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	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))	

Accounting 2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Baccode Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Second Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Second Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Second Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Second Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Second Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Second Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Second Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Second Data Filing Period (optional - see instructions) Baccode Data Filing Period (optional - see instructions) Second Data Filing Period (optional - see instructions) Baccode Data Filing Period Second Data Filing Period Second Data Filing	Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
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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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM CALIFORNIA LLC	SYSTEM ID# 7274				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 know as the "first community." Please use it as the first community on all future filings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	or mobile home parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First Community	KERN COUNTY					
Rows as Necessary						

		ABI E SVSTEM						FORM SA1-	TEM ID	
Name	Name LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM CALIFORNIA LLC							010	727	
Е	SECONDARY TRANSMISSION					ny transmission	convice of	the cable		
_	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									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period									
Service: Sub- scribers and	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									
Rates	each category by counting the n			•		•				
Rutoo	separately for the particular serv			•••				· · · · · · · · · · · · · · · · · · ·		
	Rate: Give the standard rate of	-	-					-		
	unit in which it is generally billed category, but do not include disc					ard rate variation	s within a	particular rate		
	Block 1: In the left-hand block					condarv transmis	sion servi	ce that cable		
	systems most commonly provide			-						
	that applies to your system. Not			-		-				
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted o						ider Servi	ce to the		
	Block 2: If your cable system						different f	from those		
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	nore secon	idary transmissi	ons), list th	em, together		
	with the number of subscribers a	ind rates, in the	e right-l	hand block. A t	wo- or thre	ee-word descript	ion of the	service is		
	sufficient.	DCK 1					BLOCK	()		
		NO. OF	:				DLOOI	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		683	29.99-74.49						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		0	29.99-74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				:e					
-	In General: Space F calls for rat					all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t									
. .	service for a single fee. There ar									
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		usualiy	billed. If ally f		harged on a van	abic pei-p	rogram basis,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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.									
		BLO				DATE		BLOCK 2 DRY OF SERVICE		
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	JRY OF SERVICE	RATE	
	Pay cable	PP		itel, hotel	Sidential		Family	Cable	####	
	Pay cable—add'l channel	PP		mmercial			. anny	JUDIC		
	• Fire protection			y cable						
	•Burglar protection			y cable-add'l cl	nannel					
	Installation: Residential			e protection						
	• First set	109.99		rglar protection						
	Additional set(s)	15.00-49.00		services:						
	• FM radio (if separate rate)			connect		49.00				
	Converter	10.50		connect						
	Contorio	.0.00		tlet relocation		15.00-49.00				
			_	ve to new add		10.00-43.00				
					ess					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM CALIFORM			72				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ransmitters: Television	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network)							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KBAK/KBAK (HD) CBS	33	N	BAKERSFIELD, CA				
	KBAK-DT3 Charge!	33.3	I-M	BAKERSFIELD, CA				
Rows as Necessary	KBAK-DT3 Charge! KBFX/KBFX (HD) FOX	33.3 29	I-M	BAKERSFIELD, CA BAKERSFIELD, LA				
Rows as Necessary			-					
Rows as Necessary	KBFX/KBFX (HD) FOX	29	I	BAKERSFIELD, LA				
Rows as Necessary	KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet	29 29.2	I I-M	BAKERSFIELD, LA BAKERSFIELD, LA				
Rows as Necessary	KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND	29 29.2 29.3 9	I I-M I-M	BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA				
Rows as Necessary	KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC	29 29.2 29.3 9 10	I I-M I-M I N	BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA				
Rows as Necessary	KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV	29 29.2 29.3 9 10 10.2	I I-M I-M I I N I-M	BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA				
Rows as Necessary	KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV KERO-DT3 Grit	29 29.2 29.3 9 10 10.2 10.3	I I-M I-M I I N I-M I-M	BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA				
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Rows as Necessary	KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV KERO-DT3 Grit KERO-DT3 Grit KERO-DT5 Bounce TV KERO-DT6 Newsy	29 29.2 29.2 29.3 9 10 10.2 10.3 10.4 10.5 10.6	I I-M I-M I I N I-M I-M I-M I-M I-M	BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA				
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Name MEDIACOM CALIFORNIA LLC Primary 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), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G — but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning bubstitute 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 multisteam "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network multicast), "T" (for network multicast), "T" (for network multicast), "T" (for network mult	ounting Period:	2022/2			FORM SA1-2E. PA				
