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.

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SA1-2E **Short Form**

Return completed workbook

| STATEMENT OF ACCOUNT | | FOR COPYRIGHT OFFICE USE ONLY by email to: | | | | | |
|--|---|--|---|---|--|--|--|
| for Secondary Transmissions by | | DATE RECEIVED | AMOUNT | | | | |
| Cable Syste | ms (Short Form) | | | <u>coplicsoa@loc.gov</u> | | | |
| | | 2/26/25 | \$ | For additional information, contact the U.S. Copyright | | | |
| General instructions are located in the first tab of this workbook | | 2/20/20 | | Office Licensing Division at: | | | |
| | | | ALLOCATION NUMBER | Tel: (202) 707-8150 | | | |
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| | 1 | | | - | | | |
| A | ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (Y | YYY/(Period)) | | | | |
| | | | | | | | |
| | | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | | | | |
| | 2024/2 | renou r - sandary r - sune so | | | | | |
| | | _ | | | | | |
| | | Barcode Data Filing Period (optional - see instructions) | | | | | |
| Accounting | | _ | | | | | |
| Period | | | | | | | |
| | Instructions: | | | | | | |
| В | - | | sidiary of another corporation, give the full o | corporate | | | |
| | title of the subsidiary, not that of the pa | | | | | | |
| Owner | List any other name or names under which the owner conducts the business of the cable system. | | | | | | |
| | - | | the last day of the accounting period should | d submit a | | | |
| | single statement of account and royalty | tee payment covering the entire accou | nting period. | 27607 | | | |
| | Check here if this is the system's first fil | ing. If not, enter the system's ID numbe | r assigned by the Licensing Division. | 27007 | | | |
| | | | | | | | |
| | LEGAL NAME OF OWNER/MAILI | NG ADDRESS OF CABLE SYSTEN | 1 | | | | |
| | MEDIACOM ILLINOIS LLC | | | | | | |
| | BUSINESS NAME(S) OF OWNER | OF CABLE SYSTEM (IF DIFFEREN | Т) | | | | |
| | | | | | | | |
| | MAILING ADDRESS OF OWNER C | F CABLE SYSTEM | | | | | |
| | ONE MEDIACOM WAY | | | | | | |
| | (Number, street, rural route, apartment, or suite | number) | | | | | |
| | MEDIACOM PARK, NY 10918 (City, town, state, zip) | | | | | | |
| <u> </u> | INSTRUCTIONS: In line 1, give any bus | iness or trade names used to ide | entify the business and operation of th | he system unless these | | | |
| С | names already appear in space B. In lin | e 2, give the mailing address of t | he system, if different from the addre | ss given in space B | | | |
| System | 1 | | | | | | |
| | MEDIACOM ILLINOIS LLC | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTE | | | | | | |
| | 2 P.O. Box 334, 1102 N. Fourth Street (Number, street, rural route, apartment, or suite | | | | | | |
| | Chillicothe, IL 61523 | | | | | | |

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.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | FORM SA1-2E. P/ SYSTEM |
|-----------------------|--|--|
| Name | | 27 |
| | MEDIACOM ILLINOIS LLC | |
| _ | Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated of | |
| D | | |
| | 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. | the second second to perception the second sec |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mobile | home parks should be reported in parentneses below the |
| Served | identified city. | |
| | | |
| | | |
| | CITY OR TOWN | STATE |
| First | Delavan | IL III |
| Community | Emden | IL |
| | Green Valley | IL |
| Add Rows as Necessary | San Jose | IL IL |
| | Cantrall | IL |
| | Middletown | |
| | New Holland | |
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| | Greenview | L |
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| Name MEDIACOM ILLINOIS LLC E Secondary Transmission 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 end belowison and rando broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you safe must be those subscribers in about other services (including pay cable) in space F, not here. All the facts you safe must be those subscribers in each category by counting the number of bulkscribers in. General, you can compute the number of subscribers in each category by counting the number of bulkscribers. In general, you can compute the number of subscribers in each category, but do not include discourts allowed for advance payment. Book 1: In the include discourts allowed for advance payment. Book 1: In the include discourts allowed for advance payment. Book 1: In the include discourts allowed for advance payment. Book 1: In the include discourts allowed for advance payment. Book 1: In the include discourts allowed for secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for secondary transmission service that advance the output states and the second the subscriber in the payes that for advance payment. Biok 2: If your cable system has the categories for secondary transmissions/ list them. Loggerter with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. F Services of first set -Service to difficult set() DO (OF CATEGORY OF SERVICE Subscribers in the order of the subscribers is dervices that were recovered in gaparate rate() | SA1-2E. PAGE | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|
| E In General: The information in space E should cover all categories of secondary transmission exclusion of the table system, that is, the retransmission about other services (including pay cable) in space E, not here. All the facts you state must be those existing on the sack category by counting period (une 30 or December 31, as the case may ba). Services Sub- scripers and Rates In General: The information in space E call for the number of subscribers in the cable system, that is, the particular service. In general, you can compute the number of subscribers in each category by counting the number of subscribers in each category, but do not include discourts alowed for advance payment. Bick S: The particular service Where an individual or organizations is coving service. The cable service to additoral sets would be included in the court under Service to category that applies to your system. Note: the left-hand toxic Where an individual or organizations is coving service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate to each listed category that applies to your system. Note: the left-hand toxic Where an individual or organizations is coving service that fails under different categories, that person or entity should be counted on eagan under "Service to additoral sets). Bick 2: If your cable service to additoral sets would be included in the court under "Service to the inst eff and would be counted one again under "Service to additoral sets). Bick C: If the earth is the categories of secondary transmission service that are different from those printed in block I. (for example, less of services that include one or more secondary transmission), list them, together with the number of subscribers and rates, in the right-hand block. A two or three-word description | 2760 | | | | | | | | | | |
