This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

### SA1-2E Short Form

#### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/26/25	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MEDIACOM 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	IDENTIFICATION OF CABLE SYSTEM:
	1 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.

Namo			FORM SA1-2E. PAGE 1
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules as parate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 know as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN	Nume		28419
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 know as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN			
as the "first community."  First Chatfield MN  Community Rushford (Village) MN  Bover Twnshp MN  Spring Valles  Spring Valles  Lanesboro MN  Lanesboro MN  Adams MN  Leroy MN  Leroy MN  Leroy MN  Lyle MN  as the "first community that you list will serve as a form of system identification hereafter know as the "first community on all future fillings."  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  STATE  CITY OR TOWN  STATE  MN  MN  MN  STATE  MN  MN  SPRING Village) MN  Spring Valley MN  Lanesboro MN  Leroy MN  Leroy MN  Leroy MN  Fountain MN	D		
Area Served  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  Community  First  Community  Rushford (Village)  Dover Twnshp  MN  Preston  MN  Spring Valley  MN  St. Charles  MN  Lanesboro  MN  Adams  MN  Leroy  MN  Leroy  MN  Lyle  MN  Fountain  MN  MN  MN  MN  MN  MN  MN  MN  MN  M			ist will serve as a form of system identification hereafter knowr
Area Served identified city.  CITY OR TOWN STATE  First Chatfield MN  Community Rushford (Village) MN  Dover Twnshp MN  Preston MN  Spring Valley MN  St. Charles MN  Lanesboro MN  Adams MN  Leroy MN  Lyle MN  Fountain MN			
CITY OR TOWN   STATE	Area		home parks should be reported in parentheses below the
First         Chatfield         MN           Community         Rushford (Village)         MN           Dover Twnshp         MN           I Rows as Necessary         Preston         MN           Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN		identified city.	
First         Chatfield         MN           Community         Rushford (Village)         MN           Dover Twnshp         MN           I Rows as Necessary         Preston         MN           Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN			
First         Chatfield         MN           Community         Rushford (Village)         MN           Dover Twnshp         MN           I Rows as Necessary         Preston         MN           Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN			
Community         Rushford (Village)         MN           Dover Twnshp         MN           B Rows as Necessary         Preston         MN           Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN			STATE
Dover Twnshp   MN	First	Chatfield	MN
Dover Twnshp   MN	Community	Rushford (Village)	MN
Preston   MN			MN
Spring Valley         MN           St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN	d Rows as Necessary		MN
St. Charles         MN           Lanesboro         MN           Adams         MN           Leroy         MN           Lyle         MN           Fountain         MN	,		
LanesboroMNAdamsMNLeroyMNLyleMNFountainMN			
Adams MN Leroy MN Lyle MN Fountain MN			
Leroy MN Lyle MN Fountain MN			
Lyle MN Fountain MN			
Fountain MN			
Wykeff MN			
		Wykoff	<b>MN</b>
			11111 <del> </del>

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 28419

#### **MEDIACOM MINNESOTA LLC**

### E

#### 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:							
<ul> <li>Service to first set</li> </ul>	554	29.95-74.49					
Service to additional set(s)							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	0	29.95-74.49					
Converter							
Residential							
Non-residential					, , , , , , , , , , , , , , , , , , , ,		
1					<b>\$</b>		

# 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 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Variety TV	#####
<ul> <li>Pay cable—add'l channel</li> </ul>		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:			
<ul> <li>FM radio (if separate rate)</li> </ul>		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# 28419

# MEDIACOM MINNESOTA LLC PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 othe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAAL/KAAL (HD) ABC	36	N	Austin MN
KAAL-DT2 Start TV	36.2	I-M	Austin MN
KIMT/KIMT(HD) CBS	42	N	Mason City IA
KIMT-DT2 MyNet	42.2	I-M	Mason City IA
KIMT-DT4 Antenna TV	42.4	I-M	Mason City IA
KSMQ (PBS)/KSMQ (PBS) H	20	E	Austin, MN
KSMQ-DT2 PBS Deutsche W	20.2	E-M	Austin, MN
KSMQ-DT3 PBS Create	20.3	E-M	Austin, MN
KSMQ-DT4 PBS MN Channe	20.4	E-M	Austin, MN
KTCA -DT(PBS) TPT 2	34	E-M	St. Paul MN
KTTC CW HD	10.1	<u> </u>	Rochester MN
KTTC/KTTC(HD) NBC	10	N	Rochester MN
KTTC-DT2 (CW)	10.2	I-M	Rochester MN
KTTC-DT3 Heroes and Icons	10.3	I-M	Rochester MN
KTTC-DT4 Court TV	10.4	I-M	Rochester MN
KTTC-DT5 True Crime Netwo	10.5	I-M	Rochester MN
KXLT/KXLT(HD) FOX	46	<u> </u>	Rochester MN
KXLT-DT2 MeTV	46.2	I-M	Rochester MN
KXLT-DT3 MeTV Toons	46.3	I-M	Rochester MN
KXLT-DT4 ION Mystery	46.4	I-M	Rochester MN
KXLT-DT5 Quest	46.5	I-M	Rochester MN
KXSH/KXSH(HD) Telemundo	35	<u>l</u>	ROCHESTER, MN
KYIN (PBS)	18	E	ROCHESTER, MN
WEAU/WEAU (HD) (NBC)	38	N	LA CROSSE EAU CLAIRE
WEAU-DT2 Cozi	38.2	I-M	LA CROSSE EAU CLAIRE

