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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:			
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>		
General instru	ctions are located of this workbook	2/26/25		For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31			
Accounting		Barcode Data Filing Period (optional -	see instructions)			
Period	Instructions: Give the full legal name of the owner of th	ne cable system. If the owner is a subsi	diary of another corporation, give the full co	proorate		
В	title of the subsidiary, not that of the pare		,			
Owner	List any other name or names under which If there were different owners during the single statement of account and royalty fe Check here if this is the system's first filing	accounting period, only the owner on t ee payment covering the entire account	he last day of the accounting period should ting period.	submit a 28408		
	LEGAL NAME OF OWNER/MAILING	G 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 nu	umber)				
	MEDIACOM PARK, NY 10918 (City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line					
System	IDENTIFICATION OF CABLE SYSTEM:	2, 3.10 the maining address of the				

MEDIACOM MINNESOTA LLC MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

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.

1504 Second Street S.E.

Waseca, MN 56093 (City, town, state, zip code)

2

		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM MINNESOTA LLC	28
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobi	
Area	identified city.	Te nome parts should be reported in parentices select and
Served	laentinea city.	
	CITY OR TOWN	STATE
First	Morris	MN
Community	Hancock	MN
,		
	Belgrade	MN
Add Rows as Necessary	Brooten	MN
	Chokio	MN
	Starbuck	MN
	Clontarf	MN
	Sunburg	MN
	Morris Township	MN

								FORM SA1-	-		
Name	LEGAL NAME OF OWNER OF C	SYS	rem ID 2840								
	MEDIACOM MINNESOTA LLC										
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND R	ATES						
E	In General: The information in s	-		-		•					
Secondary	system, that is, the retransmission about other services (including p										
Transmission	last day of the accounting period										
Service: Sub-	Number of Subscribers: Both	n blocks in spa	ce E ca	all for the number	er of subso	cribers to the ca	ble system	ı, broken			
scribers and	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										
Rates	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 c					•	,	ge and the			
	unit in which it is generally billed	· ·		,	ny standa	rd rate variatior	s within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable			
	systems most commonly provide	•		-		•					
	that applies to your system. Not	e: Where an ir	idividua	al or organizatio	n is receiv	ing service that	falls unde	r different			
	categories, that person or entity						•				
	subscriber who pays extra for ca first set" and would be counted of					a in the count u	ider Servi	ce 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 a sufficient.	and rates, in th	e right-	hand block. A t	vo- or thre	e-word descript	ion of the	service is			
		DCK 1					BLOCK	(2			
		NO. OF		DATE	0.1.7			NO. OF	DAT		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI		
	Service to first set		300	29.99-74.49							
	Service to additional set(s)			20.00-74.40							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		0	29.99-74.49							
	Converter										
	Residential										
	Non-residential										
			NOMI		<u> </u>						
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					Il your cable sy	stem's serv	vices that were			
F	not covered in space E, that is, t	hose services	that are	e not offered in	combinatio	on with any sec	ondary trar	nsmission			
. .	service for a single fee. There ar		,		0		0 (,			
Services Other Than	furnished at cost or (2) services										
Secondary	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.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.										
		BLO	∩K 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res							
	• Pay cable	PP	• Mc	otel, hotel			Variety	TV	####		
	 Pay cable—add'l channel 	PP	• Co	mmercial							
	Fire protection		•Pa	y cable							
	•Burglar protection			y cable-add'l ch	annel						
	Installation: Residential			e protection							
	• First set	75.00		rglar protection							
	Additional set(s) EM radia (if concrete rate)	49.00		services:		40.00					
	 FM radio (if separate rate) Converter 	0.00		connect connect		49.00					
	- Converter	9.99		sconnect		49.00					
			- • Ou	net relocation		49.00					
			• Mc	ve to new addr	ess						