| E In General: The information in space E should cover all categories of secondary transmission exclusion of the table system, that is, the retransmission about other services (including pay cable) in space E, not here. All the facts you state must be those existing on the sack category by counting period (une 30 or December 31, as the case may ba). Services Sub- scripers and Rates In General: The information in space E call for the number of subscribers in the cable system, that is, the particular service. In general, you can compute the number of subscribers in each category by counting the number of subscribers in each category, but do not include discourts alowed for advance payment. Bick S: The particular service Where an individual or organizations is coving service. The cable service to additoral sets would be included in the court under Service to category that applies to your system. Note: the left-hand toxic Where an individual or organizations is coving service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate to each listed category that applies to your system. Note: the left-hand toxic Where an individual or organizations is coving service that fails under different categories, that person or entity should be counted on eagan under "Service to additoral sets). Bick 2: If your cable service to additoral sets would be included in the court under "Service to the inst eff and would be counted one again under "Service to additoral sets). Bick C: If the earth is the categories of secondary transmission service that are different from those printed in block I. (for example, less of services that include one or more secondary transmission), list them, together with the number of subscribers and rates, in the right-hand block. A two or three-word description | | | | | | | | | | | |
| Secondary Transmission about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission Service: Sub- Service: Sub- Rates about other of Subscribers: Both blocks in space E cell for the number of subscribers in 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 subscribers in the cable goving service). Rates 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:: \$20mh?). Summarize any standard rate variations within a particular service taceports, but do include discounds 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 must 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 affirent categories, that person or enity should 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 I (for example, ters) of services that include one or more secondary transmission service to additional set(s). F Service to difficate at the state field subscribers and rate so a subscriber in each applicable. Service to difficate at the state difficate at the state difficate at the state different from those printed in block I. (for example, ters) of services that are different from secondary transmission service for a single. <td< td=""><td></td></td<> | | | | | | | | | | | |
| Transmission last day of the accounting period (June 30 or December 31, as the case may be). The service state in the intermed of bulksor inters to be cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers is other cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers is other cable system. The cable is the category of service. In during the category cable is the category of service. Induced by the nament of the charge and the unit in which it is generally willed. (Example: "320/mth"). Summarize any standard rate variations within a particular rate category is service. Induce payment. Biock 1: In the left-hand block in space E, the form lists the category for service in acch listed category is applied by on system. Note: Where an inducidal comparison is reaving service that areal filterent categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays serve for categories for secondary transmission service that aread lifterent from those printed in block 1 (for example, ties of services that include one or more secondary transmission), list them, together which the number of subscribers and rates. In the right-hand block. A two-or three-word description of there wice is subscriber is applicable category. Example: a residential is used categories of secondary transmission service that aread interest is subscriber is applicable category. Example: a residential is used categories or first set is secondary service in a sample: a residential is used categories or form the respective of the state categories or first set is subscriber is and rates. In the right-hand block. A two-or thr | | | | | | | | | | | |
| Service: Sub- scribers and 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 subscribers in each category by counting the number of billings in that category (the number of subscribers and rate for each category. by counting the number of subscribers and rate for each listed category of service. Include both the availation subina particular rate category. but do not include discourts allowed 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 envice that cable systems most commonity provide to their subscribes. 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 fails 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 attificianal sets". Bit Set 2: If your cable system has rate categories for secondary transmission, is receiving service that 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS Residential 239 • Service to first set • Services of rate (not subscriber) information with respect to all your cable system's services t | | | | | | | | | | | |
