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						
DATE RECEIVED AMOUNT						
8/28/2023	\$					
	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	ACCOUNTING 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	
	MCC Illinois, LLC (Louisville, 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	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(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.
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Illinois, LLC (Louisville, IL)	27159
	Instructions: List each separate community served by the cable system. A "communi	
D	separate and distinct community or municipal entity (including unincorporated communitorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will set community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Avaa	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the identified
Area Served	city.	
	CITY OR TOWN	STATE
First	Louisville	IL
Community	Farina	IL .
Add Rows as Necessary		

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

27159

Ε

Name

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

MCC Illinois, LLC (Louisville, IL)

**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		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	35	29.99-61.54			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	0	29.99-61.54			
Converter					
Residential					
Non-residential					
		1		ļ	<b>T</b>

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27159

# MCC Illinois, LLC (Louisville, IL) 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.

Add Rows as Necessary KDNL-DT3 C

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDNL/KDNL(HD) ABC	31	N	St. Louis, MO
KDNL-DT2 TBD	31.2	I-M	St. Louis, MO
KDNL-DT3 Charge!	31.3	I-M	St. Louis, MO
KDNL-DT4 Stadium	31.4	I-M	St. Louis, MO
KMOV/KMOV(HD) CBS	24	N	ST LOUIS, MO
KMOV-DT2 MyNetworkTV	24.2	I-M	ST LOUIS, MO
KMOV-DT3 CoziTV	24.3	I-M	ST LOUIS, MO
KMOV-DT4 ION Mystery	24.4	I-M	ST LOUIS, MO
KNLC/ KNLC MeTV HD	14	l	ST LOUIS, MO
KNLC-DT2 NLEC TV	14.2	I-M	ST LOUIS, MO
KNLC-DT3 H&I	14.3	I-M	ST LOUIS, MO
KNLC-DT4 Movies	14.4	I-M	ST LOUIS, MO
KNLC-DT5 Catchy Comedy	14.5	I-M	ST LOUIS, MO
KNLC-DT6 Start TV	14.6	I-M	ST LOUIS, MO
KNLC-DT7 MeTV Plus	14.7	I-M	ST LOUIS, MO
KPLR/KPLR(HD) CW	26	l	St. Louis, MO
KPLR-DT2 Court TV	26.2	I-M	St. Louis, MO
KPLR-DT3 COMET	26.3	I-M	St. Louis, MO
KPLR-DT4 Rewind TV	26.4	I-M	St. Louis, MO
KSDK/KSDK(HD) NBC	35	N	St. Louis, MO
KSDK-DT2 BOUNCE	35.2	I-M	St. Louis, MO
KSDK-DT3 True Crime	35.3	I-M	St. Louis, MO
KSDK-DT4 Quest	35.4	I-M	St. Louis, MO
KTVI/KTVI(HD) FOX	43	l	ST. LOUIS, MO
KTVI-DT2 Antenna TV	43.2	I-M	ST. LOUIS, MO

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27159

MCC Illinois, LLC (Louisville, IL)

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
KTVI-DT3 Grit	43.3	I-M	ST. LOUIS, MO
KTVI-DT4 Dabl	43.4	I-M	ST. LOUIS, MO
WCIA (CBS)	48	N	CHAMPAIGN, IL
WEIU/WEIU(HD) PBS	51	E	CHAMPAIGN, IL
WEIU-DT2 PBS FNX	51.2	E-M	CHAMPAIGN, IL
WILL/WILL(HD) PBS	12	E	CHAMPAIGN, IL
WILL-DT2 PBS World	12.2	E-M	CHAMPAIGN, IL
WILL-DT3 Create	12.3	E-M	CHAMPAIGN, IL
WPXS (Daystar)	21	I	Mt. Vernon, IL
WRBU/WRBU(HD) ION	46	I	St. Louis, MO
WRBU-DT3 GRIT	46.3	I-M	St. Louis, MO
WUSI/WUSI (HD) (PBS)	17	E	Olney, IL
WUSI-DT2 PBS World	17.2	E-M	Olney, IL
WUSI-DT3 PBS Create	17.3	E-M	Olney, IL
WUSI-DT4 PBS KIDS	17.4	E-M	Olney, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Illinois, LLC (Louisville, IL)