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28419

# MEDIACOM MINNESOTA LLC PRIMARY TRANSMITTERS: TELEVISION

## G

#### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 othe 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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WEAU-DT3 MeTV	38.3	I-M	LA CROSSE EAU CLAIRE
WEAU-DT4 Movies	38.4	I-M	LA CROSSE EAU CLAIRE
WEAU/WEAU-DT5 (HD) CW	38.5	I-M	LA CROSSE EAU CLAIRE
WHLA/WHLA (HD) (PBS)	30	E	La Crosse WI
WHLA-DT2 PBS TWC	30.2	E-M	La Crosse WI
WHLA-DT3 PBS Create	30.3	E-M	La Crosse WI
WKBT/WKBT(HD) CBS	8	N	La Crosse WI
WKBT-DT2 MyNet	8.2	I-M	La Crosse WI
WLAX/WLAX (HD) (FOX)	31	I	La Crosse WI
WLAX-DT2 Antenna	31.2	I-M	La Crosse WI
WLAX-DT3 Laff	31.3	I-M	La Crosse WI
WLAX-DT4 Grit	31.4	I-M	La Crosse WI
WXOW/WXOW (HD) (ABC)	48	N	LA CROSSE-EAU CLAIRE
WXOW-DT2 Catchy Comedy	48.2	I-M	LA CROSSE-EAU CLAIRE
WXOW-DT3 MeTV Toons	48.3	I-M	LA CROSSE-EAU CLAIRE
WXOW-DT4 Court TV	48.4	I-M	LA CROSSE-EAU CLAIRE
WXOW-DT5 True Crime Netv	48.5	I-M	LA CROSSE-EAU CLAIRE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **MEDIACOM MINNESOTA LLC**

28419

#### 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 SICK	AM 05 EM	e/D	LOCATION OF STATION	CALLSION	AM 05 FM	6/D	I OCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
		]					
	1		ı	1			l