| scribers and Rates down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of sites in that category of service. Include both the amount of the charge and the unit n which it is general; bilder (Example: 3200/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 (Example: 3200/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 (Example: 3200/mth). Summarize any standard rate variations within a particular rate validowidal 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 sets. Block 2: Iny our cable system has rate categories for secondary transmissions. Block 2: No. OF subscribers in the right-hand block. A two- or three-word description of the service is sufficient. Block 1: Over cable system to additional sets. BLOCK 1 BLOCK 2 NO. OF services CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE NO. OF services Services that difficult in the count of the service is that are not offered in combination with any services that were not covered in space E; that is, those services that are not offered in comb | | | | | | | | | | | |
| 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 valiations within a particular rate category. but do not include decisionule 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. Moc: Where an induvidual or organization is receiving service that falls under different categories, that person or entity should be counded uide be included in the count under 'Service to the first set' and would be counted once again under '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 sets would be included in the count under 'Service to the first set' and would be counted under 'Service to additional sets would be included in the count under 'Service to the service is additional sets would be included in the count under 'Service to the service is additional sets'. Block 1: (your cable system has rate categories for 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 additional sets. Block 1: (your cable system for set) Services to first set 239 230.489.99 • Service to first set 239 230.489.99 Services that were not first set | down by categories of secondary transmission service. In general, you can compute the number of subscribers in | | | | | | | | | | |
| Ret: Give the standard rate charged for each category of service. Include both the annual of the charge and the unit in which it is generally blidle. (Example: 230/mbr). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Biock 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 fails 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. Biock 2: If your cable system has rate categories for secondary transmission service that res different from those printed in block 1 (for example, lister of services that include one or more secondary transmissions.) List then, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 NO.OF CATEGORY OF SERVICE NO.OF Service to additional set(s) | each category by counting the number of billings in that category (the number of persons or organizations charged | | | | | | | | | | |
| Init in which its generally billed. (Example: '\$20mth)'s Summarize any standard rate variations within a particular rate category, but do not include of is obscinctus allowed for advance payment. Biock 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 fails under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays exit for cable service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmissions 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. Block 2: If your cable system has rate categories for secondary transmissions. Near the sufficient is different is useriter to additional set(s). BLOCK 1 BLOCK 2 No. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS Residential · Service to additional set(s) · Mo. OF CATEGORY OF SERVICE SUBSCRIBERS No. If General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not foread in combination with a spasecondary transmission service of rad information with r | | | | | | | | | | | |
| F Service to first set 239 28.04.89.99 F Service to first set 239 28.04.89.99 Converter | | | | | | | | | | | |
| F Services Other Than SECONDARY TRANSMISSIONS: RATES BSRVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES Services of rate (rds subscriber) in domed used with which it is usubscribers. Rate information with respect to all or need to give a single fee therage and the instance of the charge of the service to the service to additional sets would be control to a subscriber with the number of subscribers and rate of secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmission), 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. BLOCK 1 BLOCK 1 BLOCK 2 NO. OF Service to first set 239 28.04-89.99 NO. OF Service to additional set(s) | | | | | | | | | | | |
| Fragment Service to additional set(s) 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 in opays exits for cable service to additional set(s). ^C Block 2:1 (for example, tiers of services to additional set(s). ^C Block 2:1 (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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS Residential: 239 28.04-89.99 Service to additional set(s) No. OF Service to first set 239 28.04-89.99 Service to additional set(s) | | | | | | | | | | | |
| 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 three count under "Service to the first set" and would be counted once again under "Service to additional sets (s)." Block 2: If your cable system has rate categories for secondary transmission service to the service is sufficient. BLOCK 1 BLOCK 1 BLOCK 1 BLOCK 2 Viet of the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 CATEGORY OF SERVICE NO. OF CATEGORY OF SERVICE NO. OF Service to first set 239 28.04-89.99 NO. OF Service to additional set(s) NO. OF Service to first set 0 28.04-89.99 Converter Residential 0 28.04-89.99 NO. OF NO. OF Services of inst set 239 28.04-89.99 Service to additional set(s) NO. OF Service to additional set(s) 0 28.04-89.99 Service to additional set(s) Service to additional set(s) Services on single fee. There are to we exceptions: you do no need to give rate information secondary transmission service for a single fee. There are two exceptions: you do no need to give rate information should include bot the angular portex are thanged by the cabl | | | | | | | | | | | |
