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

by email to:

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 \$



ALLOCATION NUMBER

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

Return completed workbook

Α	ACCOUNTING 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)	
Accounting Period		
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner	List any other name or names under which the owner conducts the business of the cable system.	
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	MEDIACOM ARIZONA 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	<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	IDENTIFICATION OF CABLE SYSTEM:	
	MEDIACOM ARIZONA LLC	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 2935 N Grand Ave (Number, street, rural route, apartment, or suite number)	
	NOGALES, AZ 85621	
	(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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/1	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	MEDIACOM ARIZONA LLC	40844
D Area Served	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil city.	ommunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	AJO	AZ
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								TEM ID
Name	MEDIACOM ARIZONA							010	4084
Е	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			-	•				
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Both						<b>,</b> ,		
scribers and Rates	down by categories of secondary each category by counting the nu				•				
Rates	separately for the particular servi							charged	
	Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.	· · ·	'		standard	I rate variations	s within a pa	articular rate	
	category, but do not include disc Block 1: In the left-hand block				s of seco	ndary transmis	sion servic	e that cable	
	systems most commonly provide			-					
	that applies to your system. <b>Note</b>								
	categories, that person or entity						•		
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system h					ervice that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a						,.		
	sufficient.								
	BLC	BLOCK 1						K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		12	90.96					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	90.96					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SECO								
-	In General: Space F calls for rat				ect to all	your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th								
	service for a single fee. There are	•		•			• • • •		
Services Other Than	furnished at cost or (2) services of								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any fate	s are cha	inged on a vana	able per-pro	gram basis,	
ransmissions:	Block 1: Give the standard rate		ne cable	system for each	n of the a	pplicable servic	ces listed.		
Rates	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.						11		
		BLO			05	DATE	0.475.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	PP		tel, hotel	ential		Family	Cablo	100.9
	• Pay cable—add'l channel	PP		nmercial			i anny	Cable	100.3
	• Fire protection	FF		cable					
			-		nnol				
	•Burglar protection Installation: Residential			v cable-add'l cha e protection					
	First set	109.99		glar protection					
	Additional set(s)	49.00		services:					
	• FM radio (if separate rate)	49.00		connect		49.00			
	• Converter	10.50		connect		43.00			
	CONVENCE	10.50		COLLINGOL			L		
	-		• •••	lat releastion		40.00			Ι
				let relocation	20	49.00			

	2023/1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF			SYSTEM ID					
	MEDIACOM ARIZONA			4084					
	PRIMARY TRANSMITTERS:	TELEVISION							
G		ntify every television station (including n during the accounting period, except							
Ū		n effect on June 24, 1981, permitting th							
Primary		)(2) and (4), or 76.63 (referring to 76.6	1(e)(2) and (4))]; and (2) certain stat	ions carried on a					
Transmitters: Television	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								
		les, regulations, or authorizations:	an One sigl Otatement and Dramman						
	station was carried only on	in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program I	_og)—II the					
		Iso in space I, if the station was carrie							
		n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p							
	multicast stream associated	with a station according to its over-the	-	-					
	"WETA-2" as the same on the common sector of the co	he form. I number the FCC assigned to the tele	vision station for broadcasting over	the air in its community					
	of license. For example, Wi	RC 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 advectional station by extering the latter "N" (for network) "N M" (for network multicast) "I" (for independent) "I" M"							
	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.								
		<b>Column 4:</b> 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					
	KGUN/KGUN (HD) ABC	2. B'CAST CHANNEL NUMBER 9	3. TYPE OF STATION	4. LOCATION OF STATION					
Add Rows as Necessary	KGUN/KGUN (HD) ABC	9		TUCSON, AZ					
Add Rows as Necessary	KGUN/KGUN (HD) ABC KMSB/KMSB (HD) FOX	9 25	N 	TUCSON, AZ TUCSON, AZ					
Add Rows as Necessary	KGUN/KGUN (HD) ABC KMSB/KMSB (HD) FOX KOLD/KOLD (HD) CBS	9 25 32	N     	TUCSON, AZ TUCSON, AZ TUCSON, AZ					
Add Rows as Necessary	KGUN/KGUN (HD) ABC KMSB/KMSB (HD) FOX KOLD/KOLD (HD) CBS KOLD-DT2 MeTV	9 25 32 32.2	N I N I-M	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ					
Add Rows as Necessary	KGUN/KGUN (HD) ABC KMSB/KMSB (HD) FOX KOLD/KOLD (HD) CBS KOLD-DT2 MeTV KOLD-DT3 Circle	9 25 32 32.2 32.3	N I N I-M I-M	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ					
Add Rows as Necessary	KGUN/KGUN (HD) ABC KMSB/KMSB (HD) FOX KOLD/KOLD (HD) CBS KOLD-DT2 MeTV KOLD-DT3 Circle KTTU/KTTU (HD) MYNET	9 25 32 32.2 32.3 19	N I N I-M I-M I	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ LOS ANGELES, CA					
Add Rows as Necessary	KGUN/KGUN (HD) ABC KMSB/KMSB (HD) FOX KOLD/KOLD (HD) CBS KOLD-DT2 MeTV KOLD-DT3 Circle KTTU/KTTU (HD) MYNET KUAT/KUAT (HD) PBS	9 25 32 32.2 32.3 19 6	N I N I-M I I E	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ LOS ANGELES, CA TUCSON, AZ					
Add Rows as Necessary	KGUN/KGUN (HD) ABC KMSB/KMSB (HD) FOX KOLD/KOLD (HD) CBS KOLD-DT2 MeTV KOLD-DT3 Circle KTTU/KTTU (HD) MYNET KUAT/KUAT (HD) PBS	9 25 32 32.2 32.3 19 6 23	N I N I-M I I E	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ LOS ANGELES, CA TUCSON, AZ TUCSON, AZ					
Add Rows as Necessary	KGUN/KGUN (HD) ABC KMSB/KMSB (HD) FOX KOLD/KOLD (HD) CBS KOLD-DT2 MeTV KOLD-DT3 Circle KTTU/KTTU (HD) MYNET KUAT/KUAT (HD) PBS KVOA/KVOA (HD) NBC KVOA-DT2 Cozi TV	9 25 32 32.2 32.3 19 6 23 23.2	N I N I-M I-M I E N I-M	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ LOS ANGELES, CA TUCSON, AZ TUCSON, AZ TUCSON, AZ					
Add Rows as Necessary	KGUN/KGUN (HD) ABC KMSB/KMSB (HD) FOX KOLD/KOLD (HD) CBS KOLD-DT2 MeTV KOLD-DT3 Circle KTTU/KTTU (HD) MYNET KUAT/KUAT (HD) PBS KVOA/KVOA (HD) NBC KVOA-DT2 Cozi TV KVOA-DT3 ION Mystery	9 25 32 32.2 32.3 19 6 23 23.2 23.2 23.3	N I N I-M I-M I E N I I H I-M	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ LOS ANGELES, CA TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ					
Add Rows as Necessary	KGUN/KGUN (HD) ABC KMSB/KMSB (HD) FOX KOLD/KOLD (HD) CBS KOLD-DT2 MeTV KOLD-DT3 Circle KTTU/KTTU (HD) MYNET KUAT/KUAT (HD) PBS KVOA/KVOA (HD) NBC KVOA-DT2 Cozi TV KVOA-DT3 ION Mystery KVOA-DT4 DABL	9 25 32 32.2 32.3 19 6 23 23.2 23.2 23.3 23.4	N I N I-M I-M I E N I I N I-M I-M	TUCSON, AZ         TUCSON, AZ         TUCSON, AZ         TUCSON, AZ         TUCSON, AZ         LOS ANGELES, CA         TUCSON, AZ         TUCSON, AZ					