MEDIACOM CALIFORNIA LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Television 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, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, were appae (v) of the general instructions. Column 1: List each tennel number the FCC assigned to the television station, an independent station, or a noncommercial educational station, by entering the letter 'N'' (for network), "N-M" (for network), "I-M" (for independent), "I-M" (Gor unaccinal station, see page (v) of the pareral station and independent), "I-M" (for	Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM 72				
 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), 07.6.61 (e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, and explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, and explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, and explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by our cable system on a substitute program 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 (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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	Nume	MEDIACOM CALIFORNIA LLC							
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		1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
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MEDIACOM		CABLE S'						SYSTEM I 72
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the statior	y the sys be recei t the Co sign of e he static 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. on is AM or FM. nal was electronically processes (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 ertain st eneral ir eparate a	be expected, ated intervals. hstructions 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	
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Accounting Perio			4.						OVOTELL'E
Name	LEGAL NAME OF OWNER OF		1:						SYSTEM ID 7274
	SUBSTITUTE CARRIAG	E: SPECIAL S	STATEME	NT AND PROGRAM	LOG				
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	accounting period	d, under sp	ecific present and forme	er FCC rules,	egulations, o	or auth	norization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			<u> </u>	
Special	During the accounting pe	-			basis. anv n	onnetwork te	elevisi	ion proar	am
Statement and Program Log	broadcast by a distant sta	-	,	3 7	, ,			YES	× NO
r rogram Log	Note: If your answer is "No		t of this na	ge blank. If your answe	aris "Vas" vo	u must com		_	
	log in block 2.		n or this pa	ge blank. If your answe	5113 103, ye	u must com	piete	the prog	iam
	Column 1: Give the title 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 mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	a distant station egulations, or au ries like "movies . Bulls." m was broadcas sign of the stati adcast station's nadian stations, nth and day whe ive "5/7." nes when the su . Example: a pro	and that yu uthorization s" or "bask st live, ente ion broadc blocation (t , if any, the en your sys ubstitute pro	our cable system subsi ns. See page (v) of the etball." List specific pro er "Yes." Otherwise ent asting the substitute pr he community to which community with which stem carried the substi	tituted for the general instr gram titles, for ogram. In the station is the station is tute program your cable sys	programmir uctions for fu or example, s licensed by identified). Use numer	ng of a urther "I Love y the F als, w e time	another s informat e Lucy" o FCC or, i rith the m es accura	station tion. or in nonth
	Column 7: Enter the lett to delete under FCC rules was substituted for program	and regulations	in effect d		eriod; enter th	e letter "P"	f the I	isted pro	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulations mming that your).	in effect d r system w	uring the accounting po as permitted to delete o	eriod; enter th under FCC ru	le letter "P" les and regu	if the I ulation	listed pro	ogram
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Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#	
Name	MEDIACOM CALIFORNIA LLC				7274	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipting the statement in space P concerning gross receipting the statement in space P concerning gross receipting gross receipting the statement in space P concerning gross receipting the statement in space P concerning gross receipting gross receipting the statement in space P concerning gross receipting gross receipting the statement in space P concerning gross receipting gross receipt	ystem's se n of how t	condary transm o compute this a	ission service amount, see	6,874.84 pss receipts)	
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 less than or equal to \$263,800 • 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.					
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR	LESS			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that y	ou must pay for	this six-mon		
	Line 1. Royalty fee for accounting period					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	ies 1 and 2	2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)		
	1. Base amount under statutory formula	\$	263,800.00			
	2. Enter amount of gross receipts from space K	\$	216,874.84			
	3. Subtract line 2 from line 1	\$	46,925.16			
	4. Enter the amount of gross receipts from space K		. \$ 2	216,874.84		
	5. Enter the amount from line 3		. \$	46,925.16		
	6. Subtract line 5 from line 4		\$	169,949.68		
	7. Multiply line 6 by .005 (enter figure here)			\$	849.75	
	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		\$	849.75	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	,600)		
	1. Enter the amount of gross receipts from space K					
	- 2. Base amount under statutory formula	\$	263,800.00			
	- 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 DU	E				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	849.75		
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			\$	869.75	
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1		-		hts!	

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM CALIFORNIA LLC	SYSTEM ID# 7274
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	22
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	61
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 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 ow 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 hereid 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)]	system as identified vner of the cable system
	Date: 2/6/2023	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

unting Period: 2022/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM CALIFORNIA LLC	727
 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 following sentence:	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
Owner	
Owner Address	

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.

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