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 WISCONSIN LLC (Prairie Du Chien, WI)
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNED OF CARL E SYSTEM
	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 WISCONSIN 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.

Accounting Period:	2024/2	FORM ON OF PROFILE
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name	MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)	34179
	Instructions: List each separate community served by the cable system. A "com	
<b>D</b>	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that was the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Served	identified city.	
	CITY OR TOWN	STATE
First	Prairie City	WI
Community	Muscoda Twnshp	WI
	Muscoda Village	WI
Add Rows as Necessary	Fennimore	WI
	Bridgeport Township	WI
	Crawford County	WI
	Prairie Township	WI
	Mt Sterling	WI
	Seneca	WI

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#SYSTEM ID 34179

## MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)

# 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>	627	29.99-61.54					
Service to additional set(s)							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	0	29.99-61.54					
Converter							
Residential							
Non-residential							
					<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 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>	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:			
<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#

## MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)

34179

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCRG (ABC)	9	N	Cedar Rapids IA
KFXB (CTN)	43	I	Dubuque IA
KGAN (CBS)	51	N	Cedar Rapids IA
KYIN (IPTV PBS)	18	E	Mason City, IA
WEAU/WEAU (HD) NBC	38	N	Eau Claire, WI
WEAU-DT2 Cozi TV	38.2	I-M	Eau Claire, WI
WEAU-DT3 MeTV	38.3	I-M	Eau Claire, WI
WEAU-DT4 Movies!	38.4	I-M	Eau Claire, WI
WEAU/WEAU-DT5 (HD) CW	38.5	I-M	Eau Claire, WI
WHA (PBS)	20	E	MADISON, WI
WHA-DT2 PBS The Wisconsi	20.2	E-M	MADISON, WI
WHA-DT3 Create	20.3	E-M	MADISON, WI
WHA-DT4 PBS KIDS	20.4	E-M	MADISON, WI
WHLA/WHLA (HD) PBS La Cr	30	E	La Crosse, WI
WHLA-DT2 PBS The Wiscons	30.2	E-M	La Crosse, WI
WHLA-DT3 PBS Create	30.3	E-M	La Crosse, WI
WHLA-DT4 PBS KIDS	30.4	E-M	La Crosse, WI
WIFS ION Life	57	l	Janesville, WI
WISC/WISC (HD) CBS	50	N	MADISON, WI
WKBT/WKBT (HD) CBS	8	N	La Crosse Wi
WKBT-DT2 MyNet	8.2	I-M	La Crosse WI
WKOW/WKOW (HD) ABC	26	N	MADISON, WI
WKOW-DT2 Catchy TV	26.2	I-M	MADISON, WI
WKOW-DT3 MeTV Toons HD	26.3	I-M	MADISON, WI

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34179

### MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKOW-DT4 Court TV (HD)	26.4	I-M	MADISON, WI
WKOW-DT5 True Crime Netw	26.5	I-M	MADISON, WI
WLAX/WLAX (HD) FOX	17	<u>l</u>	LA Crosse WI
WLAX-DT2 Antenna TV	17.2	I-M	LA Crosse WI
WLAX-DT3 Laff	17.3	I-M	LA Crosse WI
WLAX-DT4 Grit	17.4	I-M	LA Crosse WI
WMSN/WMSN (HD) (FOX)	49	l	MADISON, WI
WMSN-DT2 COMET	49.2	I-M	La Crosse, WI
WMSN-DT3 Charge!	49.3	I-M	La Crosse, WI
WMSN-DT4 TBD	49.4	I-M	La Crosse, WI
WMTV/WMTV (HD) NBC	19	N	Madison WI
WMTV-DT2 CW HD	19.2	I-M	Madison WI
WMTV-DT3 Antenna TV	19.3	I-M	Madison WI
WMTV-DT4 MeTV	19.4	I-M	Madison Wi
WMTV-DT5 Start TV	19.5	I-M	Madison Wi
WMTV-DT6 The365	19.6	I-M	Madison Wi
WXOW/WXOW (HD) ABC	48	N	La Crosse WI
WXOW-DT2 Catchy Comedy	48.2	I-M	La Crosse WI
WXOW-DT3 MeTV Toons	48.3	I-M	La Crosse WI
WXOW-DT4 Court TV	48.4	I-M	La Crosse WI
WXOW-DT5 True Crime Netw	48.5	I-M	La Crosse WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

# MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)

34179

#### 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).

0411 0:01:	A.A	0.75	LOGATION OF STATION	0411 0101:	ANA - 525	0.15	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					· ON	SYSTEM ID
Name	MEDIACOM WISCONS			hien, WI)					3417
	SUBSTITUTE CARRIAG	E SPECIA	AI STATEME	ENT AND PROGRAM LO	G				
1			_	ision program, broadcast by		ion that v	our ca	ıble svst	tem carried on a
	substitute basis during the	accounting p	eriod, under sp	pecific present and former F	CC rules, regi	ulations, o	r autho	orizatior	ns. For a further
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							A1-2 form.	
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							ram	
atement and rogram Log							X NO		
ogram Log	<b>Note:</b> If your answer is "No		roct of this no	ago blank. If your answer is	"Voc" vou n	nuct com			
	log in block 2.	o , icave tile	z rest or triis pe	age blank. If your answer is	res, your	nust com	SICIC II	ne prog	iaiii
	2. LOG OF SUBSTITUT	E PROGRA	AMS						
	In General: List each subsclear. If you need more sp			rate line. Use abbreviations	wherever po	ossible, if	their n	neaning	j is
				เ rows เo เก๋ย เลิมles. :vision program ("substitute	program") th	nat, during	the a	account	ing
				our cable system substitut					
				ns. See page (v) of the ger ketball." List specific progra					
	"NBA Basketball: 76ers vs	. Bulls."			•	. ,		,	
				er "Yes." Otherwise enter " casting the substitute progr					
	Column 4: Give the bro	adcast stati	ion's location (	the community to which the	e station is lic	•	the F	CC or,	in
				e community with which the estem carried the substitute		,	als wit	th the m	onth
	first. Example: for May 7 g		wileli year ey	otom damed the dubotitute	program. oc	o namere	410, WII	ar are 11	ionar
	<b>Column 6:</b> State the time to the nearest five minutes			ogram was carried by your					ately
		•	a program car	ned by a system nom o.o i	. 15 p.iii. to 0	.20.30 p.i	11. 3110	uiu be	
	stated as "6:00-6:30 p.m."								
	Column 7: Enter the let	ter "R" if the		m was substituted for progr					
	Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulat	ions in effect o	during the accounting perio	d; enter the l	etter "P" it	f the lis	sted pro	
	Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulat mming that	ions in effect o		d; enter the l	etter "P" it	f the lis	sted pro	
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Accounting Period:	2024/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			,	SYSTEM ID#
Name	MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)				34179
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 statement (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.	ystem's sec on of how to	condary transmi compute this a	ission service amount, see	
	COPYRIGHT ROYALTY FEE				
Copyright Royalty Fee	Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 the block 3 if the amount of gross receipts in space K is more than \$263,800 the See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha nformation.	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	',100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that yo	ou must pay for t	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re 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)				
	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 le	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	389,144.40		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	125,344.40		
	4. Multiply line 3 by .01		\$	1,253.44	
	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	· · · · · · · · · · · · · · · · · · ·	\$	2,572.44
	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)	· · · · · · · · · · · · · · · · · · ·	\$	2,572.44	
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			\$	2,592.44
	Important: Your remittance must be in the form of an electronic payr 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 CABLE SYSTEM:  MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI)	SYSTEM ID# 34179
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations	55
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	64
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 8	45-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)  Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;  X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	stem as identified
	[18 U.S.C., Section 1001(1986)]  X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: Kenneth J. Kohrs  Title: Group Vice President, Financial Reporting  (Title of official position held in corporation or partnership)	
	Date: 2/14/2025	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period: 2024/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 34179 MEDIACOM WISCONSIN LLC (Prairie Du Chien, WI) 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 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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