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

				Return completed workbook
STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ms (Short Form)		\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright
General instru	ctions are located	0/00/0000		Office Licensing Division at:
in the first tab	of this workbook	8/28/2023	ALLOCATION NUMBER	Tel: (202) 707-8150
-				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2023/1] ,	·	
		1		
		Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
	Instructions:			·
В	Give the full legal name of the owner of th the subsidiary, not that of the parent corpo		iary of another corporation, give the full corpo	orate title of
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a statement of account and royalty fee payn	- · ·	e last day of the accounting period should sub od.	mit a single
	Check here if this is the system's first filing	. If not, enter the system's ID number as	ssigned by the Licensing Division.	28419

		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)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM MINNESOTA LLC
		MAILING ADDRESS OF CABLE SYSTEM:
		1504 Second Street S.E.
	2	(Number, street, rural route, apartment, or suite number)
	1	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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	MEDIACOM MINNESOTA LLC	284
	Instructions: List each separate community served by the cable system. A "community"	
-	separate and distinct community or municipal entity (including unincorporated community	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	as a form of system dentification hereafter known as the m
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	as parks should be reported in parentheses below the identifi
Area		le parks should be reported in parentileses below the identifi
Served	city.	
	CITY OR TOWN	STATE
First	Chatfield	MN
Community	Rushford (Village)	MN
	Dover Twnshp	MN
dd Rows as Necessary	Preston	MN
	Spring Valley	MN
	St. Charles	MN
	Lanesboro	MN
	Adams	MN
	Leroy	MN
	Lyle	MN
	Fountain	MN
	Wykoff	MN
		Τ
	Γ	T

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name								515	2841
	MEDIACOM MINNESOT								
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	IBERS AND RA	TES				
E	In General: The information in s	•		Ũ		•			
Secondary	system, that is, the retransmission about other services (including particular services)					•			
Transmission	last day of the accounting period						lilose exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							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				den of oos			as that askis	
	Block 1: In the left-hand block systems most commonly provide	•		0		,			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system	0			· · ·	service that are	e different i	from those	
	printed in block 1 (for example, t	-							
	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 s	service is	
	sufficient.							()	
	BLU	OCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		780	29.95-74.49					ļ
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-74.49					
	Converter								
	Residential								<u>+</u>
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	3				
F	In General: Space F calls for rate	•	,		•	• •			
F	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•			0		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		ha aabi	la avetara far ar	ab of the	annliaghla agus	aaa liatad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			-				t were not	
	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	otion and includ	le the r	ate for each.					
		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	• Mc	otel, hotel			Family	Cable	####
	 Pay cable—add'l channel 		_	ommercial					
	Fire protection			y cable					ļ
	•Burglar protection			y cable-add'l ch	annel				ļ
	Installation: Residential			e protection					
	• First set	109.99		rglar protection					
	Additional set(s)	49.00		services:					
	• FM radio (if separate rate)			connect		49.00			.
		10.50	• 1)is	sconnect					
	Converter	10.50							+
	• Convener	10.50	۰Ou	itlet relocation		49.00			

News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	MEDIACOM MINNESO	TALLC		28419
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations : basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each of educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location	during the accounting period, <i>except</i> effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations: in space G—but do list it in space I (th s substitute basis. so in space I, if the station was carried concerning substitute basis stations, s call sign. <i>Do not</i> report origination pr with a station according to its over-the le form. number the FCC assigned to the tele CC is channel 4 in Washington, D.C. case whether the station is a network s ng the letter "N" (for network), "N-M" (f E" (for noncommercial educational), o ms, see page (iv) of the general instru- of each station. For U.S. stations, list	ranslator stations and low power televis (1) stations carried only on a part-time e carriage of certain network programs (e)(2) and (4))]; and (2) certain stations rried by your cable system on a substit e Special Statement and Program Log both on a substitute basis and also on see page (v) of the general instructions ogram services such as HBO, ESPN, - -air designation. For example, report n vision station for broadcasting over the station, an independent station, or a not or network multicast), "I" (for independent ctions in the paper SA1-2 form. the community to which the station is in e community with which the station is in	basis under [sections s carried on a ute program)—if the some other s. etc. Identify each hultistream air in its community noommercial ent), "I-M" I multicast). censed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAAL/KAAL (HD) ABC	36	N	Austin MN
	KAAL-DT2 ThisTV	36.2	I-M	Austin MN
Add Rows as Necessary	KIMT/KIMT(HD) CBS	42	N	Mason City IA
au nons as necessary	KIMT-DT2 MyNet	42.2	I-M	Mason City IA
	KIMT-DT4 Antenna TV	42.4	I-M	Mason City IA
	KSMQ (PBS)/KSMQ (PBS) HE	20	E	Austin, MN
	KSMQ-DT2 PBS Deutsche W	20.2	E-M	Austin, MN
	KSMQ-DT3 PBS Create	20.3	E-M	Austin, MN
	KSMQ-DT4 PBS MN Channel	20.4	E-M	Austin, MN
	KTCA -DT(PBS) TPT 2	34	E-M	St. Paul MN
	KTTC CW HD	10.1	1	Rochester MN
	KTTC/KTTC(HD) NBC	10	N	Rochester MN
	KTTC-DT2 (CW)	10.2	I-M	Rochester MN
	KTTC-DT3 Heroes and Icons	10.3	I-M	Rochester MN
	KTTC-DT4 Court TV	10.4	I-M	Rochester MN
	KTTC-DT5 True Crime Netwo	10.5	I-M	Rochester MN
	KXLT/KXLT(HD) FOX	46		Rochester MN
	KXLT-DT2 MeTV	46.2	I-M	Rochester MN
	KXLT-DT3 Laff	46.3	I-M	Rochester MN
	KXLT-DT4 ION Mystery	46.4	I-M	Rochester MN
		46.5	I-M	Rochester MN
	KXI I-DI5 Oudet	40.5	1-141	
	KXLT-DT5 Quest	18	F	BOCHESTER, MN
	KYIN (PBS)	18	E	ROCHESTER, MN
		18 38 38.2	EN	ROCHESTER, MN LA CROSSE EAU CLAIRE

