#### U.S. COPYRIGHT OFFICE

# INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT

The SA1-2E is a U.S. Copyright Office Form

Email completed workbook to:

## Submitting the form

- This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).
- · When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@loc.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

## **General Instructions**

- · Alphabetization: Alphabetization is NOT required for any spaces.
- · Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.
- · Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.
- · Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

#### Detailed instructions are located at the end of the paper SA1-2 form, located at:

https://www.copyright.gov/forms/sa1-2.pdf

## Page 1 - Spaces A-C

- · Space A fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., "2017/1").
- · Space B If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- · Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.
- Barcode Data In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH. IN BETWEEN THE YEAR AND NUMBER.
- For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

# Page 2 – Space D

 $\cdot$   $\;$  Information can be manually entered into the highlighted areas.

## Page 2 - Spaces E-F

 $\cdot$   $\;$  Information can be manually entered into the highlighted areas.

## Page 3 - Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

## Page 4 – Space H

· Information can be manually entered into the highlighted areas.

# Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

## Page 6 - Spaces K-L

- $\cdot\quad$  Space K input the total gross receipts for the cable system in the highlighted box.
- · Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.

# Page 7 – Spaces M-O

- · Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith).

# Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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<br>Period |  |
| В                    | Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  |
| Owner                | List any other name or names under which the owner conducts the business of the cable system.  |
|                      | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  |
|                      | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  |
|                      | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |
|                      | MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)  |
|                      | 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                    | <b>NSTRUCTIONS:</b> 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:  |
|                      | MEDIACOM WISCONSIN LLC   |
|                      | MAILING ADDRESS OF CABLE SYSTEM:   |
|                      | 2   1504 Second Street, S.E. (Number, street, rural route, apartment, or suite number)   |
|                      | Waseca, MN 56093   |
|                      | (City, town, state, zip code)  |

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

| Accounting Period:    | 2023/1   |  |
|-----------------------|--|--|
|                       |  | FORM SA1-2E. PAGE 1b.  |
| Nome                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
| Name                  | MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)  | 34179  |
|                       | Instructions: List each separate community served by the cable system. A "community"   |  |
| D                     | separate and distinct community or municipal entity (including unincorporated communiunincorporated 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.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom | nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first |
| Area<br>Served        | city.  |  |
| Served                |  |  |
|                       | CITY OR TOWN   | STATE  |
| First                 | Prairie City   | WI   |
| Community             | Muscoda Twnshp   | WI   |
|                       | Muscoda Village  | WI   |
| Add Rows as Necessary | Fennimore  | WI   |
|                       | Bridgeport Township  | WI   |
|                       | Crawford County  | WI   |
|                       | Prairie Township   | WI   |
|                       | Mt Sterling  | WI   |
|                       | Seneca   | WI   |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |
|                       |  |  |

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34179

# MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)

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                             | 843         | 29.99-61.54 |                     |             |      |
| <ul> <li>Service to additional set(s)</li> </ul> |             |             |                     |             |      |
| • FM radio (if separate rate)                    |             |             |                     |             |      |
| Motel, hotel                                     |             |             |                     |             |      |
| Commercial                                       | 0           | 29.99-61.54 |                     |             |      |
| 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 1 |   |       |                     |        |  |
|---|---------|---|-------|---------------------|--------|--|
| 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                                 |       |                     |        |  |
| <ul> <li>Burglar protection</li> </ul>          |         | <ul> <li>Pay cable-add'l channel</li> </ul> |       |                     |        |  |
| 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:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 34179

# MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)

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 |
|--------------------------|--------------------------|--------------------|------------------------|
| KCRG (ABC)               | 9                        | N                  | Cedar Rapids IA        |
| KFXB (CTN)               | 43                       | I                  | Dubuque IA             |
| KGAN (CBS)               | 51                       | N                  | Cedar Rapids IA        |
| KYIN (IPTV PBS)          | 18                       | E                  | Mason City, IA         |
| WEAU/WEAU (HD) NBC       | 38                       | N                  | Eau Claire, WI         |
| WEAU-DT2 Cozi TV         | 38.2                     | I-M                | Eau Claire, WI         |
| WEAU-DT3 MeTV            | 38.3                     | I-M                | Eau Claire, WI         |
| WEAU-DT4 Movies!         | 38.4                     | I-M                | Eau Claire, WI         |
| WEAU/WEAU-DT5 (HD) CW    | 38.5                     | I-M                | Eau Claire, WI         |
| WHA (PBS)                | 20                       | E                  | MADISON, WI            |
| WHA-DT2 PBS The Wisconsi | 20.2                     | E-M                | MADISON, WI            |
| WHA-DT3 Create           | 20.3                     | E-M                | MADISON, WI            |
| WHA-DT4 PBS KIDS         | 20.4                     | E-M                | MADISON, WI            |
| WHLA/WHLA (HD) PBS La Cr | 30                       | E                  | La Crosse, WI          |
| WHLA-DT2 PBS The Wiscons | 30.2                     | E-M                | La Crosse, WI          |
| WHLA-DT3 PBS Create      | 30.3                     | E-M                | La Crosse, WI          |
| WHLA-DT4 PBS KIDS        | 30.4                     | E-M                | La Crosse, WI          |
| WIFS ION Life            | 57                       | I                  | Janesville, WI         |
| WISC/WISC (HD) CBS       | 50                       | N                  | MADISON, WI            |
| WKBT/WKBT (HD) CBS       | 8                        | N                  | La Crosse WI           |
| WKBT-DT2 MyNet           | 8.2                      | I-M                | La Crosse WI           |
| WKOW/WKOW (HD) ABC       | 26                       | N                  | MADISON, WI            |
| WKOW-DT2 This TV         | 26.2                     | I-M                | MADISON, WI            |
| WKOW-DT3 Catchy Comedy   | 26.3                     | I-M                | MADISON, WI            |
| WKOW-DT4 Court TV (HD)   | 26.4                     | I-M                | MADISON, WI            |

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34179

# MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)

G

# Primary Transmitters: Television

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 |
|--------------------------|--------------------------|--------------------|------------------------|
| WKOW-DT5 True Crime Netw | 26.5                     | I-M                | MADISON, WI            |
| WLAX/WLAX (HD) FOX       | 17                       | l                  | LA Crosse WI           |
| WLAX-DT2 Antenna TV      | 17.2                     | I-M                | LA Crosse WI           |
| WLAX-DT3 Laff            | 17.3                     | I-M                | LA Crosse WI           |
| WLAX-DT4 Grit            | 17.4                     | I-M                | LA Crosse WI           |
| WMSN/WMSN (HD) (FOX)     | 49                       | l                  | MADISON, WI            |
| WMSN-DT2 COMET           | 49.2                     | I-M                | La Crosse, WI          |
| WMSN-DT3 Charge!         | 49.3                     | I-M                | La Crosse, WI          |
| WMSN-DT4 TBD             | 49.4                     | I-M                | La Crosse, WI          |
| WMTV/WMTV (HD) NBC       | 19                       | N                  | Madison WI             |
| WMTV-DT2 CW HD           | 19.2                     | I-M                | Madison WI             |
| WMTV-DT3 Antenna TV      | 19.3                     | I-M                | Madison WI             |
| WMTV-DT4 MeTV            | 19.4                     | I-M                | Madison WI             |
| WMTV-DT5 Start TV        | 19.5                     | I-M                | Madison WI             |
| WMTV-DT6 WeatherNationTV | 19.6                     | I-M                | Madison WI             |
| WXOW/WXOW (HD) ABC       | 48                       | N                  | La Crosse WI           |
| WXOW-DT2 Catchy Comedy   | 48.2                     | I-M                | La Crosse WI           |
| WXOW-DT3 This TV         | 48.3                     | I-M                | La Crosse WI           |
| WXOW-DT4 Court TV        | 48.4                     | I-M                | La Crosse WI           |
| WXOW-DT5 True Crime Netw | 48.5                     | I-M                | La Crosse WI           |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

# MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)

34179

## 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   |
|--------------|-----------------|-----|-------------------------|--------------|-----------------|-----|-----------------------|
| O/ IEE OIOIT | 7 1111 01 1 111 | CIB | 200,111011 01 01,111011 | OF REE CICIT | 7 1101 01 1 101 | CIB | 200/thortor of thirds |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     | <br>                  |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     | <b> </b>              |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 |     |                         |              |                 |     |                       |
|              |                 | L   |                         |              |                 |     |                       |

| Accounting Dagin   | d· 2022/1   |  |  |   |   |   | F05  | M SA1 OF BACE                              |
|--|---|--|--|---|---|---|--|--|
| Accounting Perio   | LEGAL NAME OF OWNER OF  | CABLE SYST   | EM:  |   |   |   | FUR  | M SA1-2E. PAGE 5.  SYSTEM ID#              |
| Name   | MEDIACOM WISCONS  |  |  | nien, WI)   |   |   |  | 34179                                      |
| Substitute<br>Carriage:<br>Special<br>Statement and<br>Program Log | SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm  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 program Column 3: Give the call: Column 4: Give the broad | fy every noncounting pering that must concern for the find, did you tion?  The concern for the find for the f | L STATEMEN  Intervork televis  I | IT AND PROGRAM LOG ation program, broadcast by a positic present and former FC in this log, see page (v) of the itrute Carriage in carry, on a substitute basis age blank. If your answer is ate line. Use abbreviations rows to the tables. ision program ("substitute bur cable system substitute s. See page (v) of the gene attable." List specific program ar "Yes." Otherwise enter "N asting the substitute program are community to which the | a distant statio C rules, regula e general instru is, any nonnet "Yes," you mu wherever pos program") tha d for the program instruction n titles, for exa | tions, or autotions in the work televistics tompletons in the sible, if their t, during the ramming of ans for further ample, "I Loonsed by the | yes e the program ir meaning is e accounting another sta er information ove Lucy" or | n carried on a For a further 2 form.  NO m |
|  | first. Example: for May 7 giv<br><b>Column 6:</b> State the time<br>to the nearest five minutes.<br>stated as "6:00–6:30 p.m."  | oth and day<br>we "5/7."<br>wes when the<br>Example: a<br>wer "R" if the<br>and regulation<br>ming that y  | when your sys substitute pro program carri listed program ons in effect du   | gram was carried by your ided by a system from 6:01:  was substituted for prograting the accounting period  | program. Use cable system. 15 p.m. to 6:2 amming that you; enter the letter FCC rules a   | numerals,<br>List the tim<br>8:30 p.m. s<br>our system<br>er "P" if the<br>nd regulation  | nes accurate<br>hould be<br>was <i>require</i><br>e listed progr<br>ons in           | ly<br>d                                    |
|  | S   | UBSTITUT   | E PROGRAM  | 1   |   | N SUBSTI<br>AGE OCC   | _  | 7. REASON FOR                              |
|  | TITLE OF PROGRAM  | 2. LIVE?   | 3. STATION'S   |   | 5. MONTH  | 6. T  | TIMES  | DELETION                                   |
|  |   | Yes or No  | CALL SIGN  | 4. STATION'S LOCATION   | AND DAY   | FROM  | — то   |  |
|  |   |  |  | <br>  |   |   | <u> </u>   |  |
|  |   |  |  | <del> </del>  |   |   |  |  |
|  |   |  |  |   |   |   | <u> </u>   |  |
|  |   |  |  |   |   |   | <u> </u>   |  |
|  |   |  |  |   |   |   | <u> </u>   |  |
|  |   | <br>   |  |   |   |   |  |  |
|  |   |  |  |   |   |   |  |  |
|  |   |  | <del> </del>   | <br>  |   |   |  |  |
|  |   |  |  |   |   |   | <u>–                                    </u>   |  |
|  |   |  |  |   |   |   | <u> </u>   |  |
|  |   |  |  |   |   |   |  |  |
|  |   |  |  |   |   |   |  |  |
|  |   |  |  |   |   |   |  |  |
|  |   |  |  |   |   |   |  |  |
|  |   |  |  |   |   |   |  |  |
|  |   |  |  |   |   |   |  |  |
|  |   |  |  |   |   |   |  |  |
|  |   |  |  |   |   |   |  |  |
|  |   |  |  |   |   |   |  |  |

