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

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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

Return completed workbook by email to:

coplicsoa@loc.gov

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

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

		FORM SA1-2E. PAG						
Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	MEDIACOM WISCONSIN LLC	341						
	Instructions: List each separate community served by the cable system. A "c							
D	"a separate and distinct community or municipal entity (including unincorpo							
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here							
	as the "first community." Please use it as the first community on all future fi							
	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	STODDARD	WI						
Community	CHASEBURG	WI						
	FERRYVILLE	WI						
d Rows as Necessary								
•								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34183

MEDIACOM WISCONSIN 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:					
 Service to first set 	20	29.95-57.04			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	0	29.95-57.04			
Converter					
 Residential 					
Non-residential					
				·	\$

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Variety TV	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	75.00	Burglar protection			
 Additional set(s) 	49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter	9.99	Disconnect			
		Outlet relocation	49.00)
		Move to new address)
)

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34183

MEDIACOM WISCONSIN 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 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
WEAU/WEAU (HD) NBC	38	N	Eau Claire WI
WEAU-DT2 Cozi	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
WHLA/WHLA (HD) PBS	30	E	La Crosse WI
WHLA-DT2 PBS TWC (HD)	30.2	E-M	La Crosse WI
WHLA-DT3 Create	30.3	E-M	La Crosse Wi
WHLA-DT4 PBS KIDS	30.4	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	17	<u> </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
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
		L	

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

34183

MEDIACOM WISCONSIN LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

				T 0.11 0.51	l =	0.15	I
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
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Accounting Perio	od: 2024/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM WISCONS	SIN LLC						34183
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, identification in the substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	tify every no accounting p ning that mu	nnetwork telev period, under sp ust be included	ision program, broadcast becific present and former in this log, see page (v) of	oy a <i>distant</i> sta FCC rules, reg	ulations, or	· authorizatio	ns. For a further
Special Statement and	 During the accounting pe broadcast by a distant sta 	riod, did yo			asis, any nonr	network tel		
Program Log	Note: If your answer is "No		e rest of this pa	age blank. If your answer	is "Yes," you r	l must comp	YES	X NO
	log in block 2. 2. LOG OF SUBSTITUT	F PROGR	ΔMS					
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every not a distant state gulations, ries like "m. Bulls." m was broasign of the adcast state and and the state of the sylve "5/7." les when the Example: ter "R" if the and regulate mming that	add additional connetwork televition and that your authorization ovies" or "bask adcast live, ent station broaddion's location (ions, if any, the your syne substitute pra program care listed programicions in effect of	Il rows to the tables. Evision program ("substitutour cable system substitutes. See page (v) of the gotetball." List specific program "Yes." Otherwise enter casting the substitute prothe community to which the community with substituted for gram was carried by your ried by a system from 6:00 m. was substituted for producing the accounting per	te program") ti uted for the pro- eneral instruct ram titles, for e r "No." gram. the station is lid the station is id the program. Use ur cable system of cable system	hat, during ogramming ions for fur example, "I censed by entified). se numera m. List the 5:28:30 p.m.	the account of another ther information Love Lucy" the FCC or, ls, with the ritimes accurate should be sem was required the listed principles.	ting station ation. or in month rately
	SUBSTITUTE PROGRAM					0,02 000022		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? 3. STATION'S Yes or No CALL SIGN 4. STATION'S LOCATION			5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
ı							_	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	S	YSTEM ID 3418
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute thi page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	mission service	
	during the accounting period	\$ 12 (Amount of gro	2,258.76 oss 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 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	or this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	7,100)	
	1. Base amount under statutory formula	<u>)</u>	
	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		
ļ	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula)	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
ļ	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
1	5. TOTAL AMOUNT BULLON AGGODITHMOT LINED. Add lines 2 and 5	<u> </u>	

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CAMEDIACOM WISCONSIN L				SYSTEM ID# 34183
M Channels	to its subscribers, and (2) the 1. Enter the total number of che system carried television brown. 2. Enter the total number of an	cable system's total num hannels on which the cab padcast stations		counting period.	26
	on which the cable system c and nonbroadcast services .		st stations		63
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this stat		DRMATION IS NEEDED (Identify an inc	lividual to whom	
for Further Information	Name Kenneth	J. Kohrs		Telephone 845-44	3-2762
	(Number, stree Mediaco (City, town, sta	.,		Foy (optional)	
	Email (Copyrights@mediacom	ICC.COTT	Fax (optional)	
O Certification	V (Agent of owner other in line 1 of space (Officer or partner, in line 1 of space I have examined the statemer	rrtify that (Check one, but of corporation or partnerships that corporation or partnerships and that the owner is reported by a corporation of partnerships and that the owner is reported by the partnerships are partnerships to the corporation of partnerships are partnerships and the partnerships are partnerships and the partnerships are partner	partnership) I am the duly authorized agont a corporation or partnership; or oration) or a partner (if a partnership) of the declare under penalty of law that all state	is identified in line 1 of space B; or ent of the owner of the cable system as the legal entity identified as owner of the ments of fact contained herein	
	are true, complete, and correct [18 U.S.C., Section 1001(1986	-	lge, information, and belief, and are mad	e in good faith.	
			n electronic signature on the line above to ognature using an "/s/ signature" (e.g., /s/ J		
	-	Typed or printed name:	Kenneth J. Kohrs		
	-		p Vice President, Financial R	eporting	
	1	Date:		2/14/2025	

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ounting Period: 2024/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM WISCONSIN LLC	34183
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 su scribers 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 transmission made by satellite carriers to satellite dish owners? X NO	s
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	ut. Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	days
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 plea contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	se
** 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, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	se
Owner Address	
ID number First community served	

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