| 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)." Biock 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). Jist 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. BLOCK 1 BLOCK 2 Residential: NO. OF • Service to first set 239 • Service to additional set(s) NO. OF • FM radio (if separate rate) 0 Motel, hotel 0 Converter • • Residential • • Non-residential 0 • Non-residential 0 • Non-residential 0 • Non-residential 0 • Non-residential • • Non-residential • <t< td=""><td></td></t<> | | | | | | | | | | | |
| F Services of asigle fee. There are two exceptions: not subscriber with each and the targe different from those subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 1 BLOCK 2 NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE NO. OF Residential: 3.99 0.00000000000000000000000000000000000 | | | | | | | | | | | |
| F Services 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 generative is survice for a single fee. There are two exceptions: you do not need to give 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 CATEGORY OF SERVICE 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 transmissions rate 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: List any services that your cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable serv | | | | | | | | | | | |
| F Services Other Than SECONDARY TRANSMISSIONS: RATES In General: Space E, that is, those services that are not offered in combination with any secondary transmissions Rates Services to single fee. There are two exceptions: you do not need to give 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. Biock 1: Give the standard rate charged by the cable system for each of the applicable services listed. Biock 1: GATEGORY OF SERVICE Rate Variety TV Services of instent and the channel PP No.0F Rate CATEGORY OF SERVICE NO.0F Services of instext 239 28.04-89.99 Independent of the service in the form of a brief (two- or three-word) description and include the rate for each. In the service in the service in the service in the form of a brief (two- or three-word) description and include the rate for each. | | | | | | | | | | | |
| Services Other Than Secondary 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 ormation should include both the amount of the charge and the unit in which it is susally billed. If any rates are conting periods that were not listed in block 1 and for which a separate charged was made or established. List these other services listed. Block 1 Block 1 Block 1 Block 1 Block 1 Cattegory OF SERVICE Rate Cattegory OF SERVICE No. OF Subject Note F Services to additional set(s) | | | | | | | | | | | |
| Services Other Than Secondary ransmissions: Rates Service Service (Services to additional set(s) + FM radio (if separate rate) Motel, hotel Commercial NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE NO. OF SUBSCRIBE F Service to additional set(s) + FM radio (if separate rate) Motel, hotel Commercial 239 28.04-89.99 | | | | | | | | | | | |
| CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBE Residential: • Service to first set 239 28.04-89.99 | | | | | | | | | | | |
| Residential: • Service to first set 239 28.04-89.99 • Service to additional set(s) • FM radio (if separate rate) • • Motel, hotel • • Commercial 0 28.04-89.99 • Converter • • • • Residential • • • • Non-residential • • • • Services Structs 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 offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give 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 serv | RS RATI | | | | | | | | | | |
| • Service to first set 239 28.04-89.99 | | | | | | | | | | | |
| • Service to additional set(s) • FM radio (if separate rate) Motel, hotel 0 Commercial 0 Converter • Residential • Non-residential 0 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 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 in the form of a brief (two- or three-word) description and include the rate for each. Eterory OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE PP • Motel, hotel • Pay cable PP • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • | | | | | | | | | | | |
| • FM radio (if separate rate) • • • • • • • • • • • • • • • • • • • | | | | | | | | | | | |
| Motel, hotel Commercial 0 28.04-89.99 Converter • Residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential • Residential • Non-residential • Non-residential • Residential • Non-residential • Non-residential • Services 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 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 charge by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE • Pay cable • PP • Motel, hotel | | | | | | | | | | | |
| Converter Residential • Non-residential • Non-residential • Non-residential • Non-residential • Residential • Non-residential • Non-residential • Non-residential • Residential • Non-residential • Notecovered 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 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, entro only the letters "PP" in the rate column. Block 1: Give the standard rate charge dy 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 | | | | | | | | | | | |
| • Residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential F SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable PP • Motel, hotel • Pay cable • Pay cable • Pay cable • Pay cable • Pay cable <t< td=""><td></td></t<> | | | | | | | | | | | |
| • Non-residential secondary F Services Other Than Secondary transmissions exvice for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services of furished 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 for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable PP • Fire protection • Pay cable • Pay cable PP • Motel, hotel Pay | | | | | | | | | | | |
| F 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 available 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. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable PP • Motel, hotel Variety TV • Pay cable PP • Motel, hotel • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Burglar protection • Pay cable • Pay cable • Pay cable • Burglar protection • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Pay cable | | | | | | | | | | | |
| F 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 insted. Block 2: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE PP •Motel, hotel •Variety TV •Pay cable •Pay cable< | | | | | | | | | | | |
