This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
AMOUNT						
\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM WISCONSIN LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM WISCONSIN LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1504 Second Street S.E.
	_	(Number, street, rural route, apartment, or suite number) Waseca, MN 56093
		(City, town, state, zip code)

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

Accounting Period:	2023/1							
	, -	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name								
	MEDIACOM WISCONSIN LLC	27113						
	Instructions: List each separate community served by the cable system. A "community"							
D	separate and distinct community or municipal entity (including unincorporated commun							
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Served	city.							
	CITY OR TOWN	STATE						
First	Mauston	WI						
First Community	Camp Douglas	WI						
•	Hustler	WI						
	Juneau County	WI						
Add Rows as Necessary	Necedah	WI						
	New Lisbon	WI						
	Germantown	WI						
	Norwalk	WI						
	Ontario	WI						
	Wilton	WI						

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

27113

MEDIACOM WISCONSIN LLC

Ε

Name

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK	< 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RAIL
Residential:					
Service to first set	489	29.95-74.49			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	0	29.95-74.49			
Converter					
Residential					
Non-residential					
1		T		I	T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:	nuing Services: Installation: Non-residential				
• Pay cable	PP	Motel, hotel		Family Cable	105.00
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
 Burglar protection 					
Installation: Residential					
• First set	109.99	Burglar protection			
 Additional set(s) 	49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	49.00		
		 Move to new address 			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27113

4 LOCATION OF STATION

MEDIACOM WISCONSIN LLC PRIMARY TRANSMITTERS: TELEVISION

1 CALL SIGN

G

Primary
Transmitters:
Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2 B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WEAU/WEAU (HD) (NBC)	38	N	Eau Claire, WI
WEAU-DT2 Cozi TV	38.2	I-M	Eau Claire, WI
WEAU-DT3 MeTV	38.3	I-M	Eau Claire, WI
WEAU-DT4 Movies!	38.4	I-M	Eau Claire, WI
WEAU/WEAU-DT5 (HD) CW	38.5	I-M	Eau Claire, WI
WHLA/WHLA(HD) PBS	30	E	MADISON, WI
WHLA-DT2 PBS TWC	30.2	E-M	MADISON, WI
WHLA-DT3 PBS Create	30.3	E-M	MADISON, WI
WHLA-DT4 PBS Kids	30.4	E-M	MADISON, WI
WIFS ION	57	I	Janesville, WI
WISC/WISC(HD) CBS	50	N	Madison, WI
WKBT/WKBT (HD) (CBS)	8	N	La Crosse, WI
WKBT-DT2 MyNet	8.2	I-M	La Crosse, WI
WKOW/WKOW(HD) ABC	26	N	Madison, WI
WKOW-DT2 This TV	26.2	I-M	Madison, WI
WKOW-DT3 Catchy Comedy	26.3	I-M	Madison, WI
WKOW-DT4 Court TV HD	26.4	I-M	Madison, WI
WKOW-DT5 True Crime Netw	26.5	I-M	Madison, WI
WLAX/WLAX (HD) (FOX)	17	l	LA CROSSE, WI
WLAX-DT2 Antenna	17.2	I-M	LA CROSSE, WI
WLAX-DT3 Laff	17.3	I-M	LA CROSSE, WI
WLAX-DT4 Grit	17.4	I-M	LA CROSSE, WI
WMSN/WMSN(HD) FOX	49	l	Madison, WI
WMSN-DT2 COMET	49.2	I-M	Madison, WI
WMSN-DT3 Charge	49.3	I-M	Madison, WI

3 TYPE OF STATION

Add Rows as Necessary

U.S. Copyright Office

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27113

MEDIACOM WISCONSIN LLC PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WMSN-DT4 TBD	49.4	I-M	Madison, WI
WMTV/WMTV(HD) NBC	19	N	Madison, WI
WMTV-DT2 CW HD	19.2	I-M	Madison, WI
WMTV-DT3 AntennaTV	19.3	I-M	Madison, WI
WMTV-DT4 MeTV	19.4	I-M	Madison, WI
WMTV-DT5 Start TV	19.5	I-M	Madison, WI
WMTV-DT6 Weather	19.6	I-M	Madison, WI
WXOW/WXOW (HD) (ABC)	48	N	LA CROSSE, WI
WXOW-DT2 Catchy Comedy	48.2	I-M	Madison, WI
WXOW-DT3 This TV	48.3	I-M	Madison, WI
WXOW-DT4 Court TV	48.4	I-M	Madison, WI
WXOW-DT5 True Crime Netw	48.5	I-M	Madison, WI

MEDIACOM WISCONSIN LLC

27113

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

			T	1	T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 -					
		L					
							<u> </u>

