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

 8/28/2023

 \$

AMOUNT

ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
A ()			
Accounting Period			
T enou			
		Instructions:	
B		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.	5842
		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)	
	INIGTO		41
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System		IDENTIFICATION OF CABLE SYSTEM:	
System	1		
		MEDIACOM MINNESOTA 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)	
L			

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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM MINNESOTA LLC	358
	Instructions: List each separate community served by the cable system. A "community" i	
D	separate and distinct community or municipal entity (including unincorporated commun	
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	as a form of system identification hereafter known as the "f
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identi
Served	city.	
	CITY OR TOWN	STATE
First	Caledonia	MN
Community	BROWNSVILLE (City)	MN
	BROWNVILLE (County)	MN
Rows as Necessary	CANTON	MN
Nows as Necessary	DAKOTA	MN
	НОКАН	MN
	HOUSTON	MN
	MABEL	MN
	PETERSON	MN
	SPRING GROVE	MN
	Caledonia Township	MN

	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:							1-2E. PAGE
Name	MEDIACOM MINNESOT								3584
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in sp					transmission s	ervice of the	e cable	
	system, that is, the retransmissio	on of television	and rac	lio broadcasts b	y your sys	tem to subscrib	ers. Give ir	formation	
Secondary	about other services (including p						ose existin	g on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system I	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the nu							harged	
	separately for the particular servi							and the	
	Rate: Give the standard rate cl unit in which it is generally billed.	-	-				-		
	category, but do not include disco	· · ·	,		y standart		within a pa		
	Block 1: In the left-hand block	in space E, the	e form li	ists the categori					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity s			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h	nas rate catego	ries for	secondary tran	smission s				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	and block. A tw	o- or three	-word description	on of the se	rvice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODCOTILD		TUTE	0,111		(IIIOE	COBCOLUBEILO	TUTE
	Service to first set		176	29.95-74.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-74.49					
	Converter								•
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rate								
•	not covered in space E, that is, the service for a single fee. There are					,	,		
Services	furnished at cost or (2) services of		,		<i>.</i>		0()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the r	rate column.							
Fransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that							ere not	
Nates	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	∩K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi					
	• Pay cable	PP	• Mo	tel, hotel			Family		105.0
	• Pay cable—add'l channel	PP	• Co	mmercial					
	Fire protection		• Pa	y cable					1
	•Burglar protection			, y cable-add'l ch	annel				1
	Installation: Residential		• Fir	e protection					1
	• First set	109.99	• Bu	rglar protection					
	 Additional set(s) 	49.00		services:					
	• FM radio (if separate rate)		• Re	connect		49.00			
	• Converter	10.50		sconnect					
				tlet relocation		49.00			
			• Mo	ve to new addre	ess				

ounting Period: 2	-			FORM SA1-2E. PAGE		
Name	LEGAL NAME OF OWNER OF			SYSTEM II 3584		
	MEDIACOM MINNESO			550		
G Primary Transmitters: Television	In General: In space G, ider 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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations colles, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	(1) stations carried only on a part-ti he carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepe- uctions in the paper SA1-2 form. t the community to which the station	me basis under ams [sections ions carried on a bostitute program Log)—if the boon some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed 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		
d Rows as Necessary	KIMT/KIMT (HD) CBS	42	N	Mason City IA		
	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 (HD)	20	E	AUSTIN, MN		
	KSMQ-DT2 PBS Deutsche W	20.2	E-M	AUSTIN, MN		
	KSMQ-DT3 Create	20.3	E-M	AUSTIN, MN		
	KSMQ-DT4 PBS MN Channel	20.4	E-M	AUSTIN, MN		
	KTTC (HD) CW	10.1	I	Rochester MN		
	KTTC/KTTC (HD) NBC	10	<u>N</u>	Rochester MN		
	KTTC-DT2 (CW)	10.2	I-M	Rochester MN		
	KTTC-DT3 Heroes & 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	I	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		
	KXLT-DT5 Quest					
	KYIN (IPTV) PBS	18	E	MASON CITY, IA		
	KYIN (IPTV) PBS WEAU/WEAU (HD) NBC	18 38	E	Eau Claire WI		
	KYIN (IPTV) PBS WEAU/WEAU (HD) NBC WEAU-DT2 Cozi	18 38 38.2	E N I-M	Eau Claire WI LA CROSSE EAU CLAIRE		
	KYIN (IPTV) PBS WEAU/WEAU (HD) NBC WEAU-DT2 Cozi WEAU-DT3 MeTV	18 38 38.2 38.3	E N I-M I-M	Eau Claire WI LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE		
	KYIN (IPTV) PBS WEAU/WEAU (HD) NBC WEAU-DT2 Cozi	18 38 38.2	E N I-M	Eau Claire WI LA CROSSE EAU CLAIRE		