Nau	LEGAL NAME OF OWNER O	F CABLE SYS	TEM:					SYSTEM ID		
Name	MEDIACOM MINNESO	OTA LLC						28419		
_	SUBSTITUTE CARRIAG	SE: SPECIA	AL STATEME	ENT AND PROGRAM LO	G					
ı	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the pager SA1-2 form									
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: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
atement and	1	•	ur cable systei	m carry, on a substitute ba	sis, any nonn	etwork tele				
rogram Log	broadcast by a distant st						YES	NO		
	Note: If your answer is "N	lo", leave the	rest of this pa	age blank. If your answer is	s "Yes," you n	nust comple	ete the pro	gram		
	log in block 2.  2. LOG OF SUBSTITUT	TE DECCE	\MQ							
	In General: List each sub			rate line. Use abbreviations	s wherever po	ssible, if th	eir meanir	ng is		
	clear. If you need more sp							r.		
				vision program ("substitute our cable system substitut						
	under certain FCC rules, r	regulations, o	or authorizatio	ns. See page (v) of the ge	neral instructi	ons for furt	her inform	ation.		
	Do not use general categorial "NBA Basketball: 76ers vs		ovies" or "bask	etball." List specific progra	ım titles, for e	xample, "I	Love Lucy	" or		
			dcast live, ent	er "Yes." Otherwise enter	'No."					
				casting the substitute progrethe community to which the		anaad bu t	ha FCC ar	· im		
	the case of Mexican or Ca		,	,		,	ie FCC 0i	, 111		
	Column 5: Give the mo	onth and day		stem carried the substitute			s, with the	month		
	first. Example: for May 7 g	•			r cable eveter	n list the t	imes accu	rately		
	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									
	to the nearest five minutes stated as "6:00–6:30 p.m."	s. Example: a	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.m.	should be	•		
	to the nearest five minutes stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the le	s. Example: a " tter "R" if the	a program car listed prograr	ried by a system from 6:0° m was substituted for prog	:15 p.m. to 6	:28:30 p.m. your syste	should be m was <i>req</i>	uired		
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le to delete under FCC rules was substituted for progra	s. Example: a " tter "R" if the and regulati amming that y	a program car listed prograr ions in effect c	ried by a system from 6:0° m was substituted for prog during the accounting perio	:15 p.m. to 6 ramming that od; enter the lo	:28:30 p.m. your syste etter "P" if t	should be m was <i>req</i> he listed p	uired		
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le to delete under FCC rules	s. Example: a " tter "R" if the and regulati amming that y	a program car listed prograr ions in effect c	ried by a system from 6:0° m was substituted for prog during the accounting perio	:15 p.m. to 6 ramming that od; enter the lo	:28:30 p.m. your syste etter "P" if t	should be m was <i>req</i> he listed p	uired		
	to the nearest five minutes stated as "6:00–6:30 p.m."  Column 7: Enter the le to delete under FCC rules was substituted for progra effect on October 19, 1970	s. Example: a " tter "R" if the and regulati mming that y 6.	a program car listed program ions in effect c your system w	ried by a system from 6:07 m was substituted for prog during the accounting perions vas permitted to delete unc	:15 p.m. to 6 ramming that d; enter the le ler FCC rules	your systemetter "P" if to and regular	should be m was <i>req</i> he listed p tions in	uired rogram		
	to the nearest five minutes stated as "6:00–6:30 p.m."  Column 7: Enter the le to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a " tter "R" if the and regulati mming that y 6.	a program car listed program ions in effect c your system w	ried by a system from 6:07 m was substituted for prog during the accounting perions vas permitted to delete unc	:15 p.m. to 6 ramming that d; enter the le er FCC rules  WHEI CARRI	:28:30 p.m. your syste etter "P" if t and regula  N SUBSTITAGE OCCI	should be m was <i>req</i> he listed p tions in FUTE JRRED	uired rogram		
	to the nearest five minutes stated as "6:00–6:30 p.m."  Column 7: Enter the le to delete under FCC rules was substituted for progra effect on October 19, 1970	s. Example: a " tter "R" if the and regulati mming that y 6.	a program car listed program ions in effect c your system w	ried by a system from 6:07 m was substituted for prog during the accounting perions vas permitted to delete unc	:15 p.m. to 6 ramming that d; enter the le ler FCC rules	:28:30 p.m. your syste etter "P" if t and regula  N SUBSTITAGE OCCI	should be m was req he listed p tions in  FUTE JRRED MES	uired rogram  7. REASON FO		
	to the nearest five minutes stated as "6:00–6:30 p.m."  Column 7: Enter the le to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a " tter "R" if the and regulati mming that y 6.  BUBSTITUT 2. LIVE?	a program car listed program ions in effect c your system w  E PROGRAM 3. STATION'S	ried by a system from 6:0° m was substituted for prog during the accounting perio as permitted to delete und	:15 p.m. to 6 ramming that d; enter the le ler FCC rules  WHEI CARRI  5. MONTH	your systemetter "P" if the and regular N SUBSTITAGE OCCI	should be m was req he listed p tions in  FUTE JRRED MES	uired rogram  7. REASON FO		
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Accounting Period:	2024/2			FORM SA1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			SYSTEM ID# 28419					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the state (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	system's se on of how t	econdary transmi to compute this a	ssion service					
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 but less than or equal to \$263,800  • 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.								
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for t	his 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 li	ines 1 and 2	2	·					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but me	ore than \$137,1	00)					
	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)		····· <u>-</u>						
	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 \$26	3,800 (but	less than \$527,	600)					
	Enter the amount of gross receipts from space K	\$	295,712.08						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	31,912.08						
	4. Multiply line 3 by .01		\$	319.12					
	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 .	· · · · · · · · · · · · · · · · · · ·	\$ 1,638.12					
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,638.12					
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			\$ 1,658.12					
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA								

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC		SYSTEM ID# 28419
M Channels	to its subscribers, and (2) the cable system's total nu  1. Enter the total number of channels on which the casystem carried television broadcast stations	nels on which the cable system carried television broadcast stations imber of activated channels during the accounting period.	54
	Enter the total number of activated channels on which the cable system carried television broadcand nonbroadcast services		91
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INIT we can contact about this statement of account.)	FORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Kenneth J. Kohrs	Telephone 845-4	43-2762
	Address  One Mediacom Way (Number, street, rural route, apartment, or  Mediacom Park, NY 1091 (City, town, state, zip)  Email  Copyrights@mediaco	8	
	CERTIFICATION (This statement of account must be	certified and signed in accordance with Copyright Office regulations)	
O Certification	V (Agent of owner other than corporation or in line 1 of space B.  (Officer or partner) I am an officer (if a corpin line 1 of space B.  I have examined the statement of account and hereby	ship) I am the owner of the cable system as identified in line 1 of space B; or rpartnership) I am the duly authorized agent of the owner of the cable system as	
		/s/ Kenneth J. Kohrs  an electronic signature on the line above to certify this statement. signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name	e: Kenneth J. Kohrs	
		up Vice President, Financial Reporting sition 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. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 28419 **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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