General: In space I, identically stitute basis during the adolanation of the programm SPECIAL STATEMENT uring the accounting per padcast by a distant state: If your answer is "No in block 2. LOG OF SUBSTITUTE General: List each substar. If you need more space Column 1: Give the title riod, was broadcast by a der certain FCC rules, renot use general categor BA Basketball: 76ers vs. Column 2: If the program	E: SPECIAL If yevery non ccounting pe ing that mus r CONCERI iod, did your tion? ", leave the E PROGRAL titute progra ice, please a of every nor distant stati gulations, o ies like "mor Bulls."	L STATEMEN Inetwork televis Iniod, under spe It be included in NING SUBST Ir cable system rest of this pag MS Im on a separa add additional in Innetwork televition and that you r authorizations	cition program, broadcast by a certific present and former FC in this log, see page (v) of the certific present and former FC in this log, see page (v) of the certific present and the certific present and the certific present and the certific program (substitute pur cable system substitute is see page (v) of the gen	a distant statio CC rules, regula e general instru is, any nonnet "Yes," you mu wherever pos: program") tha ed for the progreeral instructior	tions, or au ctions in th work telev est complet sible, if the t, during th ramming o	ision prograr YES te the progra eir meaning is	For a further 2 form. NO m
General: In space I, identically stitute basis during the adolanation of the programm SPECIAL STATEMENT uring the accounting per padcast by a distant state: If your answer is "No in block 2. LOG OF SUBSTITUTE General: List each substar. If you need more space Column 1: Give the title riod, was broadcast by a der certain FCC rules, renot use general categor BA Basketball: 76ers vs. Column 2: If the program	ify every non ccounting pering that must reconct that must reconct the country of	network televis priod, under spe t be included in NING SUBST r cable system rest of this pag mon a separa add additional in network televition and that yo r authorizations	cition program, broadcast by a certific present and former FC in this log, see page (v) of the certific present and former FC in this log, see page (v) of the certific present and the certific present and the certific present and the certific program (substitute pur cable system substitute is see page (v) of the gen	a distant statio CC rules, regula e general instru is, any nonnet "Yes," you mu wherever pos: program") tha ed for the progreeral instructior	tions, or au ctions in th work telev est complet sible, if the t, during th ramming o	ision prograr YES te the progra eir meaning is	For a further 2 form. NO m
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program							nth ely
SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA DEL							
ted Code del s s	e nearest five minutes. ed as "6:00–6:30 p.m." column 7: Enter the lett elete under FCC rules a substituted for progran et on October 19, 1976.	e nearest five minutes. Example: a cd as "6:00–6:30 p.m." column 7: Enter the letter "R" if the elete under FCC rules and regulation substituted for programming that y ct on October 19, 1976. SUBSTITUT	e nearest five minutes. Example: a program carried as "6:00–6:30 p.m." blumn 7: Enter the letter "R" if the listed program elete under FCC rules and regulations in effect do substituted for programming that your system wast on October 19, 1976. SUBSTITUTE PROGRAM TITLE OF PROGRAM 2. LIVE? 3. STATION'S	e nearest five minutes. Example: a program carried by a system from 6:01: ad as "6:00–6:30 p.m." blumn 7: Enter the letter "R" if the listed program was substituted for prograte under FCC rules and regulations in effect during the accounting period substituted for programming that your system was permitted to delete under to n October 19, 1976. SUBSTITUTE PROGRAM TITLE OF PROGRAM 2. LIVE? 3. STATION'S	e nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:2 at as "6:00–6:30 p.m." column 7: Enter the letter "R" if the listed program was substituted for programming that you elete under FCC rules and regulations in effect during the accounting period; enter the lett substituted for programming that your system was permitted to delete under FCC rules a set on October 19, 1976. WHE SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S 5. MONTH	e nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. state as "6:00–6:30 p.m." plumn 7: Enter the letter "R" if the listed program was substituted for programming that your system elete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the substituted for programming that your system was permitted to delete under FCC rules and regulation on October 19, 1976. WHEN SUBSTITUTE PROGRAM CARRIAGE OCCURTICLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6.	e nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be at as "6:00–6:30 p.m." plumn 7: Enter the letter "R" if the listed program was substituted for programming that your system was require elete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed programs substituted for programming that your system was permitted to delete under FCC rules and regulations in cert on October 19, 1976. WHEN SUBSTITUTE

Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC			;	SYSTEM ID: 27113
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s' (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 receipts.	ystem's se n of how to	condary transm compute this a	ission service amount, see \$ 20	
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 the sepage (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	nis six-month	
	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	es 1 and 2		<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	261,884.31	-	
	3. Subtract line 2 from line 1	\$	1,915.69	-	
	4. Enter the amount of gross receipts from space K		. \$	261,884.31	
	5. Enter the amount from line 3		\$	1,915.69	
	6. Subtract line 5 from line 4		\$	259,968.62	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,299.84
	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		\$	1,299.84
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	',600)	
	Enter the amount of gross receipts from space K			_	
	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)		\$	1,299.84	•
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,319.84
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				yhts!

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: SCONSIN LLC				SYSTEM ID# 27113			
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								
	on which the	I number of activated channe cable system carried television deast services	on broadcas	t stations		66			
N Individual to Be Contacted		BE CONTACTED IF FURTI Be about this statement of accou		MATION IS NEEDED (Identify an individ	dual to whom				
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762			
	Address	One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY		number)					
	Email	(City, town, state, zip) Copyrights@me	ediacomcc.	comF	Fax (optional				
	CERTIFICATION (This statement of account m	ust be certifi	ed and signed in accordance with Copyr	right Office regulations)				
O Certification	• I, the undersigne	d, hereby certify that (Check o	ne, <i>but only</i>	one, of the boxes.)					
	(Owner	r other than corporation or p	artnership)	I am the owner of the cable system as ide	entified in line 1 of space B	; or			
				enership) I am the duly authorized agent of ot a corporation or partnership; or	f the owner of the cable sy	ystem as identified			
		er or partner) I am an officer (in line 1 of space B.	if a corporati	on) or a partner (if a partnership) of the leg	gal entity identified as own	er of the cable system			
		te, and correct to the best of m	•	are under penalty of law that all statements , information, and belief, and are made in o					
			Enter an ele	/s/ Kenneth J. Kohrs					
		Typed or printed		ture using an "/s/ signature" (e.g., /s/ John S	onitin)				
		Title:		Vice President, Financial Repo	orting				
		Date:			8/4/2023				

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

FORM SA1-2E. PAGE 8 Accounting Period: 2023/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 27113 MEDIACOM WISCONSIN LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following 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-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment 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 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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