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**

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	-	
Cable Syste					<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:	
General instru			2/26/25	\$		
in the first tab of this workbook				ALLOCATION NUMBER	Tel: (202) 707-8150	
					-	
					<u> </u>	
Α	ACCO	DUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
		2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			Barcode Data Filing Period (optional	- see instructions)		
Accounting Period			1			
В		Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		idiary of another corporation, give the full o	orporate	
Owner		List any other name or names under whic	h the owner conducts the business of t	he cable system.		
		If there were different owners during the	accounting period only the owner on	the last day of the accounting period should	l submit a	
		single statement of account and royalty fe				
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	35842	
		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 no	imber)			
		MEDIACOM PARK, NY 10918				
		(City, town, state, zip)				
С				ntify the business and operation of the system, if different from the addre	5	
System	1	IDENTIFICATION OF CABLE SYSTEM:				
	<u> </u>	MEDIACOM MINNESOTA LLC				
		MAILING ADDRESS OF CABLE SYSTEM	:			
	2	1504 Second Street S.E. (Number, street, rural route, apartment, or suite no	umber)			
		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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PA SYSTEM
Name		
	MEDIACOM MINNESOTA LLC	35
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	munities within unincorporated areas and including sing
	as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Caledonia	MN
Community	BROWNSVILLE (City)	MN
	BROWNVILLE (County)	MN
Add Rows as Necessary	CANTON	MN
	DAKOTA	MN
	НОКАН	MN
	HOUSTON	MN
	MABEL	MN
	PETERSON	MN
	SPRING GROVE	MN
	Caledonia Township	MN

								FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID 3584		
	MEDIACOM MINNESOT	ALLC							3304		
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
E	In General: The information in s	•		-		•					
Secondary	system, that is, the retransmission about other services (including particular services)										
Transmission	· · · · ·										
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	down by categories of secondar			•		•					
Rates	each category by counting the n separately for the particular serv							s charged			
	Rate: Give the standard rate of					•	,	ge and the			
	unit in which it is generally billed	-						-			
	category, but do not include disc										
	Block 1: In the left-hand block	-		-		•					
	systems most commonly provide that applies to your system. Not										
	categories, that person or entity			U U		0					
	subscriber who pays extra for ca	able service to	additior	nal sets would b	e includeo	d in the count ur	nder "Servi	ce to the			
	first set" and would be counted of	0			· · ·						
	Block 2: If your cable system	0									
	printed in block 1 (for example, t with the number of subscribers a						,				
	sufficient.		o ngin								
	BLC	DCK 1					BLOCK		-		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:	CODOCIAD		TUTE	0,111			CODOCITIDENCO	1011		
	Service to first set		109	29.95-74.49							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		0	29.95-74.49							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC In General: Space F calls for rate						tom'a con	viene that wore			
F	not covered in space E, that is, t										
_	service for a single fee. There ar										
Services	furnished at cost or (2) services	or facilities fur	nished	to nonsubscribe	rs. Rate ir	nformation shou	ld include	both the			
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ites are ch	narged on a vari	able per-p	rogram basis,			
Secondary ransmissions:	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.										
Rates	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.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Install	ation: Non-res	dential						
	• Pay cable	PP		otel, hotel			Variety	TV	####		
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	_	mmercial							
	Fire protection			y cable							
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l ch	annel						
	Installation: Residential			e protection							
	First set	75.00		rglar protection							
	<ul> <li>Additional set(s)</li> </ul>	49.00		services:							
			• Po	connect		49.00					
	• FM radio (if separate rate)										
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>	9.99		sconnect							
	, , ,	9.99	• Dis			49.00					

