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						
2/26/25	\$						
	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 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	INSTRUCTIONS: 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								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)								
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)								
	[Out], with, state, 2p evec)								

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.

Namo		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC read a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sind discrete unincorporated areas). 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter keep as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. Community Community Community Rows as Necessary ATWOOD IL ARTHUR IL ARTHUR IL GARRETT IL HAMMOND IL HINDSBORO IL HUMBOLDT IL VESDALE OAKLAND IL PIERSON STATION IL	Name		249
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sind discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter keep as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE TUSCOLA IL ARTHUR IL ARTHUR IL GARRETT IL HAMMOND IL HAMMOND IL HINDSBORO IL IL IVESDALE OAKLAND IL PIERSON STATION IL			
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter k as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN	_		
Area Served Street	D		
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. City OR TOWN			
CITY OR TOWN STATE First			
CITY OR TOWN STATE First			the nome parks should be reported in parentheses below the
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		VILLA GROVE	IL

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

*SYSTEM ID *24943

MEDIACOM ILLINOIS LLC

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.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SU	JBSCRIBERS	RATE
Residential:					
Service to first set	635	29.99-74.49			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.99-74.49			
Converter					
Residential					
Non-residential					
				1	

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Variety TV	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	75.00	Burglar protection			
Additional set(s)	49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	9.99	Disconnect			
		Outlet relocation	49.00		
		Move to new address			

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24943

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
WAND/WAND(HD) NBC	17	N	DECATUR, IL
WAND-DT2 CoziTV	17.2	I-M	DECATUR, IL
WBUI/WBUI(HD) CW	22	<u>l</u>	DECATUR, IL
WBUI-DT2 DABL	22.2	I-M	DECATUR, IL
WBUI-DT3 Nest	22.3	I-M	DECATUR, IL
WCCU/WCCU (HD) FOX	26	I	URBANA, IL
WCCU-DT2 True Crime Netwo	26.2	I-M	URBANA, IL
WCCU-DT3 Antenna	26.3	I-M	URBANA, IL
WCIA/WCIA (HD) CBS	48	N	CHAMPAIGN, IL
WCIA-DT3 Bounce TV	48.3	I-M	CHAMPAIGN, IL
WCIA-DT4 Grit	48.4	I-M	CHAMPAIGN, IL
WCIX-DT / WCIX (HD) MyNET	13	<u> </u>	Springfield, IL
WCIX-DT3 ION Mystery	13.3	I-M	Springfield, IL
WCIX-DT4 Laff	13.4	I-M	Springfield, IL
WEIU/WEIU (HD) PBS	50	E	CHARLESTON, IL
WEIU-DT2 PBS FNX	50.2	E-M	CHARLESTON, IL
WICD/WICD (HD) ABC	41	N	CHAMPAIGN, IL
WICD-DT2 COMET	41.2	I-M	CHAMPAIGN, IL
WICD-DT3 TBD	41.3	I-M	CHAMPAIGN, IL
WICD-DT4 Charge!	41.4	I-M	CHAMPAIGN, IL
WICS ABC	42	N	SPRINGFIELD, IL
WILL/WILL (HD) PBS	9	E	CHAMPAIGN-URBANA, IL
WILL-DT2 PBS WORLD	9.2	E-M	CHAMPAIGN-URBANA, IL
WILL-DT3 PBS CREATE	9.3	E-M	CHAMPAIGN-URBANA, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

24943

MEDIACOM ILLINOIS LLC

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
		 				 	
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Accounting Perio	od: 2024/2						FO	RM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF MEDIACOM ILLINOIS		STEM:					SYSTEM ID# 24943	
	WEDIACOW ILLINOIS							24943	
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special Statement and Program Log	 SPECIAL STATEMEN' During the accounting perbroadcast by a distant standard Note: If your answer is "Note" 	riod, did yor tion?	ur cable syste	m carry, on a substitute ba	·		YES	X NO	
	log in block 2. 2. LOG OF SUBSTITUTE								
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every not distant state adjustions, or ies like "mo Bulls." m was broat sign of the addast statination and day we "5/7." es when the Example: er "R" if the and regulation in that	add additional connetwork telection and that your authorization ovies" or "bask deast live, ent station broaddon's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	I rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the generated in it. I ist specific program of the community to which the community with which the extern carried the substitute or carried the substitute or carried by a system from 6:01 m was substituted for program in the accounting perioduring the accounting perioduring the accounting perioduring system ("substituted for program was substituted for program was substituted for program in the accounting perioduring the accounting	e program") the ed for the proper instruction titles, for each of the exterior is like a station is like a program. Using table program, to 6 cramming that d; enter the like a for the program in the exterior is the program.	nat, durin ogrammir ions for fu example, censed by entified). se numer m. List thu :28:30 p.	g the accoung of another urther inform "I Love Lucy of the FCC of als, with the etimes account should be tem was reaf the listed properties."	nting r station nation. " or r, in month urately e	
	Si	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON				
	TITLE OF PROGRAM		3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES TO	DELETION	
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ccounting Period:	2024/2			FORM S	SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			;	SYSTEM ID 2494				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar 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 receipts.	system's se on of how t	econdary transm to compute this	sission service amount, see					
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800					
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is $\$52.00$	ty fee that y	ou must pay for	this six-mon					
	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 in	nes 1 and 2	2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)					
	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								
	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	\$	350,695.07						
	2. Base amount under statutory formula		263,800.00	='					
	3. Subtract line 2 from line 1	\$	86,895.07	='					
	4. Multiply line 3 by .01		. \$	868.95					
	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			\$	2,187.95				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filian Farand									
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,187.95					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,207.95				
	Important: Your remittance must be in the form of an electronic pay	ment nava	ble to the Regis	eter of Convri	ahts!				

Accounting Period:	024/2				FORM SA1-2E. PAGE 7.
Name	EGAL NAME OF OWNER OF CAB MEDIACOM ILLINOIS LLC	BLE SYSTEM:			SYSTEM ID# 24943
M Channels	to its subscribers, and (2) the ca	annels on which the cable adcast stations		counting period.	72
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACT we can contact about this stater		RMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name Kenneth J	J. Kohrs		Telephone	845-443-2762
	(Number, street,	acom Way , rural route, apartment, or suite n Park, NY 10918	e number)		
	(City, town, state	e, zip)			
	Email Co	opyrights@mediacomc	c.com	Fax (optional)	
•	CERTIFICATION (This statemen	nt of account must be cert	ified and signed in accordance with C	opyright Office regulations)	
O Certification	• I, the undersigned, hereby certif	ify that (Check one, <i>but onl</i>	y one, of the boxes.)		
	(Owner other than co	orporation or partnership	o) I am the owner of the cable system a	s identified in line 1 of space	B; or
			artnership) I am the duly authorized ag t a corporation or partnership; or	ent of the owner of the cable	system as identified
	(Officer or partner) I in line 1 of space E		ation) or a partner (if a partnership) of th	ne legal entity identified as ov	vner of the cable system
		o the best of my knowledg	clare under penalty of law that all state e, information, and belief, and are mad		n
		X Enter an 6	/s/ Kenneth J. Kohrs	cartify this statement	
			lature using an "/s/ signature" (e.g., /s/ J		
	Ту	yped or printed name:	Kenneth J. Kohrs		
	Tit		Vice President, Financial R	eporting	
	Da	ate:		2/14/2025	

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.

Accounting Period: 2024/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24943 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 fol-"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** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** 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** davs Line 3 Multiply line 2 by the number of days late and enter the sum here 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 * 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

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First community served Accounting period