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	T 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	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division a Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	

k

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
<b>A</b>		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM
		MCC Illinois, LLC (Charleston, IL)
		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)
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(Citv, town, state, zjp code)
		ניניא, נישוו, סומופ, בוף ניטיפן
Privacy Act Notice	: Section	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MCC Illinois, LLC (Charleston, IL)	77
D	Instructions: List each separate community served by the cable system. A "commun "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 I as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including singl ist will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile lidentified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	CHARLESTON	IL
Community	ASHMORE	
	COLES COUNTY	IL
dd Rows as Necessary	KANSAS VILLAGE	IL
	WESTFIELD	IL
	การและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการแล	

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID: 772	
	MCC Illinois, LLC (Charleston, IL)									
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in s	-		-		•				
0	system, that is, the retransmission									
Secondary Transmission	about other services (including plast day of the accounting period	• • •			-		inose exis	ting on the		
Service: Sub-	Number of Subscribers: Both	•				,	ble svstem	n. broken		
scribers and	down by categories of secondar	•								
Rates	each category by counting the n			0,0			,	s charged		
	separately for the particular serv					•	,			
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-		
	category, but do not include disc				ny stanua		5 within a			
	Block 1: In the left-hand block				ies of sec	condary transmis	sion 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	0			· · ·	service that are	e different f	from those		
		-		•						
		example, tiers of services that include one or more secondary transmissions), list them, together scribers and rates, in the right-hand block. A two- or three-word description of the service is								
	sufficient.	DCK 1					BLOCK	( )		
		NO. OF	:				BLUUR	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		1,031	29.99-74.49						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• 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 ra	· · · ·				all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t	hose services	that are	e not offered in	combinatio	on with any seco	ondary trar	nsmission		
	service for a single fee. There are	•			•		0 (	,		
Services Other Than	furnished at cost or (2) services									
Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	onieu. Il any la	lies are ci	narged on a van	able per-p	rogram basis,		
Fransmissions:	Block 1: Give the standard rat		the cabl	le system for ea	ch of the	applicable servi	ces listed.			
Rates	Block 2: List any services that	your cable sy	stem fu	rnished or offer	ed during	the accounting	period that	were not		
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a		
	brief (two- or three-word) description and include the rate for each.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	PP		tel, hotel			Family	Cable	####	
	Pay cable—add'l channel	PP	_	mmercial						
	Fire protection			y cable						
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l ch	annel					
	Installation: Residential			e protection						
	• First set	109.99	• Bu	rglar protection						
	<ul> <li>Additional set(s)</li> </ul>	15.00-49.00	Other	services:						
	• FM radio (if separate rate)		•Re	connect		49.00				
	Converter	10.50	• Dis	connect						
			•Ou	tlet relocation		15.00-49.00				
			• Mo	ve to new addr	ess					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Illinois, LLC (Cha			
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	<i>t</i> (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain sta	time basis under ams [sections ations carried on a