| F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable PP • Pay cable PP • Fire protection • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable • Burglar protection • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable | | | | | | | | | | | |
| Services Instruction of 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 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE Pay cable PP • Pay cable PP • Pay cable PP • Fire protection • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable • Burglar protection • Pay cable • Burglar protection • Pay cable • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • F | | | | | | | | | | | |
| Services Other Than Secondary Transmissions: Rates furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable PP • Pay cable PP • Motel, hotel • Motel, hotel • Pay cable PP • Fire protection • Pay cable • Burglar protection • Pay cable • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Fire protection | | | | | | | | | | | |
| Secondary Transmissions: Rates enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE 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 • Pay cable • Burglar protection • Pay cable • Burglar protection • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable | | | | | | | | | | | |
| Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable Pay cable | | | | | | | | | | | |
| Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential • Pay cable PP • Surglar protection • Pay cable • Fire protection • Pay cable • Burglar protection • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable | enter only the letters "PP" in the rate column. | | | | | | | | | | |
| listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Notel, hotel · Motel, hotel · Motel, hotel · Pay cable · Pay cable </td <td colspan="9"></td> | | | | | | | | | | | |
| BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential Variety TV • Pay cable PP • Motel, hotel Variety TV • Pay cable PP • Commercial • Pay cable • Fire protection • Pay cable • Pay cable • Burglar protection • Fire protection • Fire protection Installation: Residential • Fire protection • Fire protection | | | | | | | | | | | |
| CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVIC Continuing Services: Installation: Non-residential Variety TV • Pay cable PP • Motel, hotel Variety TV • Pay cable—add'l channel PP • Commercial Variety TV • Fire protection • Pay cable • Pay cable • Pay cable • Burglar protection • Pay cable-add'l channel • Pire protection • Pire protection • Installation: Residential • Fire protection • Fire protection • Pay cable-add'l channel | | | | | | | | | | | |
| Continuing Services: • Pay cableInstallation: Non-residential • Motel, hotelVariety TV• Pay cable—add'l channel • Fire protectionPP• Motel, hotelVariety TV• Pay cable—add'l channel • Burglar protectionPP• Commercial • Pay cableImage: Commercial • Pay cableImage: Commercial • Pay cable• Burglar protection Installation: Residential• Pay cable-add'l channel • Fire protection• Pay cable-add'l channel • Fire protectionImage: Commercial • Pay cable-add'l channel • Fire protectionImage: Commercial • Pay cable-add'l channel • Fire protection | <u>.</u> | | | | | | | | | | |
| • Pay cable PP • Motel, hotel Mariety TV • Pay cable_add'l channel PP • Commercial • Commercial • Fire protection • Pay cable • Commercial • Pay cable • Burglar protection • Pay cable-add'l channel • Pay cable-add'l channel • Pay cable-add'l channel • Burglar protection • Fire protection • Fire protection • Pay cable-add'l channel | CE RATE | | | | | | | | | | |
| • Pay cableadd'l channel PP • Commercial • Fire protection • Pay cable • Burglar protection • Pay cable-add'l channel Installation: Residential • Fire protection | | | | | | | | | | | |
| • Fire protection • Pay cable • Pay cable • Burglar protection • Pay cable-add'l channel Installation: Residential • Fire protection | ### | | | | | | | | | | |
| •Burglar protection Installation: Residential · Fire protection | | | | | | | | | | | |
| Installation: Residential • Fire protection | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Additional set(s) 49.00 Other services: | | | | | | | | | | | |
| • Additional set(s) • FM radio (if separate rate) • Reconnect • 49.00 | | | | | | | | | | | |
| • Converter 9.99 • Disconnect | | | | | | | | | | | |
| • Outlet relocation 49.00 | | | | | | | | | | | |
| • Move to new address | | | | | | | | | | | |

| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM | | | | |
|----------------------------|--|--|---|--|--|--|--|--|
| Name | MEDIACOM ILLINOIS LLC 276 | | | | | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | | |
| G | carried by your cable systen | 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, <i>except</i> (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 | | | | | | |
| Primary | 3 |)(2) and (4), or 76.63 (referring to 76. | s | - | | | | |
| ransmitters: Television | 1 0 | explained in the next paragraph. With respect to any distant stations of | arried by your cable system on a su | ubstitute program | | | | |
| | 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. | | | | | | | |
| | | Iso in space I, if the station was carrie | | | | | | |
| | Column 1: List each station | n concerning substitute basis stations 's call sign. <i>Do not</i> report origination | program services such as HBO, ES | PN, etc. Identify each | | | | |
| | multicast stream associated "WETA-2" as the same on the | with a station according to its over-th | e-air designation. For example, rep | port multistream | | | | |
| | Column 2: Give the channe | I number the FCC assigned to the tel | evision station for broadcasting over | r the air in its community | | | | |
| | | RC is channel 4 in Washington, D.C. case whether the station is a network | station, an independent station, or | a noncommercial | | | | |
| | educational station, by enter | ing the letter "N" (for network), "N-M" | (for network multicast), "I" (for indep | pendent), "I-M" | | | | |
| | | "E" (for noncommercial educational), rms, see page (iv) of the general instr | | tional multicast). | | | | |
| | Column 4: Give the location | of each station. For U.S. stations, lis | t the community to which the station | | | | | |
| | FCC. For Mexican or Canad | lian stations, if any, give the name of | the community with which the station | n is identified. | | | | |
