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
Accounting	Barcode Data Filing Period (optional - see instructions)
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 MINNESOTA LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918
	(City, town, state, zip)
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 MINNESOTA LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 1504 Second Street S.E.
	(Number, street, rural route, apartment, or suite number) Waseca, MN 56093
	(City, town, state, zip code)

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. I			
Name		2			
	MEDIACOM MINNESOTA LLC				
	Instructions: List each separate community served by the cable system. A "communit				
D	"a separate and distinct community or municipal entity (including unincorporated con				
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification				
	as the "first community." Please use it as the first community on all future filings.				
A ====	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the			
Area Served	identified city.				
Serveu					
	CITY OR TOWN	STATE			
Fine4	Grand Rapids	MN			
First	Orand Davids Torr				
Community	Grand Rapids Twp.	MN			
	Harris Twp.	MN			
Add Rows as Necessary	La Prairie	MN			
	Cohasset	MN			
	Keewatin	MN			
	Nashwauk	MN			
	Coleraine	MN			
	OUGIAILE	IVIIV			
		•			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28383

MEDIACOM MINNESOTA 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	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	769	40.49-74.49				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	0	40.49-74.49				
Converter						
 Residential 						
Non-residential						
				·	\$	

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# 28383

4. LOCATION OF STATION

Bemidji, MN

Duluth. MN

Duluth, MN

MEDIACOM MINNESOTA LLC

1. CALL SIGN

WDSE-DT4 The MN Channel

WDSE-DT5 PBS Kids

KAWE (PBS)

G

Primary Transmitters: Television

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.

2. B'CAST CHANNEL NUMBER

19

8.4

8.5

KBJR/KBJR HD (NBC) Duluth, MN KBJR-DT2/KBJR-DT2 HD (CB 19.2 N-M Duluth, MN 19.3 I-M Duluth, MN KBJR-DT3 (MyNet) KCWV/KCWV TCT (HD) 27 Duluth, MN 33 KDLH/KDLH (HD) CW Duluth. MN **KDLH-DT2 True Crime Netwo** 33.2 I-M Duluth, MN KDLH-DT3 Laff 33.3 I-M Duluth, MN **KDLH-DT4 Court TV HD** 33.4 I-M Duluth, MN I-M KDLH-DT5 ION Mystery 33.5 Duluth, MN I-M **KDLH-DT6 Quest** 33.6 Duluth, MN KQDS/KQDS HD (FOX) 17 ı Duluth, MN I-M 17.2 KQDS-DT2 Antenna TV Duluth, MN 4 WCCO (CBS) Ν Minneapolis, MN 10 WDIO/WDIO HD (ABC) Duluth, MN WDIO-DT2 MeTV HD 10.2 I-M Duluth. MN WDSE/WDSE HD (PBS) Е Duluth, MN 8 WDSE-DT2 Explore (PBS) HD 8.2 E-M Duluth, MN WDSE-DT3 Create HD 8.3 E-M Duluth, MN

E-M

E-M

3. TYPE OF STATION

Ε

Ν

Add Rows as Necessary

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

28383

MEDIACOM MINNESOTA 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
						l	
						l	
	l	1	<u></u>	1	1	l	I

Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUF	RM SA1-2E. PAGE 5						
Name	MEDIACOM MINNESC		· i —IVI.					28383						
				ENT AND PROGRAM LO	-									
ı				<i>ision program,</i> broadcast by pecific present and former F										
Substitute	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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE													
Special Statement and		•	ur cable syste	m carry, on a substitute ba	sis, any nonn	etwork tel	evision pro	~ 						
Program Log	broadcast by a distant sta	broadcast by a distant station?												
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	"Yes," you n	nust comp	ete the pro	ogram						
	log in block 2.													
	2. LOG OF SUBSTITUT		-	rate line. Use abbreviations	: wherever no	neeihla ift	neir meanii	na is						
	clear. If you need more sp				wilelevel po	ossible, ii t	ieli ilicailii	ing is						
				vision program ("substitute										
				our cable system substitut ns. See page (v) of the ger										
	Do not use general catego	ries like "mo		cetball." List specific progra										
	"NBA Basketball: 76ers vs		deast live ent	er "Yes." Otherwise enter "	No."									
				casting the substitute progr										
			,	the community to which the		•	the FCC or	r, in						
				e community with which the estem carried the substitute			s. with the	month						
	first. Example: for May 7 g	ive "5/7."	, ,		. 0		•							
				ogram was carried by your ried by a system from 6:01										
	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 "0:00–0:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required								
	Column 7: Enter the let	ter "R" if the												
	Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulati	ions in effect o	during the accounting perio	d; enter the l	etter "P" if	the listed p							
	Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulati mming that y	ions in effect o		d; enter the l	etter "P" if	the listed p							
	Column 7: Enter the let to delete under FCC rules was substituted for program	ter "R" if the and regulati mming that y	ions in effect o	during the accounting perio	d; enter the le er FCC rules	etter "P" if and regul	the listed pations in							
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Accounting Period:	2024/2				SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			;	SYSTEM ID 2838			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an 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 re-	ystem's se on of how t	condary transm o compute this a	ission service amount, see				
		ссіріз.		(Althount of g	loss receipts)			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less Use block 3 if the amount of gross receipts in space K is more than \$263,800 or less Even page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	an \$527,600	263,800				
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y 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 lin	nes 1 and 2	2	· · <u> </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)				
	1. Base amount under statutory formula	\$	263,800.00					
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	,600)				
	Enter the amount of gross receipts from space K	\$	415,241.69					
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	151,441.69					
	4. Multiply line 3 by .01		\$	1,514.42				
	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 .		\$	2,833.42			
	FILING FEE AND TOTAL REMITTANCE DU	E						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,833.42				
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			\$	2,853.42			
1	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1				ghts!			

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESOT					SYSTEM ID# 28383
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) to the subscribers of th	he cable system's total f channels on which the broadcast stations	number of activa	ted channels during the a		28
	on which the cable syster and nonbroadcast service					72
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s		INFORMATION I	S NEEDED (Identify an i	ndividual to whom	
for Further Information	Name Kenne	th J. Kohrs			Telephone 845	5-443-2762
	(Number, s	ediacom Way street, rural route, apartment, com Park, NY 10 cstate, zip) Copyrights@media	918		Fax (optional)	
	CERTIFICATION (This state	ement of account must b	be certified and si	gned in accordance with	Copyright Office regulations)	
Certification	X (Agent of owner	an corporation or partr	nership) I am the o	owner of the cable system I am the duly authorized a	as identified in line 1 of space B; or agent of the owner of the cable syste	
	(Officer or partr in line 1 of sp.		corporation) or a p	artner (if a partnership) of	the legal entity identified as owner	of the cable system
	I have examined the stater are true, complete, and corr [18 U.S.C., Section 1001(19)]	ect to the best of my kno			tements of fact contained herein ade in good faith.	
			ter an electronic sig	neth J. Kohrs gnature on the line above t an "/s/ signature" (e.g., /s		
		Typed or printed na	me: Kennet	h J. Kohrs		
				esident, Financial oration or partnership)	Reporting	
		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. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 28383 **MEDIACOM MINNESOTA 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** days 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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1	1.00
N	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25