SYSTEM ID#

27159

#### 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).

				1 0000 2000		0 :-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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		<del> </del> -					
		L					
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4. 2022 /1						FORM CALL OF DAGE 5
	CABLE SYST	EM:				FORM SA1-2E. PAGE 5. SYSTEM ID#
MCC Illinois, LLC (Lou	isville, IL)	)				27159
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  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 lidentified).  Column 6: Give the month and day when your system carried by your cable system. List the times accurately to the nearest						
<u> </u>				CARRI	AGE OCCURF	7. REASON FOR
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — — — — — — — — — — — — — — — — — — —	S DELETION TO
	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call: Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYST MCC Illinois, LLC (Louisville, IL)  SUBSTITUTE CARRIAGE: SPECIAL In General: In space I, identify every non substitute basis during the accounting period explanation of the programming that mustable.  1. SPECIAL STATEMENT CONCERTORY  During the accounting period, did your broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progracelear. If you need more space, please and Column 1: Give the title of every not period, was broadcast by a distant statifunder certain FCC rules, regulations, on Do not use general categories like "moto" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the second of	SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in  1. SPECIAL STATEMENT CONCERNING SUBSTI During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this pag log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televit period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the or Column 5: Give the month and day when your systinst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carristated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former FC explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute bas broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the gen Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Y 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 the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01: stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete under effect on October 19, 1976.	BUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant statio substitute basis during the accounting period, under specific present and former FCC rules, regulae explanation of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the program of the program of the program on a substitute basis, any nonnet broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you mulog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever post 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 period, was broadcast by a distant station and that your cable system substituted for the program on the period, was broadcast by a distant station and that your cable system substitute for the program on the period of the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the broadcast station's location (the community to which the station is lice the case of Mexican or Canadian stations, if any, the community to which the station is identified. The program was carried by your cable system.  Column 5: Give the month and day when your system carried by a system from 6:01:15 p.m. to 6	BUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authoric explanation of the programming that must be included in this log, see page (v) of the general instructions in the page 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the 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 medicar. 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 acception, was broadcast by a distant station and that your cable system substituted for the programming of and under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inf Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love I "NBA Basketball: Tôers 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. Use numerals, with first. Example: for May 7 give "5/7."  Column 6: State the month and day when your system carried by substitute program. Use numerals, with first. Example: for May 7 give "5/7."  Column 7: Enter the letter "R" if the listed program was carried by your cable system. List the times a to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shoul stated as "6:00–6:30 p.m."  Column 7: Enter

Accounting Period:	2023/1		FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Illinois, LLC (Louisville, IL)		S	YSTEM ID# 27159
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hor 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.	secondary transm w to compute this a	ission service amount, see	3,040.43 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less see page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for th	is six-month	
	Line 1. Royalty fee for accounting period		\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 an	d 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,	100)	
	Base amount under statutory formula	263,800.00		
	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			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out 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)	<u>\$</u>	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	6		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	52.00	
Due Due	Filing Fee (See the instructions for more information on filing fee calculations)	\$	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
				•
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			nts!

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.				
Name		WNER OF CABLE SYSTEM: LC (Louisville, IL)			SYSTEM ID# 27159				
M Channels	to its subscribers	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 carrie	d television broadcast station	s						
	on which the	I number of activated channe cable system carried television deast services			. 71				
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou	HER INFORMATION IS NEEDED (Identify int.)	an individual to whom					
for Further Information	Name	Kenneth J. Kohrs		Telephone	845-443-2762				
	Address	One Mediacom Way							
		(Number, street, rural route, aparts  Mediacom Park, NY							
		(City, town, state, zip)							
	Email	Copyrights@me	ediacomcc.com	Fax (optional					
	CERTIFICATION (	This statement of account me	ust be certified and signed in accordance v	vith Copyright Office regulations)					
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, but only one, of the boxes.)						
	(Owner	r other than corporation or p	artnership) I am the owner of the cable syst	em as identified in line 1 of space l	B; or				
			ntion or partnership) I am the duly authorized e owner is not a corporation or partnership; o		system as identified				
		er or partner) I am an officer (in line 1 of space B.	if a corporation) or a partner (if a partnership	) of the legal entity identified as ow	ner of the cable system				
		e, and correct to the best of m	nereby declare under penalty of law that all s y knowledge, information, and belief, and are						
			X /s/ Kenneth J. Kohrs		_				
			Enter an electronic signature on the line abov Enter signature using an "/s/ signature" (e.g.,	•					
		Typed or printed	name: Kenneth J. Kohrs						
		Title:	Group Vice President, Financi						
		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.

ounting Period: 2023/1		FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID:
C Illinois, LLC (Louisville, IL)		27159
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:  "In determining the total number of subscribers and the generated service of providing secondary transmissions of primary less scribers and amounts collected from subscribers receiving."  For more information on when to exclude these amounts, see the	P Special Statement Concerning Gross Receipts Exclusion	
located in the paper SA1-2 form.	e note on page (vii) or the general instructions	
During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners?  X NO	amounts of gross receipts for secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below	w	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments so For an explanation of interest assessment, see page (viii) of the		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 he	re -	
Line 2 - Multiply line 1 by the interest rate and enter the sum ne		
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the	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 b		
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/l contact the Licensing Division at (202) 707-8150 or licensing		
** This is the decimal equivalent of 1/365, which is the intere	st assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of aclist below the owner, address, first community served, ID number		
Owner		
Address		
ID number First community served		
Accounting period		

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