| | | | | | | | | |
| | 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 Cozi TV | 17.2 | I-M | Decatur, IL | | | | |
| | WBUI/WBUI (HD) CW | 22 | I | DECATUR, IL | | | | |
| | | 22 2 | | | | | | |
| | WBUI-DT2 DABL | 22.2 | I-M | DECATUR, IL | | | | |
| | WBUI-DT2 DABL WBUI-DT3 Nest | 22.2 | I-M | DECATUR, IL DECATUR, IL | | | | |
| | | | | | | | | |
| | WBUI-DT3 Nest | 22.3 | I-M | DECATUR, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) | 22.3 48 | I-M N | DECATUR, IL CHAMPAIGN, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV | 22.3 48 48.3 | I-M N I-M | DECATUR, IL CHAMPAIGN, IL Elkhart, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit | 22.3 48 48.3 48.4 | I-M N I-M | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) | 22.3 48 48.3 48.4 13 | I-M N I-M I | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL SPRINGFIELD, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery | 22.3 48 48.3 48.4 13 13.3 | I-M N I-M I I I I-M | DECATUR, IL CHAMPAIGN, IL Eikhart, IL Eikhart, IL SPRINGFIELD, IL Eikhart, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff | 22.3 48 48.3 48.4 13 13.3 13.4 | I-M N I-M I-M I I I-M I-M | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL SPRINGFIELD, IL Elkhart, IL Elkhart, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) | 22.3 48 48.3 48.4 13 13.3 13.4 25 | I-M N I-M I I I I-M I-M I-M N | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL SPRINGFIELD, IL Elkhart, IL Elkhart, IL Peoria, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) A | 22.3 48 48.3 48.4 13 13.3 13.4 25 25.2 | I-M N I-M I-M I I I-M I-M N N N-M | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL SPRINGFIELD, IL Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) A WEEK-DT3/WEEK-DT3 (HD) C | 22.3 48 48.3 48.4 13 13.3 13.3 13.4 25 25.2 25.2 25.3 | I-M N I-M I-M I I I I-M I-M N N-M I-M | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL SPRINGFIELD, IL Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT3 ION Mystery WCIX-DT3 ION Mystery WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) A WEEK-DT3/WEEK-DT3 (HD) C WHOI (HD) TBD WHOI-DT2 Charge | 22.3 48 48.3 48.4 13 13.3 13.4 25 25.2 25.2 25.3 19 19.2 | I-M N I-M I-M I I I I N N N-M I-M I-M | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL Elkhart, IL Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) A WEEK-DT3/WEEK-DT3 (HD) C WHOI (HD) TBD WHOI-DT2 Charge WHOI-DT3 Comet | 22.3 48 48.3 48.4 13 13.3 13.4 25 25.2 25.2 25.3 19 19.2 19.3 | I-M N I-M I-M I I I I-M I-M I-M I-M I-M | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL SPRINGFIELD, IL Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIA-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) A WEEK-DT3/WEEK-DT3 (HD) C WHOI (HD) TBD WHOI-DT2 Charge WHOI-DT3 Comet WICS/WICS (HD) (ABC) | 22.3 48 48.3 48.4 13 13.3 13.4 25 25.2 25.2 25.3 19 19.2 19.3 42 | I-M N I-M I I I I I I I I I I I I I I I I I I | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL Elkhart, IL Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) A WEEK-DT3/WEEK-DT3 (HD) C WHOI (HD) TBD WHOI-DT2 Charge WHOI-DT2 Charge WHOI-DT3 Comet WICS/WICS (HD) (ABC) WICS-DT2 Comet | 22.3 48 48.3 48.4 13 13.3 13.3 13.4 25 25.2 25.3 19 19.2 19.3 42 42.2 | I-M N I-M I-M I I I I I I I I I I I I I I I I | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL SPRINGFIELD, IL Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) A WEEK-DT3/WEEK-DT3 (HD) C WHOI (HD) TBD WHOI-DT2 Charge WHOI-DT3 Comet WICS/WICS (HD) (ABC) WICS-DT2 Comet WICS-DT2 Comet | 22.3 48 48.3 48.4 13 13.3 13.4 25 25.2 25.2 25.3 19 19.2 19.3 42 42.2 42.3 | I-M N I-M I I I I I I I I I I I I I I I I I I | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL Elkhart, IL Elkhart, IL Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT7 ION Mystery WCIX-DT3 ION Mystery WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) A WEEK-DT3/WEEK-DT3 (HD) C WHOI (HD) TBD WHOI-DT2 Charge WHOI-DT3 Comet WICS/WICS (HD) (ABC) WICS-DT3 TBD WICS-DT3 TBD WICS-DT4 Charge! | 22.3 48 48.3 48.4 13 13.3 13.3 13.4 25 25.2 25.3 19 19.2 19.3 42 42.2 42.3 42.4 | I-M N I-M I-M I I I I I I I I I I I I I I I I | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL SPRINGFIELD, IL Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Springfield, IL | | | | |
| | WBUI-DT3 Nest WCIA/WCIA (HD) (CBS) WCIA-DT3 Bounce TV WCIA-DT4 Grit WCIX-DT4 Grit WCIX-DT/WCIX MyNet (HD) WCIX-DT3 ION Mystery WCIX-DT4 Laff WEEK/WEEK (HD) (NBC) WEEK-DT2/WEEK-DT2 (HD) A WEEK-DT3/WEEK-DT3 (HD) C WHOI (HD) TBD WHOI-DT2 Charge WHOI-DT3 Comet WICS/WICS (HD) (ABC) WICS-DT2 Comet WICS-DT2 Comet | 22.3 48 48.3 48.4 13 13.3 13.4 25 25.2 25.2 25.3 19 19.2 19.3 42 42.2 42.3 | I-M N I-M I I I I I I I I I I I I I I I I I I | DECATUR, IL CHAMPAIGN, IL Elkhart, IL Elkhart, IL Elkhart, IL Elkhart, IL Elkhart, IL Elkhart, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL | | | | |

| ounting Period: | | | | 0\/0751 | | | |
|------------------------|---|--|--|---|--|--|--|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM | | | |
| | MEDIACOM ILLINOIS I | | | 27 | | | |
| | PRIMARY TRANSMITTERS: | | | | | | |
| G | | ntify every television station (including n during the accounting period, <i>excep</i> | | | | | |
| - | FCC rules and regulations in | n effect on June 24, 1981, permitting th | he carriage of certain network progr | ams [sections | | | |
| Primary ansmitters: | |)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. | 61(e)(2) and (4))]; and (2) certain sta | ations carried on a | | | |
| Television | Substitute Basis Stations: | With respect to any distant stations ca | arried by your cable system on a su | bstitute program | | | |
| | 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 | | ne opecial otatement and i rogram | | | | |
| | | 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 Column 2: Give the channel | ne form. I number the FCC assigned to the tele | evision station for broadcasting over | the air in its community | | | |
| | of license. For example, WF | RC is channel 4 in Washington, D.C. | C C | , | | | |
| | | case whether the station is a network ring the letter "N" (for network), "N-M" | , , , | | | | |
| | (for independent multicast), ' | "E" (for noncommercial educational), o | or "E-M" (for noncommercial educat | | | | |