Namo	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTE
Name	MEDIACOM MINNESOT	TA LLC		2
	PRIMARY TRANSMITTERS: T	ſELEVISION		
G	carried by your cable system	tify every television station (including tr during the accounting period, <i>except</i> (effect on June 24, 1981, permitting the	(1) stations carried only on a part-	t-time basis under
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e)((2) and (4), or 76.63 (referring to 76.61)		-
ransmitters: Television	Substitute Basis Stations: \	explained in the next paragraph. With respect to any distant stations car	rried by your cable system on a sı	ubstitute program
		es, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program	n Log)—if the
	• List the station here, and als basis. For further information	so in space I, if the station was carried a concerning substitute basis stations, s s call sign. <i>Do not</i> report origination pro	see page (v) of the general instruc	ctions.
	multicast stream associated v	with a station according to its over-the-a	-	-
	"WETA-2" as the same on the Column 2: Give the channel	e form. number the FCC assigned to the televi	vision station for broadcasting ove	er the air in its community
	of license. For example, WR	C is channel 4 in Washington, D.C.	-	
		case whether the station is a network st ing the letter "N" (for network), "N-M" (fo	· · · · · · · ·	
	(for independent multicast), "I	E" (for noncommercial educational), or	r "E-M" (for noncommercial educat	
	0	ms, see page (iv) of the general instruct of each station. For U.S. stations, list th		n is licensed by the
		ian stations, if any, give the name of the	•	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE/KARE (HD) NBC	11	N	Minneapolis, MN
	KARE-DT2 Court TV	11.2	I-M	Minneapolis, MN
Rows as Necessary	KARE-DT3 True Crime Netwo	11.3	I-M	Minneapolis, MN
	KMSP/KMSP (HD) FOX	9	I	Minneapolis, MN
	KMSP-DT4 BUZZR	9.4	I-M	Minneapolis, MN
	KPXM/KPXM (ION) HD	40	I	ST CLOUD, MN
	KPXM-DT2 Bounce	40.2	I-M	ST CLOUD, MN
	KPXM-DT3 Grit	40.3	I-M	ST CLOUD, MN
	KSTC/KSTC(HD) IND	45	I	MINNEAPOLIS-ST PAUL, MN
	KSTC/KSTC(HD) IND KSTC-DT2 MeTV	45 45.2	I	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN
	KSTC-DT2 MeTV	45.2	I-M	MINNEAPOLIS-ST PAUL, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV	45.2 45.3	I-M I-M	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV KSTP/KSTP(HD) ABC	45.2 45.3 35	i-M i-M N	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icons	45.2 45.3 35 35.2	I-M I-M N I-M	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icons KTCA PBS TPT 2 (HD)	45.2 45.3 35 35.2 34	i-M i-M N i-M E	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icons KTCA PBS TPT 2 (HD) KTCA-DT2 (HD) PBS Kids	45.2 45.3 35 35.2 34 34.2	i-M i-M N i-M E E	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icons KTCA PBS TPT 2 (HD) KTCA-DT2 (HD) PBS Kids KWCM/KWCM(HD) PBS	45.2 45.3 35 35.2 34 34.2 10	I-M I-M N I-M E E E-M E	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN Appleton, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icons KTCA PBS TPT 2 (HD) KTCA-DT2 (HD) PBS Kids KWCM/KWCM(HD) PBS KWCM-DT2 PBS create	45.2 45.3 35 35.2 34 34 34.2 10 10.2	i-M i-M N i-M E E E-M E E-M	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN Appleton, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icons KTCA PBS TPT 2 (HD) KTCA-DT2 (HD) PBS Kids KWCM/KWCM(HD) PBS KWCM-DT2 PBS create KWCM-DT3 PBS MN Channel	45.2 45.3 35 35.2 34 34.2 10 10.2 10.3	I-M I-M N I-M E E E-M E E-M E-M	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN Appleton, MN Appleton, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icons KTCA PBS TPT 2 (HD) KTCA-DT2 (HD) PBS Kids KWCM/KWCM(HD) PBS KWCM-DT2 PBS create KWCM-DT3 PBS MN Channel KWCM-DT4 PBS WORLD	45.2 45.3 35 35.2 34 34.2 10 10.2 10.3 10.4	i-M i-M N i-M E E E-M E E-M E-M E-M E-M	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN Appleton, MN Appleton, MN Appleton, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icons KTCA PBS TPT 2 (HD) KTCA-DT2 (HD) PBS Kids KWCM/KWCM(HD) PBS KWCM-DT2 PBS create KWCM-DT3 PBS MN Channel KWCM-DT4 PBS WORLD WCCO/WCCO(HD) CBS	45.2 45.3 35 35.2 34 34 34.2 10 10.2 10.3 10.4 32	I-M I-M N E E E-M E-M E-M E-M N	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN Appleton, MN Appleton, MN Appleton, MN Appleton, MN
	KSTC-DT2 MeTV KSTC-DT3 getTV KSTP/KSTP(HD) ABC KSTP-DT2 Heros and Icons KTCA PBS TPT 2 (HD) KTCA-DT2 (HD) PBS Kids KWCM/KWCM(HD) PBS KWCM-DT2 PBS create KWCM-DT3 PBS MN Channel KWCM-DT4 PBS WORLD WCCO/WCCO(HD) CBS WCCO-DT2 Start TV	45.2 45.3 35 35.2 34 34.2 10 10.2 10.3 10.4 32 32.2	i-M i-M N i-M E E E-M E-M E-M E-M E-M N i-M	MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN MINNEAPOLIS-ST PAUL, MN Appleton, MN Appleton, MN Appleton, MN MINNEAPOLIS, MN

ounting Period:	2024/2			FORM SA1-2E. PA					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM 28					
Name	MEDIACOM MINNESOTA LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable system	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the	(1) stations carried only on a part	t-time basis under					
Primary	0	e)(2) and (4), or 76.63 (referring to 76.61	0 1 0	, .					
ransmitters:	10	s explained in the next paragraph.							
Television		With respect to any distant stations can	rried by your cable system on a si	ubstitute program					
		les, regulations, or authorizations:	- Cresial Statement and Drogram	alar) if the					
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (the a substitute basis	e Special Statement and Program	1 Log)—If the					
	,	also in space I, if the station was carried	both on a substitute basis and al	so on some other					
		n concerning substitute basis stations, s							
	Column 1: List each station's call sign. <i>Do not</i> 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.							
		case whether the station is a network s	station, an independent station, or	a noncommercial					
		ring the letter "N" (for network), "N-M" (f							
	(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.								
	FCC. For Mexican or Canac	nan stations, if any, give the name of the	e community with which the static	n is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WUCW/WUCW (HD) CW	22	I	MINNEAPOLIS, MN					
	WUCW-DT2 COMET	22.2	I-M	MINNEAPOLIS, MN					