				0/0750
Name	LEGAL NAME OF OWNER OF			SYSTEM I
	MEDIACOM MINNESO	TALLC		358
	PRIMARY TRANSMITTERS:	TELEVISION		
G	• •	ntify every television station (including t	•	,
U		n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the		
Primary	76.59(d)(2) and (4), 76.61(e))(2) and (4), or 76.63 (referring to 76.61	0 1 0	
Transmitters: Television		explained in the next paragraph. With respect to any distant stations ca	rried by your cable system on a su	hstitute program
Television	basis under specific FCC rul	es, regulations, or authorizations:		
		in space G—but do list it in space I (th	e Special Statement and Program	Log)—if the
	 station was carried only on a List the station here, and a 	Iso in space I, if the station was carried	both on a substitute basis and als	o on some other
	basis. For further information	n concerning substitute basis stations,	see page (v) of the general instruc	tions.
		's call sign. <i>Do not</i> report origination pr with a station according to its over-the-	•	
	"WETA-2" as the same on the	8		
		I number the FCC assigned to the telev	vision station for broadcasting over	the air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network s	tation, an independent station, or	a noncommercial
	educational station, by enter	ing the letter "N" (for network), "N-M" (for	or network multicast), "I" (for indep	endent), "I-M"
		"E" (for noncommercial educational), or		ional multicast).
		ms, see page (iv) of the general instruct of each station. For U.S. stations, list		is licensed by the
	Column 4: Give the location		the community to which the station	
	Column 4: Give the location	of each station. For U.S. stations, list	the community to which the station	
	Column 4: Give the location FCC. For Mexican or Canad	of each station. For U.S. stations, list i ian stations, if any, give the name of th	the community to which the station e community with which the station	n is identified.
	Column 4: Give the location	of each station. For U.S. stations, list	the community to which the station	
	Column 4: Give the location FCC. For Mexican or Canad	of each station. For U.S. stations, list i ian stations, if any, give the name of th	the community to which the station e community with which the station	n is identified.
	Column 4: Give the location FCC. For Mexican or Canad	a of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	the community to which the station e community with which the station 3. TYPE OF STATION	h is identified. 4. LOCATION OF STATION
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WHLA-DT2 PBS TWC HD	a of each station. For U.S. stations, list i ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 30.2	the community to which the station e community with which the station 3. TYPE OF STATION E-M	A. LOCATION OF STATION
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create	a of each station. For U.S. stations, list i ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 30.2 30.3	the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M	h is identified. 4. LOCATION OF STATION La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS	a of each station. For U.S. stations, list i ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 30.2 30.3 8	the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M N	A. LOCATION OF STATION La Crosse WI La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet	a of each station. For U.S. stations, list i ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 30.2 30.3 8 8 8.2	the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M N I-M	A is identified. 4. LOCATION OF STATION La Crosse WI La Crosse WI La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX	a of each station. For U.S. stations, list i ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 30.2 30.3 8 8.2 17	the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M N I I	A. LOCATION OF STATION La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV	a of each station. For U.S. stations, list i ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 30.2 30.3 8 8.2 17 17.2	the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M N I-M I I	A is identified. 4. LOCATION OF STATION La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV WLAX-DT3 Laff	a of each station. For U.S. stations, list is ian stations, if any, give the name of the advector of the advec	the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M N I-M I I-M	A is identified. 4. LOCATION OF STATION La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV WLAX-DT3 Laff WLAX-DT4 Grit	a of each station. For U.S. stations, list is ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 30.2 30.3 8 8.2 17 17.2 17.3 17.4	the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M I I-M I-M I-M I-M	A is identified. 4. LOCATION OF STATION La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV WLAX-DT3 Laff WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW (HD) ABC	a of each station. For U.S. stations, list is ian stations, if any, give the name of the advector of the advec	the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M N I-M I I-M I-M I-M I-M I-M	A. LOCATION OF STATION 4. LOCATION OF STATION La Crosse WI La Crosse WI
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW (HD) ABC WXOW-DT2 Catchy Comedy	a of each station. For U.S. stations, list is ian stations, if any, give the name of the advector of the stations, if any, give the name of the advector of th	the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M I I-M I-M I-M I-M I-M I-M I-M	A is identified. 4. LOCATION OF STATION La Crosse WI La Crosse WI