Television	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	lso in space I, if the station was carrie	the Special Statement and Program	Log)—if the o on some other
	Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	program services such as HBO, ESI e-air designation. For example, rep evision station for broadcasting over	PN, etc. Identify each ort multistream · the air in its community
	educational station, by enteri (for independent multicast), " For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canadi	ing 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 lian stations, if any, give the name of t	(for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station the community with which the station	pendent), "I-M" ional multicast). n is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAND/WAND(HD) NBC	17	N	Decatur, IL
	WAND-DT2 Cozi TV	17.2	I-M	Decatur, IL
Rows as Necessary	WAWV/WAWV(HD) ABC	39	N	TERRE HAUTE, IN
	WAWV-DT Grit	39.2	I-M	TERRE HAUTE, IN
	WAWV-DT3 Bounce TV	39.3	I-M	TERRE HAUTE, IN
	WBUI/WBUI(HD) CW	22	I	Decatur, IL
	WBUI-DT2 DABL	22.2	I-M	Decatur, IL
	WBUI-DT3 Stadium	22.3	I-M	Decatur, IL
	WCCU/WCCU(HD) FOX	26	l	Urbana, IL
	WCCU/WCCU(HD) FOX WCCU-DT2 True Crime Ne	26 26.2	I I-M	Urbana, IL Urbana, IL
			I I-M I-M	
	WCCU-DT2 True Crime Ne	26.2		Urbana, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV	26.2 26.3	I-M	Urbana, IL Urbana, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV WCIA/WCIA(HD) CBS	26.2 26.3 48	I-M N	Urbana, IL Urbana, IL Champaign, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV	26.2 26.3 48 48.3	I-M N I-M	Urbana, IL Urbana, IL Champaign, IL Champaign, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit	26.2 26.3 48 48.3 48.4	I-M N I-M	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX (HD) My N	26.2 26.3 48 48.3 48.4 48.4 49	I-M N I-M I	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX (HD) My N WCIX-DT3 ION Mystery	26.2 26.3 48 48.3 48.4 49 49.3	I-M N I-M I-M I I	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT3 ION Mystery WCIX-DT4 Laff	26.2 26.3 48 48.3 48.4 49 49.3 49.4	I-M N I-M I-M I I-M I-M	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7WCIX (HD) My N WCIX-DT3 ION Mystery WCIX-DT4 Laff WEIU/WEIU(HD) PBS	26.2 26.3 48 48.3 48.4 49 49.3 49.4 50	I-M N I-M I-M I I-M I-M E	Urbana, IL Urbana, IL Champaign, IL Champaign, IL Champaign, IL Springfield, IL Springfield, IL Springfield, IL Charleston, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT3 ION Mystery WCIX-DT3 ION Mystery WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS FNX WICD/WICD(HD) ABC	26.2 26.3 48 48.3 48.4 49 49.3 49.4 50 50.2	I-M N I-M I-M I I I-M E E E-M	Urbana, IL         Urbana, IL         Champaign, IL         Champaign, IL         Champaign, IL         Springfield, IL         Springfield, IL         Springfield, IL         Charleston, IL         Charleston, IL         Charleston, IL         Charleston, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT3 ION Mystery WCIX-DT3 ION Mystery WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS FNX WICD/WICD(HD) ABC WICD-DT2 Comet	26.2 26.3 48 48.3 48.4 49 49.3 49.4 50 50.2 41 41.2	I-M N I-M I-M I I-M E E E-M N N I-M	Urbana, IL         Urbana, IL         Champaign, IL         Champaign, IL         Champaign, IL         Springfield, IL         Springfield, IL         Charleston, IL         Charleston, IL         Champaign, IL         Charleston, IL         Champaign, IL
	WCCU-DT2 True Crime Ne WCCU-DT3 Antenna TV WCIA/WCIA(HD) CBS WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT3 ION Mystery WCIX-DT3 ION Mystery WCIX-DT4 Laff WEIU/WEIU(HD) PBS WEIU-DT2 PBS FNX WICD/WICD(HD) ABC	26.2 26.3 48 48.3 48.4 49 49 49.3 49.4 50 50 50.2 41	I-M N I-M I I I I-M I-M E E E-M N	Urbana, IL         Urbana, IL         Champaign, IL         Champaign, IL         Champaign, IL         Springfield, IL         Springfield, IL         Springfield, IL         Charleston, IL         Charleston, IL         Charleston, IL         Charleston, IL

