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 COPYRIG	FOR COPYRIGHT OFFICE USE ONLY					
	ry Transmissions by	DATE RECEIVED	AMOUNT					
Cable Systems (Short Form)				coplicsoa@loc.gov				
,	( )		\$	For additional information,				
General instru	ctions are located			contact the U.S. Copyright Office Licensing Division at:				
in the first tab	of this workbook	8/28/2023	ALLOCATION NUMBER	Tel: (202) 707-8150				
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT, (VY	(VV/(Poriod))					
	ACCOUNTING PERIOD COVERE	D BT THIS STATEMENT: (T	TT/(Penod))					
		_						
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optiona	Barcode Data Filing Period (optional - see instructions)					
Accounting								
Period								
	Instructions:	of the cable system. If the owner is a subsid	diany of another corneration, give the full corn	orato titlo of				
В	the subsidiary, not that of the parent	-	diary of another corporation, give the full corp	orate title of				
Owner	List any other name or names under y	which the owner conducts the business of th	ne cable system					
Owner								
		the accounting period, only the owner on the payment covering the entire accounting period.	he last day of the accounting period should su riod	bmit a single				
				28383				
	Check here if this is the system's first	filing. If not, enter the system's ID number a	assigned by the Licensing Division.					
	LEGAL NAME OF OWNER/MAIL	LING ADDRESS OF CABLE SYSTEM						
	MEDIACOM MINNESOTA LLC							
	BUSINESS NAME(S) OF OWNER	R OF CABLE SYSTEM (IF DIFFERENT)	)					
	MAILING ADDRESS OF OWNER							
	ONE MEDIACOM WAY							
	(Number, street, rural route, apartment, or s	uite number)						
	MEDIACOM PARK, NY 10918							
	(City, town, state, zip)	and a second	and the baseline of the second	and an ambra of				
C	<b>INSTRUCTIONS:</b> In line 1, give any b names already appear in space B. In I	usiness or trade names used to ider ine 2, give the mailing address of th	ntify the business and operation of the e system, if different from the address	system unless these given in space B.				
System	IDENTIFICATION OF CABLE SYSTE		• • • • • • • • • • • • • • • • • • • •	• I				
	1 MEDIACOM MINNESOTA LLC							
	MAILING ADDRESS OF CABLE SYS	TEM:						
	1504 Second Street S.E.							
	2 (Number, street, rural route, apartment, or s	uite 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	MEDIACOM MINNESOTA LLC	28383
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commu	
	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 hom	ne parks should be reported in parentheses below the identifier
Served	city.	
		1
<b>-</b>	CITY OR TOWN	STATE
First Community	Grand Rapids	MN
Community	Grand Rapids Twp.	MN
	Harris Twp.	MN
Add Rows as Necessary	La Prairie	MN
	Cohasset	MN
	Keewatin	MN
	Nashwauk	MN
	Coleraine	MN

	LEGAL NAME OF OWNER OF C							FORM SA1		
Name	MEDIACOM MINNESOTA LLC									
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RA	TES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary	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									
Transmission	last day of the accounting period									
Service: Sub-		r <b>of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken ategories of secondary transmission service. In general, you can compute the number of subscribers in								
scribers and										
Rates	each category by counting the n separately for the particular service							s charged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	· ·		,	ny standa	rd rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block				ries of ser	ondary transmi	esion servi	ice that cable		
	systems most commonly provide	•		•		,				
	that applies to your system. Not									
	categories, that person or entity									
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	nder "Servi	ce to the		
	Block 2: If your cable system	0			· · ·	service that are	e different	from those		
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	ore secon	dary transmissi	ons), list th	nem, together		
	with the number of subscribers a	and rates, in the	e right-l	hand block. A tv	vo- or thre	e-word descript	ion of the	service is		
	sufficient.	OCK 1					BLOC	< 2		
		NO. OF					DLOOI	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		1,189	40.49-74.49						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		1	40.49-74.49						
	Converter     Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6					
E	In General: Space F calls for ra	•	,		•	• •				
F	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services	•			0		0 (	,		
Other Than										
Secondary	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.									
ransmissions: Rates	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 service									
	brief (two- or three-word) descrip									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	####	
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Co	mmercial						
	Fire protection		•Pa	y cable						
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l ch	annel					
	Installation: Residential			e protection						
	First set	109.99		rglar protection						
			Other							
	<ul> <li>Additional set(s)</li> </ul>	49.00		services:						
	• Additional set(s) • FM radio (if separate rate)		•Re	connect		49.00				
	<ul> <li>Additional set(s)</li> </ul>	49.00 10.50	• Re • Dis	connect sconnect						
	• Additional set(s) • FM radio (if separate rate)		• Re • Dis • Ou	connect		49.00 49.00				