counting Period:	-			OVOTEM
Name	LEGAL NAME OF OWNER OF			SYSTEM 284
	MEDIACOM MINNESO			20-
	PRIMARY TRANSMITTERS:			
G		tify every television station (including tra during the accounting period, <i>except</i> (1	•	
	5	effect on June 24, 1981, permitting the		
Primary Transmitters:		(2) and (4), or 76.63 (referring to 76.61(explained in the next paragraph.	e)(2) and (4))]; and (2) certain stati	ons carried on a
Television		With respect to any distant stations carr	ied by your cable system on a sub	stitute program
		es, regulations, or authorizations: in space G—but do list it in space I (the	Special Statement and Program L	.og)—if the
	station was carried only on a	ı substitute basis. so in space I, if the station was carried b	ooth on a substitute basis and also	on some other
	-	concerning substitute basis stations, se		
		s call sign. <i>Do not</i> report origination pro with a station according to its over-the-a	-	-
	"WETA-2" as the same on th	e form.	.	
		number the FCC assigned to the televi C is channel 4 in Washington, D.C.	sion station for broadcasting over t	he air in its community
	Column 3: Indicate in each o	case whether the station is a network st		
		ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or		
	For the meaning of these terr	ms, see page (iv) of the general instruct	ions in the paper SA1-2 form.	
		of a solution Fault O stations list th	ne community to which the station i	s licensed by the
	Column 4: Give the location		,	
		an stations, if any, give the name of the	,	
			,	
			,	
	FCC. For Mexican or Canadi	an stations, if any, give the name of the	community with which the station	is identified.
	FCC. For Mexican or Canadi	an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	FCC. For Mexican or Canadi	an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 38.4	community with which the station 3. TYPE OF STATION I-M	4. LOCATION OF STATION
	FCC. For Mexican or Canadi 1. CALL SIGN WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW	an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 38.4 38.5	community with which the station 3. TYPE OF STATION I-M I-M	4. LOCATION OF STATION LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE
	FCC. For Mexican or Canadi 1. CALL SIGN WEAU-DT4 Movies WEAU-WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS)	an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 38.4 38.5 30	community with which the station 3. TYPE OF STATION I-M E	4. LOCATION OF STATION LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI
	FCC. For Mexican or Canadi 1. CALL SIGN WEAU-DT4 Movies WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create	an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 38.4 38.5 30 30.2 30.3	community with which the station 3. TYPE OF STATION I-M E E E-M E-M E-M	4. LOCATION OF STATION LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI
	FCC. For Mexican or Canadi 1. CALL SIGN WEAU-DT4 Movies WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS	an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 38.4 38.5 30 30.2 30.3 8	community with which the station 3. TYPE OF STATION I-M I-M E E E-M E-M N	A. LOCATION OF STATION LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI
	FCC. For Mexican or Canadi 1. CALL SIGN WEAU-DT4 Movies WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet	an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 38.4 38.5 30 30.2 30.3 8 8 8.2	community with which the station 3. TYPE OF STATION I-M E E E-M E-M E-M	A. LOCATION OF STATION A. LOCATION OF STATION LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI
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	FCC. For Mexican or Canadi 1. CALL SIGN WEAU-DT4 Movies WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT2 Antenna	an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 38.4 38.5 30 30.2 30.3 8 8.2 31 31.2	community with which the station 3. TYPE OF STATION I-M E E-M E-M N I-M I I I I-M I I I I I I I I I I I	A. LOCATION OF STATION A. LOCATION OF STATION LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Cros
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	FCC. For Mexican or Canadi 1. CALL SIGN WEAU-DT4 Movies WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) (PBS) WHLA-DT2 PBS TWC WHLA-DT3 PBS Create WKBT/WKBT(HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) (FOX) WLAX-DT2 Antenna WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW (HD) (ABC) WXOW-DT2 Catchy Comedy	an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 38.4 38.5 30 30.2 30.3 8 8.2 31 31.2 31.3 31.4 48 48.2	community with which the station 3. TYPE OF STATION I-M E E-M E-M I I I-M I I I I I I I I I I I I I I	A. LOCATION OF STATION A. LOCATION OF STATION LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI LA CROSSE LA CLAIRE

