
	log in block 2.	,		0 ,		·		
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Cal Column 5: Give the mon first. Example: for May 7 gi	egulations, o ries like "mo . Bulls." m was broad l sign of the s adcast static nadian statio nth and day ive "5/7." nes when the	or authorization ovies" or "bask dcast live, entu station broadc on's location (i ons, if any, the when your sy e substitute pr	ns. See page (v) of the g tetball." List specific prog er "Yes." Otherwise enter casting the substitute pro- the community to which the community with which the stem carried the substitu- ogram was carried by yo	eneral instruct ram titles, for e "No." gram. he station is lin he station is id te program. U ur cable syste	ions for furth example, "I l censed by th lentified). se numerals m. List the ti	ner informa Love Lucy" ne FCC or, s, with the r imes accur	ation. or in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules	ter "R" if the and regulation	ons in effect d		iod; enter the l	letter "P" if tl	ne listed pr	
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the and regulation mming that y	ons in effect d	Iuring the accounting per	iod; enter the l ider FCC rules	letter "P" if th s and regula	ne listed pr tions in	
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Accounting Period:	2022/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ARIZONA LLC			SYSTEM ID# 40843
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipt	n's secondary transm how to compute this a	ission service amount, see \$3	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ss than \$527,600 nation.	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 accounting period is \$52.00			
	Line 1. Royalty fee for accounting period			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1	and 2	<u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	ut more than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00	-	
	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	· · · · · · <u> </u>		
	5. Enter the amount from line 3	· · · · · <u> </u>		
	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	313,201.91		
	2. Base amount under statutory formula	263,800.00	-	
	3. Subtract line 2 from line 1	49,401.91	-	
	4. Multiply line 3 by .01	\$	494.02	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) $\ldots \ldots$	\$	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, a	nd 6	\$	1,813.02
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		1,813.02	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,833.02
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			ghts!

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ARIZONA LLC	SYSTEM ID# 40843
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televisie to its subscribers, and (2) the cable system's total number of activated channels during the account 1. Enter the total number of channels on which the cable system carried television broadcast stations	ing period. 35
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individu we can contact about this statement of account.)	al to whom
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 Copyrid • 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 ideal X (Agent of owner other than corporation or partnership) I am the duly authorized agent of 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 leg in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in g [18 U.S.C., Section 1001(1986)] X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John S Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership) Date:	ntified in line 1 of space B; or f the owner of the cable system as identified gal entity identified as owner of the cable system s of fact contained herein ood faith.
1	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 fing, a determination that would be made by a court of law.

unting Period: 2022/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM ARIZONA LLC	4084
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- lowing 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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	s
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
ID number First community served	

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 the 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.