LEGAL NAME O								SYSTEM I 284
	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 info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio state this by placing Sive the station	y the sys be recein the consistence sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a 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 this point, see par ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions 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	
							·	
							·	

ccounting Perio	LEGAL NAME OF OWNER OF	- CABLE SYS	I EIVI:					SYSTEM II			
Name	MEDIACOM MINNESO							2840			
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LC	G						
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried or										
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Substitute Carriage:											
Special											
tatement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant sta						YES	NO			
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the pr	ogram			
	log in block 2. 2. LOG OF SUBSTITUT		MS								
	In General: List each subs			ate line. Use abbreviation	s wherever po	ossible, if	their mean	ing is			
	clear. If you need more spa							-			
				vision program ("substitute							
	period, was broadcast by a under certain FCC rules, re										
	Do not use general catego										
	"NBA Basketball: 76ers vs.	. Bulls."				•					
				er "Yes." Otherwise enter							
				casting the substitute prog the community to which th		oncod by	the ECC o	r in			
	the case of Mexican or Cal		,	5				1, 111			
				stem carried the substitute			als, with the	e month			
	first. Example: for May 7 gi	•	, ,		1 0		,				
	to the nearest five minutes	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately 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."										
	•		listed program	n waa aubatitutad far araa	remember of the of			autica d			
	Column 7: Enter the let	ter "R" if the		n was substituted for prog							
	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 to delete under FCC rules was substituted for prograr	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	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 prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 3.	ons in effect c /our system w	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 Ilations in	program			
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	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 OCC	f the listed Ilations in IITUTE CURRED	7. REASON F			
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ons in effect c /our system w	luring the accounting period as permitted to delete und	od; enter the l ler FCC rules WHE	etter "P" if and regu N SUBST AGE OCC	f the listed Ilations in	7. REASON I			
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y b. BUBSTITUTE 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			
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y b. BUBSTITUTE 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			
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y b. BUBSTITUTE 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 let to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y b. BUBSTITUTE 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			
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y b. BUBSTITUTE 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			
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y b. BUBSTITUTE 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 S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			S	¥STEM ID# 28408
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	system's se on of how t	econdary transm to compute this a	ission service amount, see	5,719.63 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less th informatio	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and '	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula		263,800.00	,	
	2. Enter amount of gross receipts from space K	\$	225,719.63		
	3. Subtract line 2 from line 1	\$	38,080.37		
	4. Enter the amount of gross receipts from space K		. \$	225,719.63	
	5. Enter the amount from line 3		. \$	38,080.37	
	6. Subtract line 5 from line 4		\$	187,639.26	
	7. Multiply line 6 by .005 (enter figure here)			\$	938.20
	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		\$	938.20
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K			_	
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01		·		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \ldots		. \$	938.20	
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			\$	958.20
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2024/2								FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O MEDIACOM MI	WNER OF CABLE SYSTEM: NNESOTA LLC							SYSTEM ID# 28408
M Channels	to its subscribers 1. Enter the total system carried t	u must give (1) the number , and (2) the cable system's number of channels on whi television broadcast station number of activated channe	s total number of ch the cable s	of activated channels dur	ring the acc	counting period.	t stations		36
		ble system carried televisio							71
N Individual to Be Contacted		BE CONTACTED IF FURT bout this statement of acco		ATION IS NEEDED (Ide	ntify an ind	lividual to whom			
for Further Information	Name	Kenneth J. Kohrs				Т	elephone 84	45-443-2762	
	Address	One Mediacom Way (Number, street, rural route, apa Mediacom Park, NY (City, town, state, zip) Copyrights@r	<u>′ 10918</u>			Fax (optional)			
O Certification	• I, the undersigne	This statement of account i ed, hereby certify that (Check r other than corporation or	one, <i>but only o</i>	ne, of the boxes.)				or	
	X (Agent in li (Office in li • I have examined	of owner other than corpore ne 1 of space B and that the er or partner) I am an officer ne 1 of space B. the statement of account ar e, and correct to the best of r	oration or partr owner is not a (if a corporation d hereby decla	nership) I am the duly aut corporation or partnership on) or a partner (if a partne re under penalty of law th	horized age p; or ership) of th at all stater	ent of the owner of ne legal entity iden ments of fact conta	tified as owne	stem as identified	tem
			Enter an elec	s/ Kenneth J. Kohrs ctronic signature on the line ure using an "/s/ signature"	e above to c		nt.		
		Typed or printe Title: (^{Title of} Date:	Group V	Cenneth J. Kohrs ice President, Fina		eporting 2/14/2025			
		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 MINNESOTA LLC	28408
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q 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 x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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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