Accounting P	eriod: 2023/	1						FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF									SYSTEM ID# 35842
									55042
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab						н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io	it is carried by monitoring, to prmation abou rm. dentify the call	y the sys be recei t the Co sign of e	-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM.	at the syst	e system's he tem's FM ante	adend, and (2 enna, during c	?) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a check n's locatio	nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	the s	tation is licens	sed by the FC			
CALL SIGN	AM or FM	-			CALL SIGN	, AM or FM	C/D	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	<u> </u>	CALL SIGN		S/D	LOCATION OF STATION	
]					
]					

Accounting Perio	od: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM MINNESO	TA LLC						35842
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting p iing that mu	nnetwork televis eriod, under spe st be included ir	<i>tion program,</i> broadcast by ecific present and former F n this log, see page (v) of t	<i>r</i> a <i>distant</i> stati CC rules, regul	ations, or a	authorizations.	For a further
Special	1. SPECIAL STATEMENT					مشير مراد فما م		
Statement and	• During the accounting per	-	ur cable system	i carry, on a substitute ba	isis, any nonn	elwork leie		
Program Log	broadcast by a distant stat	ion?					YES	NO
	Note: If your answer is "No	", leave the	e rest of this page	ge blank. If your answer i	s "Yes," you m	nust compl	ete the progr	am
	log in block 2.							
	2. LOG OF SUBSTITUTE							-
	In General: List each subs 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 categod "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ace, please of every no distant sta egulations, of ries like "mo Bulls." m was broa sign of the adcast statii nadian statii nat and day ve "5/7." es when the . Example: er "R" if the and regulat nming that	add additional onnetwork televition and that yo or authorization ovies" or "bask dcast live, enter station broadc on's location (t ons, if any, the y when your sys e substitute pro a program carr e listed program ions in effect do	rows to the tables. vision program ("substitut bur cable system substitut is. See page (v) of the ge etball." List specific progra- er "Yes." Otherwise enter asting the substitute prog he community to which th community with which th stem carried the substitute ogram was carried by you ied by a system from 6:0 in was substituted for prog- uring the accounting perior	e program") the ted for the pro- meral instructi am titles, for e "No." ram. e station is lice e station is lice e station is ide e program. Us r cable system 1:15 p.m. to 6: ramming that bd; enter the le der FCC rules	hat, during gramming ons for fur xample, "I ensed by t entified). e numeral: n. List the t 28:30 p.m your syste etter "P" if f and regula	the accountir of another st ther informati Love Lucy" of the FCC or, ir s, with the mo- times accurat . should be em was <i>requir</i> the listed pro- ations in	ng tation ion. or n onth tely red
	s	UBSTITU	TE PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
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Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	S	YSTEM ID# 35842
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	9,677.55 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more 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 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		s!

Accounting Period:	2023/1									FORM	SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM: IESOTA LLC									SYSTEM ID# 35842
M Channels	to its subscribers, a 1. Enter the total n system carried t 2. Enter the total n on which the cat	must give (1) the numbe and (2) the cable system' umber of channels on wh elevision broadcast static umber of activated chanr ble system carried televis ast services	's total num nich the cab ons nels sion broadca	nber of activ ble cast stations	rated channels du	ring the ad	ccounting peri	od.		51 90	
N Individual to Be Contacted		BE CONTACTED IF FUR		ORMATION	I IS NEEDED (Ide	ntify an in	dividual to wh	om			
for Further Information	Name K	Kenneth J. Kohrs						Telephone	845-443-2	2762	
		Dne Mediacom Way lumber, street, rural route, apa Mediacom Park, NY Sity, town, state, zip)	artment, or sui	uite number)							
	Email	Copyrights@r	mediacomo	icc.com			Fax (option	nal			
O Certification	I, the undersigned, t (Owner of X (Agent of in l (Officer of in l I have examined the	his statement of account r hereby certify that (Check of ther than corporation or owner other than corpor line 1 of space B and that the or partner) I am an officer line 1 of space B. e statement of account and and correct to the best of n 1001(1986)]	one, <i>but only</i> partnership ration or pa the owner is (if a corpora d hereby decl	<i>ly one</i> , of the p) I am the of artnership) a not a corpo ration) or a particular clare under p ge, informati	e boxes.) wwner of the cable s I am the duly author ration or partnership artner (if a partners renalty of law that a	system as rized agen p; or ship) of the Ill statemer	identified in line t of the owner legal entity ide	of the cable sys	tem as identifi		
		Typed or printe Title:	Enter signed name:	gnature using Kenne p Vice Pr	ignature on the line g an "/s/ signature" th J. Kohrs resident, Fina l in corporation or part	(e.g., /s/ J	ohn Smith)	ement.			
		Date:					8/4/20	23			

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 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 I
DIACOM MINNESOTA LLC	3584
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name 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.	Q
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q 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.	
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