	T			FORM SA1-2E. PAG					
Name		SYSTEM I 283							
	MEDIACOM MINNESO			203					
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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the 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 y. Te-M" (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 U.S. stations, lift the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAWE (PBS)	9	E	Bemidji, MN					
	KAWE (PBS) KBJR/KBJR HD (NBC)	9 19	E	Bemidji, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC)	19	N	Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE	19 19.2	N	Duluth, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet)	19 19.2 19.3	N	Duluth, MN Duluth, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD)	19 19.2 19.3 27	N	Duluth, MN Duluth, MN Duluth, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW	19 19.2 19.3 27 33	N N-M I-M I	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo	19 19.2 19.3 27 33 33.2	N N-M I-M I I I	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff	19 19.2 19.3 27 33 33.2 33.2 33.3	N N-M I-M I I I I I-M I-M	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff KDLH-DT4 Court TV HD	19 19.2 19.3 27 33 33.2 33.2 33.3 33.4	N N-M I-M I I I I I-M I-M	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff KDLH-DT4 Court TV HD KDLH-DT5 ION Mystery	19 19.2 19.3 27 33 33.2 33.2 33.3 33.4 33.4 33.5	N N-M I-M I I I I I-M I-M I-M	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff KDLH-DT4 Court TV HD KDLH-DT5 ION Mystery KDLH-DT6 Quest	19 19.2 19.3 27 33 33.2 33.3 33.4 33.5 33.6	N N-M I-M I I I I I-M I-M I-M	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff KDLH-DT4 Court TV HD KDLH-DT5 ION Mystery KDLH-DT6 Quest KQDS/KQDS HD (FOX)	19 19.2 19.2 19.3 27 33 33.2 33.3 33.4 33.4 33.5 33.6 17	N N-M I-M I I I I-M I-M I-M I-M I I I	Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff KDLH-DT4 Court TV HD KDLH-DT5 ION Mystery KDLH-DT5 ION Mystery KDLH-DT6 Quest KQDS/KQDS HD (FOX) KQDS-DT2 Antenna TV	19 19.2 19.2 19.3 27 33 33.2 33.3 33.4 33.5 33.6 17 17.2	N N-M I-M I I I I-M I-M I-M I-M I-M I-M I I M	Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff KDLH-DT4 Court TV HD KDLH-DT5 ION Mystery KDLH-DT6 Quest KQDS/KQDS HD (FOX) KQDS-DT2 Antenna TV WCCO (CBS)	19 19.2 19.2 19.3 27 33 33.2 33.3 33.4 33.5 33.6 17 17.2 4	N N-M I-M I I I I-M I-M I-M I-M I M N	Duluth, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff KDLH-DT4 Court TV HD KDLH-DT5 ION Mystery KDLH-DT6 Quest KQDS/KQDS HD (FOX) KQDS-DT2 Antenna TV WCCO (CBS) WDIO/WDIO HD (ABC)	19         19.2         19.3         27         33         33.2         33.3         33.4         33.5         33.6         17         17.2         4         10	N N-M I-M I I I I I I I I I I I N N	Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff KDLH-DT4 Court TV HD KDLH-DT5 ION Mystery KDLH-DT6 Quest KQDS/KQDS HD (FOX) KQDS-DT2 Antenna TV WCCO (CBS) WDIO/WDIO HD (ABC)	19         19.2         19.3         27         33         33.2         33.3         33.4         33.5         33.6         17         17.2         4         10         10.2	N N-M I-M I I I I-M I-M I-M I M N N I-M	Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff KDLH-DT4 Court TV HD KDLH-DT5 ION Mystery KDLH-DT5 ION Mystery KDLH-DT6 Quest KQDS/KQDS HD (FOX) KQDS-DT2 Antenna TV WCCO (CBS) WDIO-WDIO HD (ABC) WDIO-DT2 MeTV HD WDSE/WDSE HD (PBS)	19         19.2         19.3         27         33         33.2         33.3         33.4         33.5         33.6         17         17.2         4         10         10.2         8	N N-M I-M I I I I I I I I I I I N N N I M I N N I M I I I I I I I I I I I I I	Duluth, MN Minneapolis, MN Duluth, MN					
ld Rows as Necessary	KBJR/KBJR HD (NBC) KBJR-DT2/KBJR-DT2 HD (CE KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) KDLH/KDLH (HD) CW KDLH-DT2 True Crime Netwo KDLH-DT3 Laff KDLH-DT4 Court TV HD KDLH-DT5 ION Mystery KDLH-DT6 Quest KQDS/KQDS HD (FOX) KQDS-DT2 Antenna TV WCCO (CBS) WDIO/WDIO HD (ABC) WDIO-DT2 MeTV HD WDSE/WDSE HD (PBS) WDSE-DT2 Explore (PBS) HD	19 19.2 19.2 19.3 27 33 33.2 33.3 33.4 33.5 33.6 17 17.2 4 10 10.2 8 8 8.2	N N-M I-M I I I I I I-M I-M I-M I I I I I N N N N N I M I I I I I I I	Duluth, MN					

