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	ACC	DUNTING 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 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 ILLINOIS 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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 ILLINOIS LLC						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	P. O. Box 334, 1102 N. Fourth Street (Number, street, rural route, apartment, or suite number)						
		Chillicothe, IL 61523						
		(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.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	MEDIACOM ILLINOIS LLC	60829							
	Instructions: List each separate community served by the cable system. A "community'	is the same as a "community unit" as defined in FCC rules: "a							
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc								
U	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "fi								
	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 parks should be reported in parentheses below the identified								
Served	city.								
	CITY OR TOWN	STATE							
First	Gilberts	IL .							
Community	KIRKLAND	IL .							
	HAMPSHIRE	IL .							
Add Rows as Necessary	MALTA	IL .							
	DEKALB CTY	<u>L</u>							
	MONROE CENTER	IL .							
	CORTLAND	IL .							
	MAPLE PARK	IL .							
	DAVIS JUNCTION	IL .							
	ROLLING MEADOWS MOBILE HOME PARK	IL							

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

60829

MEDIACOM ILLINOIS LLC

Ε

Name

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.

BL	OCK 1	BLOCK 2			
0.475,000,000,000,000	NO. OF	5.475	0.475,000,000,000,000	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	633	29.99-61.54			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	0	29.99-61.54			
Converter					
Residential					
Non-residential					
1		T		T	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.

	BLO	CK 1		BLOCK 2	
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
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
Additional set(s)	49.00	Other services:			
FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	49.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 60829

MEDIACOM ILLINOIS LLC

PRIMARY TRANSMITTERS: TELEVISION

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
WBBM/WBBM(HD) CBS	12	N	Chicago, IL
WCIU IND	27	l	Chicago, IL
WCPX ION	48	l	Chicago, IL
WFLD/WFLD(HD) FOX	31	l	Joliet, IL
WGBO UNIVISION	38	<u> </u>	Joliet, IL
WGN/WGN(HD) IND	19	l	Chicago, IL
WGN-DT2 ANTENNA TV	19.2	I-M	Chicago, IL
WGN-DT3 GritTV	19.3	I-M	Chicago, IL
WIFR CBS	41	N	FREEPORT, IL
WIFR-DT5 CW	41.5	I-M	FREEPORT, IL
WLS/WLS(HD) ABC	7	N	Chicago, IL
WMAQ/WMAQ(HD) NBC	29	N	Chicago, IL
WPWR MYNET	51	I	Chicago, IL-Gary, IN
WQRF FOX	42	<u> </u>	Rockford, IL
WREX NBC	13	N	Rockford, IL
WSNS/WSNS (HD)Telemui	45	<u> </u>	Chicago, IL
WSNS-DT2 Telexitos	45.2	I-M	Chicago, IL
WTTW/WTTW(HD) PBS	47	E	Chicago, IL
WTTW-DT2 Prime	47.2	E-M	Chicago, IL
WTTW-DT3 PBS Create	47.3	E-M	Chicago, IL
WTTW-DT4 V-ME	47.4	E-M	Chicago, IL
WTVO ABC	16	N	ROCKFORD, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ILLINOIS LLC

60829

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).

				T			Г
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

A	1. 2022/4						500	NOA405 BAGE 5
Accounting Perio	d: 2023/1 LEGAL NAME OF OWNER OF (CABLE SYST	FM·				FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	MEDIACOM ILLINOIS L		LIVI.					60829
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri 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 space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, repo not use general categori "NBA Basketball: 76ers vs Column 2: If the program Column 3: Give the call second to the case of Mexican or Cancolumn 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	: SPECIAI fy every non counting pe ng that mus CONCERI od, did your ion? I, leave the PROGRAI itute progra ce, please a of every nor distant static gulations, or es like "mor Bulls." n was broac sign of the s deast static adian statio th and day " e "5/7." es when the Example: a er "R" if the nd regulation	metwork televis riod, under spe t be included in NING SUBST r cable system rest of this page MS m on a separa add additional in network telev on and that you r authorization vies" or "baske dicast live, ente station broadca in's location (th ns, if any, the in when your sys substitute pro program carri listed program ons in effect du	ion program, broadcast by cific present and former F0 this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute base ge blank. If your answer is the line. Use abbreviations rows to the tables. It is is program ("substitute are cable system substitutes. See page (v) of the general strength of the substitute program was carried by your ed by a system from 6:01 was substituted for programing the accounting perior in the substituted for program was carried for program of the program was carried for program of the accounting perior in the substituted for program in the accounting perior in the substituted for program of the accounting perior in the substituted for program of the accounting perior in the substituted for program of the accounting perior in the substituted for program of the accounting perior in the substituted for program of the accounting perior in the substituted for program of the accounting perior in the substituted for program of the accounting perior in the substituted for program of the substitute for program of the su	a distant station of CC rules, regular le general instruction is "Yes," you must swherever pose program") that ed for the program instruction im titles, for example, e station is licented to be program. Use the cable system. "It cable system." to 6:2 reamming that yeld; enter the letter in the cable system.	titions, or au actions in the twork televi ast complet sible, if the t, during th ramming or as for furthe ample, "I Lo numerals, List the tin 8:30 p.m. s our system ter "P" if the	ision program YES The the program If meaning is The accounting fanother state information ove Lucy" or The FCC or, in With the more accurate should be The was require a listed program The was require a listed program The program	n carried on a For a further 2 form. NO m stion n.
	SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
							<u>– </u>	