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	MCC Illinois, LLC (Cha			7			
	PRIMARY TRANSMITTERS:	· · ·					
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 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						
Primary ransmitters: Television		)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	i1(e)(2) and (4))]; and (2) certain s	tations carried on a			
	Substitute Basis Stations:	With respect to any distant stations ca	arried by your cable system on a s	substitute program			
		les, regulations, or authorizations: in space G—but do list it in space I (tl	he Special Statement and Prograr	n Log)—if the			
	station was carried only on a	a substitute basis.		0,			
	-	lso in space I, if the station was carried n concerning substitute basis stations,					
	Column 1: List each station	's call sign. Do not report origination p	program services such as HBO, E	SPN, etc. Identify each			
	multicast stream associated "WETA-2" as the same on the	with a station according to its over-the	e-air designation. For example, re	port multistream			
		I number the FCC assigned to the tele	evision station for broadcasting over	er the air in its community			
		RC is channel 4 in Washington, D.C. case whether the station is a network	station an independent station or	r a poncommercial			
			, , ,				
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).						
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.						
	Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the static	on is licensed by the			
	Column 4: Give the location		the community to which the static	on is licensed by the			
	Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the static	on is licensed by the			
	Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the static	on is licensed by the			
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of t	the community to which the static he community with which the static	on is licensed by the on is identified.			
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	the community to which the static he community with which the static 3. TYPE OF STATION	on is licensed by the on is identified.  4. LOCATION OF STATION			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT2 PBS World	n of each station. For U.S. stations, list lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 9.2	the community to which the static he community with which the static 3. TYPE OF STATION E-M	on is licensed by the on is identified. 4. LOCATION OF STATION Urbana, IL			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create	n of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 9.2 9.3	the community to which the static he community with which the static 3. TYPE OF STATION E-M E-M	on is licensed by the on is identified. 4. LOCATION OF STATION Urbana, IL Urbana, IL			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS	n of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 9.2 9.3 10	the community to which the static he community with which the static 3. TYPE OF STATION E-M E-M N	on is licensed by the on is identified. 4. LOCATION OF STATION Urbana, IL Urbana, IL Terre Haute, IN			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD)	n of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 9.2 9.3 10 10.2	the community to which the static he community with which the static 3. TYPE OF STATION E-M E-M N I-M	on is licensed by the on is identified.			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD)	n of each station. For U.S. stations, list lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 9.2 9.3 10 10.2 10.3	the community to which the static he community with which the static 3. TYPE OF STATION E-M E-M I-M I-M	on is licensed by the on is identified. 4. LOCATION OF STATION Urbana, IL Urbana, IL Urbana, IL Terre Haute, IN Terre Haute, IN Terre Haute, IN			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD) WTWO/WTWO(HD) NBC	n of each station. For U.S. stations, list lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 9.2 9.3 10 10.2 10.3 36	the community to which the static he community with which the static 3. TYPE OF STATION E-M E-M N I-M I-M N	on is licensed by the on is identified.			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD) WTWO/WTWO(HD) NBC WTWO-DT2 Laff	n of each station. For U.S. stations, list lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 9.2 9.3 10 10.2 10.3 36 36.2	the community to which the static he community with which the static 3. TYPE OF STATION E-M E-M I-M I-M I-M I-M	on is licensed by the on is identified.			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD) WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 ION Mystery	n of each station. For U.S. stations, list lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 9.2 9.3 10 10.2 10.3 36 36.2 36.3	the community to which the static he community with which the static 3. TYPE OF STATION E-M E-M I-M I-M I-M I-M I-M	on is licensed by the on is identified.			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD) WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT3 ION Mystery WTWO-DT4 Antenna	n of each station. For U.S. stations, list lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 9.2 9.3 10 10.2 10.3 36 36.3 36.4	the community to which the static he community with which the static <b>3. TYPE OF STATION</b> E-M E-M I-M I-M I-M I-M I-M I-M	on is licensed by the on is identified.			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WILL-DT2 PBS World WILL-DT3 PBS Create WTHI/WTHI(HD) CBS WTHI-DT2/WTHI-DT2(HD) WTHI-DT3/WTHI-DT3(HD) WTWO/WTWO(HD) NBC WTWO-DT2 Laff WTWO-DT2 Laff WTWO-DT3 ION Mystery WTWO-DT4 Antenna WUSI/WUSI (HD) PBS	n of each station. For U.S. stations, list lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 9.2 9.3 10 10.2 10.3 36 36.3 36.4 19	the community to which the static the community with which the static <b>3. TYPE OF STATION</b> E-M E-M N I-M I-M I-M I-M E E	on is licensed by the on is identified. 4. LOCATION OF STATION Urbana, IL Urbana, IL Urbana, IL Terre Haute, IN Terre Haute, IN Onley, IL			