EGAL NAME OF								SYSTEM I 283
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically processe (mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se wed by the FCC	) it can b ertain sta eneral in parate a	e expected, ated intervals. istructions in the. ind discrete	Primary Transmitters Radio
				1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2023/1						FOF	RM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	MEDIACOM MINNESO	TA LLC						28383	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	1				
I	<b>n General:</b> In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special		1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	is, any nonne	twork telev	ision progra		
Program Log	broadcast by a distant stat	tion?					YES	× NO	
	Note: If your answer is "No'	", leave the	rest of this pag	e blank. If your answer is "	"Yes," you mu	ist comple	ete the progra	ım	
	log in block 2.								
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever pos	sible if th	eir meaning i	9	
	clear. If you need more spa				wherever pea		en meaning i	5	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute p					
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.			List speeine program		umpio, re			
				r "Yes." Otherwise enter "N					
				sting the substitute progra					
	the case of Mexican or Can		· · ·	e community to which the		,	ie FCC or, in		
				tem carried the substitute p			, with the mo	nth	
	first. Example: for May 7 giv								
				gram was carried by your o				ely	
	to the nearest five minutes.	Example: a	i program carne	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m.	should be		
	Istated as "b'UU-b'30 p m "								
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our syster	n was <i>require</i>	ed	
	Column 7: Enter the lette to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	ne listed prog		
	Column 7: Enter the letter to delete under FCC rules a was substituted for program	and regulation nming that y	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	ne listed prog		
	Column 7: Enter the lette to delete under FCC rules a	and regulation nming that y	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	ne listed prog		
	<b>Column 7:</b> Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation in the second sec	ons in effect du our system wa	ring the accounting period; s permitted to delete unde	; enter the let er FCC rules a WHE	ter "P" if th ind regulat	ne listed prog tions in	ram	
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation ming that y	ons in effect du our system wa	ring the accounting period; s permitted to delete unde	; enter the let or FCC rules a WHE CARRI	ter "P" if th ind regulat N SUBST AGE OCC	ne listed prog tions in		
	<b>Column 7:</b> Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation in the second sec	ons in effect du our system wa	ring the accounting period; s permitted to delete unde	; enter the let er FCC rules a WHE	ter "P" if th ind regulat N SUBST AGE OCC	ne listed prog tions in TITUTE CURRED	7. REASON FOR	
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	ne listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	ne listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	ne listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	ne listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	ne listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	ne listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
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	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	re listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
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	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	re listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	re listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	re listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	ring the accounting period; s permitted to delete unde	; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat EN SUBST AGE OCC 6.	re listed prog tions in FITUTE CURRED TIMES	7. REASON FOR	
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Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			5	SYSTEM ID# 28383
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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 re	system's se on of how to	condary transmi compute this a	ssion service mount, see \$ 4	<b>59,544.13</b> pross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	in \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	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	is 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 li	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	469.544.13		
		\$	263,800.00		
		\$	205,744.13		
	4. Multiply line 3 by .01		\$	2,057.44	
	<ol> <li>Royalty due on the first \$263,800 of gross receipts (under statutory formula)</li> </ol>			,	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		<u> </u>	0.00	
					0.070.44
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	I, 5, and 6 .		\$	3,376.44
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	3,376.44	
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			\$	3,396.44
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				jhts!

Accounting Period:	2023/1							FORM SA1-2E. PAGE
Name	LEGAL NAME OF OV	WNER OF CABLE SYSTEM: INESOTA LLC						SYSTEM ID 2838
M Channels	<ul><li>to its subscribers</li><li>1. Enter the total system carried</li><li>2. Enter the total on which the c</li></ul>	nu must give (1) the number of and (2) the cable system's number of channels on whic t television broadcast station number of activated channe cable system carried televisio cast services	total num th the cal s els on broado	nber of activate	d channels during	the accounting p	eriod.	28 72
N Individual to Be Contacted		BE CONTACTED IF FURT		ORMATION IS	NEEDED (Identify	/ an individual to v	vhom	
for Further Information	Name	Kenneth J. Kohrs					Telephone 84	45-443-2762
		One Mediacom Way (Number, street, rural route, aparth Mediacom Park, NY (City, town, state, zip)						
	Email	Copyrights@me	ediacom	icc.com		Fax (opt	ional	
		This statement of account mu	ust be ce	ertified and sign	ed in accordance v	with Copyright Off	ice regulations)	
O Certification		I, hereby certify that (Check or other than corporation or p				stem as identified ir	n line 1 of space B; o	r
		of owner other than corpora n line 1 of space B and that th r or partner) I am an officer (i	e owner i	is not a corpora	tion or partnership;	or	-	
	I have examined t	n line 1 of space B. the statement of account and l e, and correct to the best of m	hereby de	eclare under per	nalty of law that all s	statements of fact	contained herein	
			X		th J. Kohrs			
				-	ature on the line abo "/s/ signature" (e.g.		atement.	
		Typed or printed	I name:	Kenneth	J. Kohrs			
		Title:			<b>ident, Financi</b> corporation or partners			
		Date:				8/4/2	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.

unting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM MINNESOTA LLC	28383
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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?           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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	

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