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	ACCO	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 MINNESOTA 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)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		MEDIACOM MINNESOTA LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1504 2nd Street SE, P.O. Box 110 (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 MINNESOTA LLC	27464							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.								
	CITY OR TOWN	STATE							
First	PAYNESVILLE	MN							
Community	PAYNESVILLE TOWNSHIP	MN							
•	ATWATER	MN							
Add Davis as Nassess	GROVE CITY	MN							
Add Rows as Necessary	CLARA CITY	MN							
	MAYNARD	MN							
	COSMOS								
		MN							
	GRANITE FALLS	MN							

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27464

MEDIACOM MINNESOTA LLC

Ε

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.

BLO	OCK 1		BLOCK 2				
04750000 05 050005	NO. OF	DATE	CATEGORY OF SERVICE	NO. OF	DATE		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	805	29.99-74.49					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	29.99-74.49					
Converter							
Residential							
Non-residential							
		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	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE	
Continuing 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		Fire protection				
• 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#

27464

MEDIACOM MINNESOTA 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KARE/KARE(HD) NBC	11	N	Minneapolis, MN
KARE-DT2 Court TV	11.2	I-M	Minneapolis, MN
KARE-DT3 True Crime Netwo	11.3	I-M	Minneapolis, MN
KMSP/KMSP(HD) FOX	9	l .	Minneapolis, MN
KMSP-DT4 BUZZR	9.2	I-M	Minneapolis, MN
KPXM/KPXM (ION) HD	40	1	ST CLOUD, MN
KPXM-DT2 Bounce TV	40.2	I-M	ST CLOUD, MN
KPXM-DT3 Grit	40.3	I-M	ST CLOUD, MN
KSTC/KSTC(HD) IND	45	1	MINNEAPOLIS,MN
KSTC-DT2 MeTV	45.2	I-M	MINNEAPOLIS,MN
KSTC-DT3 getTV	45.3	I-M	MINNEAPOLIS,MN
KSTC-DT4 ThisTV	45.4	I-M	MINNEAPOLIS,MN
KSTP/KSTP(HD) ABC	35	N	St. Paul, MN
KSTP-DT2 Heroes&Icons	35.2	I-M	St. Paul, MN
KTCA-DT/KTCA PBS TPT 2 (I	34	E	St. Paul, MN
KTCA-DT2 PBS Kids (HD)	34.2	E-M	St. Paul, MN
KTCI PBS TPT Life	23	E	St. Paul, MN
KWCM/KWCM(HD) PBS	10	E	APPLETON, MN
KWCM-DT2 PBS Create	10.2	E-M	APPLETON, MN
KWCM-DT3 PBS MN Channel	10.3	E-M	APPLETON, MN
KWCM-DT4 PBS World	10.4	E-M	APPLETON, MN
WCCO/WCCO(HD) CBS	32	N	Minneapolis, MN
WCCO-DT2 Start TV	32.2	I-M	Minneapolis, MN
WCCO-DT3 DABL	32.3	I-M	MINNEAPOLIS, MN
WFTC/WFTC (HD) (MyNET)	29	1	Minneapolis, MN
WFTC-DT3 Movies	29.3	I-M	Minneapolis, MN
WUCW/WUCW(HD) CW	22	I	MINNEAPOLIS, MN
WUCW-DT2 Comet	22.2	I-M	MINNEAPOLIS, MN

ounting Period:	2023/1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID					
Name	MEDIACOM MINNESOTA LLC PRIMARY TRANSMITTERS: TELEVISION								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable systen	n during the accounting period, except	translator stations and low power televi (1) stations carried only on a part-time	basis under					
Primary ransmitters:	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.								
Television	Substitute Basis Stations:	With respect to any distant stations ca	arried by your cable system on a substit	ute program					
	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.								
	basis. For further information Column 1: List each station	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	I both on a substitute basis and also on see page (v) of the general instructions rogram services such as HBO, ESPN, e -air designation. For example, report n	etc. Identify each					
	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								
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), orms, see page (iv) of the general instrunt of each station. For U.S. stations, list	the community to which the station is lie	multicast). censed by the					
	FCC. For Mexican or Canad	lian stations, if any, give the name of th	e community with which the station is id	dentified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WUCW-DT3 Charge	22.3	I-M	MINNEAPOLIS. MN					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM MINNESOTA LLC

27464

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						 	
							
							
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A	J. 2022 /4						505	NA 044 05 BA 05 5
Accounting Perio	d: 2023/1 LEGAL NAME OF OWNER OF (CABLE SYST	FM·				FOR	SYSTEM ID#
Name	MEDIACOM MINNESO		LIVI.					27464
Substitute Carriage: Special Statement and Program Log	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							n carried on a For a further 2 form. n X NO m Solution n.
	s	ober 19, 1976. SUBSTITUTE PROGRAM			WHEN SUBSTITUTE CARRIAGE OCCURRED			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. FROM	TIMES — TO	DELETION
					_			
					-			
				 	-			

Accounting Period:	2023/1			FORM S	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#				
Hame	MEDIACOM MINNESOTA LLC				27464				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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 sec n of how to	condary transmis compute this ar	ssion service mount, see	66,983.32 ross receipts)				
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than formation.	n \$527,600	53,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	ı must pay for thi	s 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 .							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES								
	Base amount under statutory formula	\$	263,800.00	-					
	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								
	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 (but l	ess than \$527,	600)					
	Enter the amount of gross receipts from space K	\$	386,983.32						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	123,183.32						
	4. Multiply line 3 by .01		\$	1,231.83					
	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	<u>.</u>	\$	2,550.83				
	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)		\$	2,550.83					
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			\$	2,570.83				
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-				hts!				

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: NNESOTA LLC				SYSTEM ID# 27464			
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. 39								
	on which the	Il number of activated channe cable system carried television disast services	n broadcast sta	ations		75			
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou		TION IS NEEDED (Identify an in	dividual 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)		per)					
	Email	Copyrights@me	ediacomcc.com	n	Fax (optional				
O				and signed in accordance with C	opyright Office regulations)				
Certification		d, hereby certify that (Check or rother than corporation or p		n the owner of the cable system a	s identified in line 1 of space B	ß; or			
		in line 1 of space B and that th	e owner is not a	ship) I am the duly authorized age corporation or partnership; or or a partner (if a partnership) of th					
	I have examined	te, and correct to the best of m	•	under penalty of law that all statem ormation, and belief, and are mad					
			Enter an electro	Kenneth J. Kohrs onic signature on the line above to our using an "/s/ signature" (e.g., /s/ J	•				
		Typed or printed	I name: Ke l	nneth J. Kohrs					
		Title:		e President, Financial R on held in corporation or partnership)	eporting				
		Date:			8/4/2023				

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FORM SA1-2E. PAGE 8 Accounting Period: 2023/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 27464 MEDIACOM MINNESOTA 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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