EGAL NAME O								SYSTEM I 77
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: Column	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Sive the statior	y the sys be recei it the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal 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 this point, see pag ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st 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	
		<b></b>						

ccounting Perio	LEGAL NAME OF OWNER OF	- CABLE SYS	FIEM:					SYSTEM ID
Name	MCC Illinois, LLC (Ch	arleston, I	IL)					7729
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM L	OG			
	In General: In space I, iden							
	substitute basis during the a							
Substitute Carriage:	explanation of the program				r the general in	structions ir	i the paper	SA1-2 form.
Special	1. SPECIAL STATEMEN					notwork tol	ovicion pro	arom
Statement and	During the accounting pe	•	ul cable syster	in carry, on a substitute	asis, any nom			
	broadcast by a distant sta <b>Note:</b> If your answer is "No		root of this pr	an blonk If your anowo	ie "Vee " veuu	l must somn	YES	NO
	log in block 2.	o, leave the	e rest or this pa	age blank. If your answe	is res, you	must comp	iete trie pro	bgram
	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 broa the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes	a distant stat egulations, c vries like "mc . Bulls." m was broad l sign of the padcast station nadian station nth and day ive "5/7." mes when the	tion and that y or authorizatio ovies" or "bask dcast live, ent station broadc on's location ( ons, if any, the when your sy e substitute pr	our cable system substi- ns. See page (v) of the g tetball." List specific prog er "Yes." Otherwise enter casting the substitute pro- the community to which e community with which stem carried the substitu-	uted for the pro- peneral instruct ram titles, for e r "No." gram. the station is li he station is id the program. U our cable syste	ogramming tions for fur example, "I censed by lentified). se numera m. List the	y of anothe ther inform Love Lucy the FCC o Is, with the times accu	r station nation. " or r, in month urately
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulati	ions in effect d	Iuring the accounting pe	riod; enter the	letter "P" if	the listed p	
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	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that <u>y</u> ).	ions in effect d	luring the accounting perators and the second se	iod; enter the oder FCC rules	letter "P" if s and regul N SUBST AGE OCC	the listed p ations in ITUTE	7. REASON FO
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Accounting Period:	2022/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Illinois, LLC (Charleston, IL)			:	SYSTEM ID# 7729
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (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	em's seco of how to c	ndary transm ompute this a	ssion service mount, see \$ 3	
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 I Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more infor BLOCK 1: GROSS RECEIPTS OF \$137,10	less than rmation.	\$527,600	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee			his six mon	
	accounting period is \$52.00	e that you	must pay for		
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines '	1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (	(but more	than \$137,1	00)	
	1. Base amount under statutory formula	2	63,800.00		
	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	· · · · · · · <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	d 8	·····		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	0 (but les	s than \$527,	600)	
	1. Enter the amount of gross receipts from space K	3	36,280.22		
	2. Base amount under statutory formula	2	63,800.00		
	3. Subtract line 2 from line 1		72,480.22		
	4. Multiply line 3 by .01	<u></u>	\$	724.80	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u></u>	6	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · · - <u> </u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, a	and 6	· · · · · · · · · · · · · · · · · · ·	\$	2,043.80
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		5	2,043.80	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)			20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,063.80
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 fo		-		ghts!
i					

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Illinois, LLC (Charleston, IL)		SYSTEM ID# 7729
M Channels	to its subscribers, and (2) the cable system's total 1. Enter the total number of channels on which the	adcast stations	51 61
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER we can contact about this statement of account.)	INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Kenneth J. Kohrs	Telephone 84	5-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, Mediacom Park, NY 109 (City, town, state, zip)		
	Email Copyrights@media	comcc.com Fax (optional)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, I</li> <li>(Owner other than corporation or parter</li> <li>(Agent of owner other than corporation in line 1 of space B and that the owner</li> <li>(Officer or partner) I am an officer (if a cin line 1 of space B.</li> <li>I have examined the statement of account and here are true, complete, and correct to the best of my knot [18 U.S.C., Section 1001(1986)]</li> </ul>	hership) I am the owner of the cable system as identified in line 1 of space B; of a corporation or partnership; or         corporation) or a partner (if a partnership) of the legal entity identified as owner         eby declare under penalty of law that all statements of fact contained herein         owledge, information, and belief, and are made in good faith.         X       /s/ Kenneth J. Kohrs         ter an electronic signature on the line above to certify this statement.         ter signature using an "/s/ signature" (e.g., /s/ John Smith)	tem as identified
	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.

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Cillinois, LLC (Charleston, IL)	7729
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?	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Address	
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 Assessment
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	
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	1
ID number First community served	m

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