| | 5 | rms, see page (iv) of the general instru n of each station. For U.S. stations, list | | his licensed by the | | | |
| | | | | - | | | |
| | FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. | | | | | | |
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| | | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | |
| | 1. CALL SIGN WMBD/WMBD (HD) (CBS) | 2. B'CAST CHANNEL NUMBER 30 | 3. TYPE OF STATION N | 4. LOCATION OF STATION Peoria, IL | | | |
| | | | | | | | |
| | WMBD/WMBD (HD) (CBS) | 30 | N | Peoria, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV | 30 30.2 | N M | Peoria, IL Peoria, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff | 30 30.2 30.3 | N I-M I-M | Peoria, IL Peoria, IL Peoria, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery | 30 30.2 30.3 30.4 44 | N i-M i-M | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo | 30 30.2 30.3 30.4 44 44.2 | N | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV | 30 30.2 30.3 30.4 44 44.2 44.3 | N I-M I-M I-M I | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) | 30 30.2 30.3 30.4 44 44.2 44.3 15 | N i-M i-M i i i i i i i i i i i i i | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV | 30 30.2 30.3 30.4 44 44.2 44.3 | N | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) | 30 30.2 30.3 30.4 44 44.2 44.3 15 | N i-M i-M i i i i i i i i i i i i i | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT2 PBS WORLD | 30 30.2 30.3 30.3 30.4 44 44.2 44.3 15 15.2 | N | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT2 PBS WORLD WSEC-DT3 Create | 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.3 | N i-M i-M i i i i i i i i i i i i i | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL JACKSONVILLE, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT2 PBS WORLD WSEC-DT3 Create WSEC-DT4 PBS KIDS | 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.3 15.4 | N | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL JACKSONVILLE, IL JACKSONVILLE, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT2 PBS WORLD WSEC-DT3 Create WSEC-DT4 PBS KIDS WTVP/WTVP (HD) (PBS) | 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.3 15.4 46 | N | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL JACKSONVILLE, IL JACKSONVILLE, IL Peoria, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT2 PBS WORLD WSEC-DT4 PBS KIDS WTVP-DT2 PBS KIDS WTVP-DT2 PBS KIDS | 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.3 15.4 46 46.2 46.3 | N | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL JACKSONVILLE, IL JACKSONVILLE, IL Peoria, IL Peoria, IL Peoria, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT3 Create WSEC-DT3 Create WSEC-DT3 Create WSEC-DT4 PBS KIDS WTVP/WTVP (HD) (PBS) WTVP-DT2 PBS KIDS WTVP-DT3 PBS WORLD WTVP-DT4 Create | 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.3 15.4 46 46 46.3 46.4 | N i-M i-M i i i i i i i i i i i i i | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL JACKSONVILLE, IL JACKSONVILLE, IL Peoria, IL | | | |
| | WMBD/WMBD (HD) (CBS) WMBD-DT2 Bounce TV WMBD-DT3 Laff WMBD-DT4 ION Mystery WRSP/WRSP (HD) (FOX) WRSP-DT2 True Crime Netwo WRSP-DT3 Antenna TV WSEC/WSEC (HD) (PBS) WSEC-DT2 PBS WORLD WSEC-DT4 PBS KIDS WTVP-DT2 PBS KIDS WTVP-DT2 PBS KIDS | 30 30.2 30.3 30.4 44 44.2 44.3 15 15.2 15.3 15.4 46 46.2 46.3 | N | Peoria, IL Peoria, IL Peoria, IL Peoria, IL Springfield, IL Springfield, IL Elkhart, IL JACKSONVILLE, IL JACKSONVILLE, IL JACKSONVILLE, IL Peoria, IL Peoria, IL Peoria, IL | | | |

| LEGAL NAME O | | | т С т Е IVI. | | | | | SYSTEM I 276 |
|---|--|---|---|---|--|--|---|----------------------------------|
| | t every radio s | station ca | arried on a separate and discre nerally receivable by your cab | | | | | Н |
| eceivable if (1) on the basis of for detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li idgnal, indicate Column 4: C | i it is carried by monitoring, to prmation abou rm. dentify the call state whether f the radio stat this by placing Sive the station | y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati | I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the | t the system's he system's FM ante his point, see pay ed by the cable s e station is licens | adend, and (2 nna, during cr ge (v) of the g ystem as a se sed by the FC | !) it can ertain st eneral ir eparate a | be expected, ated intervals. Instructions in the. and discrete | Primary Transmitters Radio |
| | | 0/5 | | | | 0/5 | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| counting Peric | LEGAL NAME OF OWNER OF | CADLE 010 | | | | | | SYSTEM I |
|----------------------|--|---|---|---|--|--|--|-------------------------|
| Name | MEDIACOM ILLINOIS | | | | | | | 276 |
| | SUBSTITUTE CARRIAG | E: SPECIA | | NT AND PROGRAM LC | G | | | |
| | In General: In space I, ident | tify every non | nnetwork telev | <i>ision program,</i> broadcast by | / a distant sta | tion, that y | our cable s | system carried on |
| | substitute basis during the a | | | | | | | |
| Substitute | explanation of the program | | | | he general ins | structions i | in the pape | r SA1-2 form. |
| Carriage: Special | 1. SPECIAL STATEMEN | - | | | _: | 4 | | |
| tatement and | During the accounting pe | | Ir cable systel | m carry, on a substitute ba | isis, any nonr | ietwork te | | |
| Program Log | broadcast by a distant sta | | | | - "\/" | | YES | |
| | Note: If your answer is "No log in block 2. | o, leave the | rest of this pa | age blank. If your answer is | s res, your | nust comp | piete the pi | rogram |
| | 2. LOG OF SUBSTITUT | E PROGRA | MS | | | | | |
| | In General: List each subs | stitute progra | am on a separ | | s wherever p | ossible, if | their mean | iing is |
| | clear. If you need more spa | | | | | hat during | r the erec | unting |
| | period, was broadcast by a | | | vision program ("substitute our cable system substitut | | | | |
| | under certain FCC rules, re | | | | | | | |
| | Do not use general catego | | vies" or "bask | etball." List specific progra | am titles, for e | example, " | 'I Love Luc | sy" or |
| | "NBA Basketball: 76ers vs. | | dcast live ent | er "Yes." Otherwise enter | "No " | | | |
| | | | | casting the substitute prog | | | | |
| | | | , | the community to which th | | | the FCC o | or, in |
| | the case of Mexican or Car | | | e community with which the stem carried the substitute | | | ale with the | e month |