	FOWNER OF (SYSTEM I 284
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 sep sed by the FCC) it can b ertain sta eneral in parate a	be expected, ated intervals. Istructions in the. Ind discrete	Primary Transmitters Radio
CALL SIGN			LOCATION OF STATION			<u> </u>		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					<u> </u>			

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						28419
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
I	In General: In space I, identi substitute basis during the ad	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Substitute Carriage:	explanation of the programm	•			e general instru	icuons in tr	ie paper SA I-	-2 101111.
Special	1. SPECIAL STATEMENT	-						
Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	is, any nonne	twork telev	ision program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is '	"Yes," you mu	ust comple	te the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever nos	sible if the	eir meaning i	s
	clear. If you need more spa				wherever pee		on mouning is	5
				ision program ("substitute	program") tha	it, during tl	he accounting	9
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	love Lucy" or	
			lcast live enter	r "Yes." Otherwise enter "N	No "			
				isting the substitute progra				
	Column 4: Give the broa	adcast static	on's location (th	ne community to which the	station is lice		e FCC or, in	
	the case of Mexican or Can							
			when your syst	tem carried the substitute	program. Use	numerals	, with the mo	nth
	first. Example: for May 7 giv		substituto pro	gram was carried by your o	cable system	List the ti	mos accurato	
	to the nearest five minutes.							siy
	stated as "6:00–6:30 p.m."	_//a.i.ipioi a	, program cam		. o p to 0.2	oroo piini		
								l
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our systen	n was <i>require</i>	ea
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if th	ne listed prog	
	to delete under FCC rules a was substituted for program	and regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if th	ne listed prog	
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if th	ne listed prog	
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Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC				8YSTEM ID# 28419
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 receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross receipts and the statement in space P concerning gross preceipts and the statement in	system's se on of how to	condary transmi compute this a	ssion service mount, see \$ 3	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 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	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	ESS		
	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	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	339,273.37		
		\$	263,800.00	•	
		\$	75,473.37	•	
	4. Multiply line 3 by .01		\$	754.73	
	 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 				
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
					0.070.70
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	I, 5, and 6 .		\$	2,073.73
	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)		\$	2,073.73	
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			\$	2,093.73
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OV	VNER OF CABLE SYSTEM: NESOTA LLC				SYSTEM ID# 28419
M Channels	to its subscribers. 1. Enter the total system carried 2. Enter the total on which the c	, and (2) the cable system's t number of channels on which television broadcast stations number of activated channel able system carried television	total num h the cat s ls n broadc	ber of activated channels during		52 91
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou		DRMATION IS NEEDED (Identify	r an individual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 845-	443-2762
	, , , , , , , , , , , , , , , , , , ,	One Mediacom Way (Number, street, rural route, apartin Mediacom Park, NY (City, town, state, zip)		ite number)		
	Email	Copyrights@me	diacomo	cc.com	Fax (optional	
	CERTIFICATION (T	his statement of account mu	ist be ce	tified and signed in accordance	with Copyright Office regulations)	
O Certification		, hereby certify that (Check on other than corporation or pa			tem as identified in line 1 of space B; or	
	ir	n line 1 of space B and that the	e owner is	s not a corporation or partnership;	ed agent of the owner of the cable system a or o) of the legal entity identified as owner of th	
	• I have examined t	n line 1 of space B. he statement of account and h a, and correct to the best of my	nereby de		statements of fact contained herein	
			X	/s/ Kenneth J. Kohrs	up to partify this statement	
				nature using an "/s/ signature" (e.g.	-	
		Typed or printed	name:	Kenneth J. Kohrs		
		Title:		Vice President, Finance I position held in corporation or partners		
		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.

unting Period: 2023/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM MINNESOTA LLC	2841
 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. 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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	-
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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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 Assessmer
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