| Accounting Period:                 | 2023/1  |                            |                                   | FORM                        | SA1-2E. PAGE 6               |
|------------------------------------|---|----------------------------|-----------------------------------|-----------------------------|------------------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)  |                            |                                   | ,                           | 34179                        |
| K<br>Gross Receipts                | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further 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 re | ystem's se<br>on of how to | condary transmi<br>compute this a | ssion service<br>mount, see | 56,770.75<br>pross receipts) |
| Copyright<br>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 less  Use block 3 if the amount of gross receipts in space K is more than \$263,800 less page (vi) of the general instructions located in the paper SA1-2 form for more in  | out less tha               | n \$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 lin  | nes 1 and 2                |                                   | · -                         |                              |
|                                    | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES   | SS (but mo                 | ore than \$137,1                  | 00)                         |                              |
|                                    | Base amount under statutory formula   | \$                         | 263,800.00                        |                             |                              |
|                                    | Enter amount of gross receipts from space K   |                            |                                   |                             |                              |
|                                    | 3. Subtract line 2 from line 1  |                            |                                   |                             |                              |
|                                    | 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  | 3,800 (but                 | less than \$527                   | ,600)                       |                              |
|                                    | Enter the amount of gross receipts from space K   | \$                         | 456,770.75                        |                             |                              |
|                                    | Base amount under statutory formula   | \$                         | 263,800.00                        |                             |                              |
|                                    | 3. Subtract line 2 from line 1  | \$                         | 192,970.75                        |                             |                              |
|                                    | 4. Multiply line 3 by .01   |                            | \$                                | 1,929.71                    |                              |
|                                    | 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 .               |                                   | \$                          | 3,248.71                     |
|                                    | FILING FEE AND TOTAL REMITTANCE DU  | ΙE                         |                                   |                             |                              |
| Filing Fee and<br>Total Remittance | Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  |                            | \$                                | 3,248.71                    |                              |
| Due Due                            | 2. Filing Fee (See the instructions for more information on filing fee calculations)  |                            | \$                                | 20.00                       |                              |
| 1                                  | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3  |                            |                                   | \$                          | 3,268.71                     |
|                                    | Important: Your remittance must be in the form of an electronic pays<br>See page i of the general instructions in the paper SA1   |                            |                                   |                             | jhts!                        |

| Accounting Period:                 | 2023/1   |   |   |  | FORM SA1-2E. PAGE 7.    |  |  |
|------------------------------------|--|---|---|--|-------------------------|--|--|
| Name                               |  | WNER OF CABLE SYSTEM:<br>SCONSIN LLC (Prairie Du  | ı Chien, WI)  |  | SYSTEM ID#<br>34179     |  |  |
| M<br>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. |   |  |                         |  |  |
|                                    |  | I number of channels on whic<br>d television broadcast station  | en the cable<br>s   |  | 55                      |  |  |
|                                    |  |   |   |  |                         |  |  |
|                                    | on which the   | I number of activated channe cable system carried television drast services   |   |  | 64                      |  |  |
| N<br>Individual to<br>Be Contacted |  | BE CONTACTED IF FURTH<br>about this statement of accou  | HER INFORMATION IS NEEDED (Identify int.)   | an individual to whom                  |                         |  |  |
| for Further                        | Name   | Kenneth J. Kohrs  |   | Telephone                              | 845-443-2762            |  |  |
| Information                        | Address  | One Mediceem Way  |   |  |                         |  |  |
|                                    | Address  | One Mediacom Way (Number, street, rural route, apartr   | ment, or suite number)  |  |                         |  |  |
|                                    |  | Mediacom Park, NY<br>(City, town, state, zip)   | 10918   |  |                         |  |  |
|                                    | Email  | Copyrights@me   | ediacomcc.com   | Fax (optional                          |                         |  |  |
|                                    |  |   |   |  |                         |  |  |
|                                    | CERTIFICATION (  | This statement of account mu  | ust be certified and signed in accordance v   | with Copyright Office regulations)     |                         |  |  |
| O<br>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 sys   | tem as identified in line 1 of space l | B; or                   |  |  |
|                                    |  |   | ntion or partnership) I am the duly authorize<br>e owner is not a corporation or partnership;   |  | system as identified    |  |  |
|                                    |  | e <b>r or partner)</b> I am an officer (i<br>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 |  |  |
|                                    | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)] |   |   |  |                         |  |  |
|                                    | 1  |   | X /s/ Kenneth J. Kohrs  |  | _                       |  |  |
|                                    |  |   | Enter an electronic signature on the line abo<br>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.