ctions: As a cable system with granting period is \$52.00 Royalty fee for accounting period. Interest charge. Enter the amo	this space determine your cable system by accounting period. For located in the paper's for secondary transmistratement in space Proceedings of the paper's secretary in space K is a space	subscribers for the or a further explana SA1-2 form. concerning gross of the or a further explana SA1-2 form for more than \$263,800 SA1-2 form for more than \$263,800 GA1-2 for Mor	o but less that 0 but less that 0 but less that of 1 but less that of	econdary transno compute this compute that compute the compute the compute that compute the compute the compute the compute this compute the	ster the total of hission service amount, see \$ 23 (Amount of g) 263,800 his six-month	6083 81,332.89 ross receipts)	
actions: The figure you give in tounts (gross receipts) paid to yentified in space E) during the actions of the general instructions. Bross receipts from subscribers uring the accounting period RTANT: You must complete a set to compute the royalty fellete block 1, block 2, or block 1 if the amount of gross relock 2 if the amount of gross relock 3 if the amount of gross relock 3 if the general instructions. Citions: As a cable system with granting period is \$52.00 Royalty fee for accounting period. Interest charge. Enter the amount of gross relock 2 if the general instructions of the general instructions. TOTAL ROYALTY FEE PAYA BLOCK 2: GF THE BEATA TOTAL	your cable system by accounting period. Follocated in the paper is for secondary transmistatement in space Period of the your own in the paper is secipts in space K is secipts in space K is receipts of \$137,1 and the young from line 4, space with the young from space K.	subscribers for the or a further explana SA1-2 form. concerning gross of the or a further explana SA1-2 form for more than \$263,800 SA1-2 form for more than \$263,800 GA1-2 for Mor	o but less that 0 but less that 0 but less that of 1 but less that of	econdary transno compute this compute that compute the compute the compute that compute the compute the compute the compute this compute the	263,800 263,800 his six-month	81,332.89 ross receipts)	
citions: To compute the royalty fellete block 1, block 2, or block 3 lock 1 if the amount of gross relock 2 if the amount of gross relock 3 if the general instructions. Citions: As a cable system with granting period is \$52.00 CROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA BLOCK 2: GF TOTAL ROYALTY FEE PAYA TOTAL ROYALTY FEE PAYA BLOCK 2: GF	3. Seceipts in space K is seceipts in space K is seceipts in space K is receipts of \$137,1 space K is receipts of \$13	more than \$137,100 more than \$263,800 SA1-2 form for more RECEIPTS OF \$1 100 or less, the royal Q, page 8	0 but less that a information 37,100 OR 187,100 OR 187,	an \$527,600 b. LESS bu must pay for t core than \$137, 263,800.00 231,332.89 32,467.11	his six-month100)231,332.89	0.00	
ctions: As a cable system with granting period is \$52.00 Royalty fee for accounting period. Interest charge. Enter the amo TOTAL ROYALTY FEE PAYA BLOCK 2: GF The amount under statutory formulater amount of gross receipts from potract line 2 from line 1	ross receipts of \$137,1 od	Q, page 8	lines 1 and 2 ESS (but m	ore than \$137, 263,800.00 231,332.89 32,467.11	100)	0.00	
nting period is \$52.00 Royalty fee for accounting period. Interest charge. Enter the amo TOTAL ROYALTY FEE PAYA BLOCK 2: GF se amount under statutory formuler amount of gross receipts from paract line 2 from line 1	od	Q, page 8	lines 1 and 2 ESS (but m\$\$	ore than \$137, 263,800.00 231,332.89 32,467.11	100)	0.00	
Royalty fee for accounting period. Interest charge. Enter the amo TOTAL ROYALTY FEE PAYA BLOCK 2: GF se amount under statutory formular amount of gross receipts from otract line 2 from line 1	BLE FOR ACCOUNT ROSS RECEIPTS O la	Q, page 8	lines 1 and 2 ESS (but m	ore than \$137, 263,800.00 231,332.89 32,467.11		0.00	