| | first. Example: for May 7 gi | • | when your sy | | e program. Os | | ais, wiui uie | emonun |
| | Column 6: State the tim | nes when the | | ogram was carried by you | | | | |
| | | | a program car | ried by a system from 6:01 | 1:15 p.m. to 6 | :28:30 p.r | n. should b | be |
| | to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." | | | | | | | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> | | | | | | | |
| | Column 7: Enter the let | ter "R" if the | | | | | | |
| | Column 7: Enter the let to delete under FCC rules | ter "R" if the and regulation | ons in effect o | luring the accounting perio | od; enter the l | etter "P" if | f the listed | |
| | Column 7: Enter the let | ter "R" if the and regulation mming that y | ons in effect o | luring the accounting perio | od; enter the l | etter "P" if | f the listed | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program | ter "R" if the and regulation mming that y | ons in effect o | luring the accounting perio | od; enter the l ler FCC rules | etter "P" if and regu | f the listed llations in | |
| | Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulation mming that y). | ons in effect o | luring the accounting period as permitted to delete und | od; enter the l ler FCC rules WHE | etter "P" it and regu | f the listed llations in | 7. REASON F |
| | Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE? | ons in effect c your system w E PROGRAM 3. STATION'S | luring the accounting period ras permitted to delete und | wher the left of t | etter "P" it and regu N SUBST AGE OCC | f the listed llations in FITUTE CURRED TIMES | 7. REASON F |
| | Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulation mming that y b. SUBSTITUTE | ons in effect o /our system w E PROGRAM | luring the accounting period as permitted to delete und | od; enter the I ler FCC rules WHE CARRI | etter "P" if and regu N SUBST AGE OCO | f the listed lations in ITUTE CURRED | 7. REASON F |
| | Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE? | ons in effect c your system w E PROGRAM 3. STATION'S | luring the accounting period ras permitted to delete und | wher the left of t | etter "P" it and regu N SUBST AGE OCC | f the listed llations in FITUTE CURRED TIMES | 7. REASON I DELETION |
| | Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE? | ons in effect c your system w E PROGRAM 3. STATION'S | luring the accounting period ras permitted to delete und | wher the left of t | etter "P" it and regu N SUBST AGE OCC | f the listed llations in FITUTE CURRED TIMES | 7. REASON F |
| | Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE? | ons in effect c your system w E PROGRAM 3. STATION'S | luring the accounting period ras permitted to delete und | wher the left of t | etter "P" it and regu N SUBST AGE OCC | f the listed llations in FITUTE CURRED TIMES | 7. REASON F |
| | Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE? | ons in effect c your system w E PROGRAM 3. STATION'S | luring the accounting period ras permitted to delete und | wher the left of t | etter "P" it and regu N SUBST AGE OCC | f the listed llations in FITUTE CURRED TIMES | 7. REASON I DELETION |
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| | Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE? | ons in effect c your system w E PROGRAM 3. STATION'S | luring the accounting period ras permitted to delete und | wher the left of t | etter "P" it and regu N SUBST AGE OCC | f the listed llations in FITUTE CURRED TIMES | 7. REASON F |
| | Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE? | ons in effect c your system w E PROGRAM 3. STATION'S | luring the accounting period ras permitted to delete und | wher the left of t | etter "P" it and regu N SUBST AGE OCC | f the listed llations in FITUTE CURRED TIMES | 7. REASON F |
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| | Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE? | ons in effect c your system w E PROGRAM 3. STATION'S | luring the accounting period ras permitted to delete und | wher the left of t | etter "P" it and regu N SUBST AGE OCC | f the listed llations in FITUTE CURRED TIMES | 7. REASON F |
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| Accounting Period: | 2024/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|---|-------------------------------|--------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC | S | YSTEM ID# 27607 |
| 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 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 | 9,009.12 ss receipts) |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$ • 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 accounting period is \$52.00 | this six-mon | |
| | 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, | 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 | <u> </u> | |
| | 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 | | | |
| 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat | | hts! |

| Accounting Period: | 2024/2 | FORM SA1-2E. PAGE 7. |
|------------------------------------|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC | SYSTEM ID# 27607 |
| 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 . | 55 |
| 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 | 845-443-2762 |
| | Address One Mediacom Way (Number, street, rural route, apartment, or sulte number) Mediacom Park, NY 10918 (City, town, state, zip) Email Copyrights@mediacomcc.com Fax (optional) | |
| O Certification | I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables s 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 own 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 | ystem as identified ner of the cable system |
| | Typed or printed name: Kenneth J. Kohrs Title: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership) Date: 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. |
|---|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| MEDIACOM ILLINOIS LLC | 27607 |
| 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 | P Special Statement Concerning Gross Receipts Exclusion |
| 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. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| 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 | |
| ID number First community served Accounting period | |

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