FORM SA1-2E. PAGE 8 Accounting Period: 2023/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 34179 MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI) 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

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.

CONTROL #: REMITTANCE #:

Reviewed by

☐ January 1 - June 30, 2017

☐ Letter sent

☐ Letter sent

☐ Accepted

☐ Letter sent☐ Accepted☐

 $\square$  Letter sent

☐ Accepted

☐ Letter sent

 $\square$  Accepted

☐ Accepted

| Cable     |
|-----------|
| Worksheet |

Cable ID#

Space A Accounting Period

Space B Owner

Space D Area Served

Space E Secondary Transission Service

Subscribers: and Rates

Space G Primary Transmitters: Television

Space H Primary Transmitters: Radio

**Examined by** 

| Total amount of remittance | Number of SAs re          | ec'd Initia  | ls            |  |
|----------------------------|---------------------------|--------------|---------------|--|
| <br>Date of remittance □   | Check 🗆 EFT               | ☐ FILING FEE | ☐ FILING FEES |  |
|                            |                           | Amount       | Initia        |  |
| Date examination completed | Allocation number         |              |               |  |
|                            |                           |              |               |  |
| Jı                         | uly 1 - December 31, 2017 |              |               |  |
| □ Iı                       | nformation received       |              |               |  |
| □ P                        | hone call/Date/Contact    |              |               |  |
| I                          | nformation received       |              |               |  |
| □ P                        | hone call/Date/Contact    |              |               |  |
|                            |                           |              |               |  |
| □ I                        | nformation received       |              |               |  |
| □ P                        | hone call/Date/Contact    |              |               |  |
|                            |                           |              |               |  |
| □ Iı                       | nformation received       |              |               |  |
| □ P                        | hone call/Date/Contact    |              |               |  |
|                            |                           |              |               |  |
|                            | nformation received       |              |               |  |
|                            | Phone call/Date/Contact   |              |               |  |

☐ Phone call/Date/Contact

|                         |                            | Space I<br>Substitute                           |
|-------------------------|----------------------------|---|
|                         |                            | Carriage  |
| ☐ Letter sent           | ☐ Information received     |   |
| ☐ Accepted              | ☐ Phone call/Date/Contact  |   |
|                         |                            | Space J   |
|                         |                            | Part-time<br>Carriage Log                       |
| ✓ Letter sent           | ☐ Information received     | (SA3 only)                                      |
|                         |                            |   |
| ☐ Accepted              | ☐ Phone call/Date/Contact  | S   |
|                         |                            | Space K<br>Gross Receipts                       |
| ☐ Letter sent           | ☐ Information received     |   |
| ☐ Letter sent           | ☐ Phone call/Date/Contact  |   |
|                         |                            | Space L<br>Copyright Filing<br>and Royalty Fees |
| ☐ Royalty Fee should be | ☐ Refund request to fiscal |   |
| ☐ Letter sent           | ☐ Information received     |   |
| ☐ Accepted              | ☐ Phoe call/Date/Contact   |   |
|                         |                            | Space M<br>Channels                             |
| ☐ Letter sent           | ☐ Information received     |   |
| ☐ Accepted              | ☐ Phone call/Date/Contact  |   |
|                         |                            | Space O<br>Certification                        |
| ☐ Letter sent           | ☐ Information received     |   |
| ☐ Accepted              | ☐ Phone call/Date/Contact  |   |
|                         |                            | Space P<br>Statement of<br>Gross Receipts       |
| ☐ Letter sent           | ☐ Information received     |   |
| ☐ Accepted              | ☐ Phone call/Date/Contact  |   |
|                         |                            | Space Q<br>Interest<br>Assessment               |
| ☐ Letter sent           | ☐ Info/add'l fee received  |   |
| ☐ Accepted              | ☐ Phone call/Date/Contact  |   |