Enter the amo TOTAL ROYALTY FEE PAYA BLOCK 2: GF The amount under statutory formulater amount of gross receipts from stract line 2 from line 1	BLE FOR ACCOUNT ROSS RECEIPTS O la	Q, page 8	lines 1 and 2 ESS (but m	ore than \$137, 263,800.00 231,332.89 32,467.11		0.00	
BLOCK 2: GF se amount under statutory formul er amount of gross receipts from stract line 2 from line 1	ROSS RECEIPTS O	PF \$263,800 OR L	ESS (but m	263,800.00 231,332.89 32,467.11	100) - - - 231,332.89		
se amount under statutory formuler amount of gross receipts from otract line 2 from line 1	la		<u>\$</u> <u>\$</u>	263,800.00 231,332.89 32,467.11	_ _ _ _ 		
er amount of gross receipts from otract line 2 from line 1	n space K		\$ 	231,332.89 32,467.11 \$	_ _ _ 		
er the amount from line 3	from space K		\$	32,467.11 \$			
er the amount of gross receipts for the amount from line 3	from space K			\$	231,332.89		
er the amount from line 3					·		
					00 407 44		
stract line 5 from line 4				\$	32,467.11		
				\$	198,865.78		
tiply line 6 by .005 (enter figure h	nere)				\$	994.33	
rest charge. Enter the amount fr	rom line 4, space Q, p	age 8				0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
BLOCK 3: GRO	OSS RECEIPTS OF	MORE THAN \$2	63,800 (but	less than \$52	7,600)		
er the amount of gross receipts f	from space K						
se amount under statutory formul				263.800.00	_		
•					_		
					_		
					1 319 00		
		• '			·		
TAL ROYALTY FEE PAYABLE	FOR ACCOUNTING	PERIOD. Add lines	6 4, 5, and 6 .		•		
FILIN	IG FEE AND TOTAL	L REMITTANCE D	UE				
"	D : 1/6	0 0 1)		•	004.22		
vaity Hee ⊬ayable for Accounting	y merioa (trom Block 1,	, ∠, or ₃, above)		. Ф			
ng Fee (See the instructions for n	more information on fili	ing fee calculations)		. \$	20.00		
TAL AMOUNT DUE FOR ACCO	DUNTING PERIOD. A	add lines 2 and 3			\$	1,014.33	
		of an electronic no	wment nave	hle to the Pesi	star of Convein	ıhtel	
	rest charge. Enter the amount for the trial of tria	rest charge. Enter the amount from line 4, space Q, p FAL ROYALTY FEE PAYABLE FOR ACCOUNTING FILING FEE AND TOTA ralty Fee Payable for Accounting Period (from Block 1 rg Fee (See the instructions for more information on file) FAL AMOUNT DUE FOR ACCOUNTING PERIOD. A	rest charge. Enter the amount from line 4, space Q, page 8	rest charge. Enter the amount from line 4, space Q, page 8 TAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6. FILING FEE AND TOTAL REMITTANCE DUE raity Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	tiply line 3 by .01	tiply line 3 by .01	

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: .INOIS LLC			SYSTEM ID# 60829					
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 and nonbroadcast services									
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou	HER INFORMATION IS NEEDED (Identify a int.)	n individual to whom						
for Further	Name	Kenneth J. Kohrs		Telephone	845-443-2762					
Information	Addoor	One Mediagom Way								
	Address	One Mediacom Way (Number, street, rural route, aparti	ment, or suite number)							
		Mediacom Park, NY (City, town, state, zip)	10918							
	Email	Copyrights@me	ediacomcc.com	Fax (optional						
	` '									
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)									
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or									
			ntion or partnership) I am the duly authorized e owner is not a corporation or partnership; or	agent of the owner of the cable	system as identified					
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.									
	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)]									
			X /s/ Kenneth J. Kohrs		-					
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., ,	·						
		Typed or printed	name: Kenneth J. Kohrs							
		Title:	Group Vice President, Financia tle 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 8 Accounting Period: 2023/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 60829 MEDIACOM ILLINOIS LLC 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.