all-band basis whose signals were generally receivable by your cable system during the accounting period.       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,       Prime Transm	LEGAL NAME OF			YSTEM:					SYSTEM IE 4084
<ul> <li>Transm Rad</li> <li>To the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.</li> <li>For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>Dependence of the station about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>Dependence of the station about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>Dependence of the station about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>Dependence of the station about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>Dependence of the station about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>Dependence of the station about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>Dependence of the station is AM or FM.</li> <li>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.</li> <li>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).</li> </ul>	n General: List	t every radio s	tation ca						н
	receivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sigr g a check n's locatio	tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processor (mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anten his point, see page ed by the cable sy e station is licens	idend, and (2) nna, during ce le (v) of the ge ystem as a se ed by the FCC	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters: Radio
CALL SIGN         AM OFFM         SID         LOCATION OF STATION         CALL SIGN         AM OFFM         SID         LOCATION OF STATION           Image: Side Side Side Side Side Side Side Side							0 (5		
Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image: A sector     Image: A sector       Image: A sector     Image: A sector     Image:	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
Normal ActionNormal									
Image: Solution of the sector of the sect									
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Accounting Perio	od: 2023/1					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS1	FEM:				SYSTEM ID#
Name	MEDIACOM ARIZONA	LLC					40844
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG	6		
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations	. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	• During the accounting per	iod, did you	ır cable system	carry, on a substitute bas	sis, any nonne	twork television progra	m
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Note: If your answer is "No	" loovo tho	roct of this page	o blank. If your answor is	"Voc " vou mi		_
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. Il your answer is	res, you mu	ust complete the progra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	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 broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please ; of every no distant stat gulations, c ies like "mo Bulls." n was broad sign of the s adcast static adian static adian static adian static et "R" if the and regulatic	am on a separa add additional i nnetwork telev ion and that yo or authorization wies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen itball." List specific progra r "Yes." Otherwise enter " asting the substitute progra be community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for prograving the accounting period	program") that ad for the prog- leral instructio m titles, for ex No." am. e station is licer station is ider program. User cable system :15 p.m. to 6:2 amming that y d; enter the let	at, during the accountin rramming of another st ns for further informatio ample, "I Love Lucy" of insed by the FCC or, in tified). I List the times accurate test the times accurate test of p.m. should be rour system was <i>requir</i> ter "P" if the listed prog	ig ation on. r onth ely <i>ed</i>
	effect on October 19, 1976.		TE PROGRAM			EN SUBSTITUTE	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. TIMES FROM — TO	DELETION
						_	
					-		
			+		-		
					-		
					-		
					_	_	
						_	
					-		
		+			-		
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					-	—	

Accounting Period:	2023/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
Name	MEDIACOM ARIZONA LLC			40844
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondar (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ary transmis pute this an	sion service nount, see	2,825.36 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 e • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	27,600	3,800	
	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 mus accounting period is \$52.00	st pay for this	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 th	nan \$137,10	00)	
	1. Base amount under statutory formula \$ 263	3,800.00		
	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	····· <u>-</u>		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 t	than \$527,6	600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	3,800.00		
	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	· · · · · · · · · · · <u>-</u>		
	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 See page i of the general instructions in the paper SA1-2 form for more			ts!

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ARIZONA LLC	SYSTEM ID 40844
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	17 63
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 84	5-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> </ul>	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste in line 1 of space B and that the owner is not a corporation or partnership; or     (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of	
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM ARIZONA LLC	4084
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmen
x	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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