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	MEDIACOM MINNESO			35			
	PRIMARY TRANSMITTERS: 1	TELEVISION					
G	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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						
Primary ransmitters:		)(2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain sta	ations carried on a			
Television	Substitute Basis Stations:	With respect to any distant stations car	urried by your cable system on a su	ubstitute program			
		les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program	Log)—if the			
	basis. For further information <b>Column 1:</b> List each station's	lso in space I, if the station was carried n concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pr	see page (v) of the general instruct program services such as HBO, ES	ctions. PN, etc. Identify each			
	multicast stream associated with the same on the same	with a station according to its over-the-	-air designation. For example, rep	ort multistream			
	Column 2: Give the channel	I number the FCC assigned to the telev	vision station for broadcasting over	r the air in its community			
		RC is channel 4 in Washington, D.C. case whether the station is a network s	station an independent station, or	a poncommercial			
	educational station, by enteri	ring the letter "N" (for network), "N-M" (for	for network multicast), "I" (for indep	pendent), "I-M"			
	· · · //	"E" (for noncommercial educational), or rms, see page (iv) of the general instruction	(	tional multicast).			
	Column 4: Give the location	n of each station. For U.S. stations, list t	the community to which the station	-			
	FCC. For Mexican or Canadi	lian stations, if any, give the name of the	e community with which the station	n is identified.			
	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			
Rows as Necessary	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 (HD)	20	E	AUSTIN, MN			
	KSMQ-DT2 PBS Deutsche We	20.2	E-M	AUSTIN, MN			
	KSMQ-DT3 Create	20.3	E-M	AUSTIN, MN			
	KSMQ-DT4 PBS MN Channel	20.4	E-M	AUSTIN, MN			
	KTTC (HD) CW	10.1	I	Rochester MN			
	KTTC/KTTC (HD) NBC	10	Ν	Rochester MN			
	KTTC-DT2 (CW)	10.2	I-M	Rochester MN			
	KTTC-DT3 Heroes & 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			
		46	l	Rochester, MN			
	KXLT/KXLT (HD) FOX	+0					
	KXLT/KXLT (HD) FOX KXLT-DT2 MeTV	46.2	I-M	Rochester, MN			
			I-M	Rochester, MN Rochester, MN			
	KXLT-DT2 MeTV	46.2					
	KXLT-DT2 MeTV KXLT-DT3 MeTV Toons	46.2 46.3	I-M	Rochester, MN			
	KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery	46.2 46.3 46.4 46.5	I-M I-M	Rochester, MN Rochester, MN			
	KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery KXLT-DT5 Quest	46.2 46.3 46.4 46.5	I-M I-M	Rochester, MN Rochester, MN Rochester, MN			
	KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery KXLT-DT5 Quest KXSH/KXSH (HD) Telemundo	46.2 46.3 46.4 46.5 35	I-M I-M I-M	Rochester, MN Rochester, MN Rochester, MN Rochester, MN			

Name	LEGAL NAME OF OWNER OF			SYSTEM				
	MEDIACOM MINNESOTA LLC 3584							
	PRIMARY TRANSMITTERS: TELEVISION							
G	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under							
During out	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							
Primary ransmitters:		s explained in the next paragraph.	r(e)(2) and $(4))];$ and $(2)$ certain state	ations carried on a				
Television		With respect to any distant stations ca les, regulations, or authorizations:	arried by your cable system on a su	ubstitute program				
	• Do not list the station here	e in space G—but do list it in space I (t	he Special Statement and Program	n Log)—if the				
	<ul> <li>station was carried only on</li> <li>List the station here, and a</li> </ul>	a substitute basis. Ilso in space I, if the station was carrie	d both on a substitute basis and als	so on some other				
	basis. For further information	n concerning substitute basis stations,	see page (v) of the general instruc	ctions.				
		i's call sign. <i>Do not</i> report origination p with a station according to its over-the	•	-				
	"WETA-2" as the same on the	he form.						
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over	r the air in its community				
	Column 3: Indicate in each	case whether the station is a network	•					
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o						
	For the meaning of these ter	rms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	,				
		n of each station. For U.S. stations, list Jian stations, if any, give the name of t	•					
	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				
	1. CALL SIGN WEAU-DT3 MeTV	2. B'CAST CHANNEL NUMBER 38.3	3. TYPE OF STATION	4. LOCATION OF STATION				
	WEAU-DT3 MeTV	38.3	I-M	LA CROSSE EAU CLAIRE				
	WEAU-DT3 MeTV WEAU-DT4 Movies	38.3 38.4	I-M I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW	38.3 38.4 38.5	I-M I-M I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS	38.3 38.4 38.5 30	I-M I-M I-M E	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD	38.3 38.4 38.5 30 30.2	I-M I-M I-M E E E-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS	38.3 38.4 38.5 30 30.2 30.3 8	I-M I-M I-M E E E-M E-M N	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet	38.3 38.4 38.5 30 30 30.2 30.3 8 8 8.2	I-M I-M E E E-M E-M N I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX	38.3 38.4 38.5 30 30.2 30.3 8 8 8.2 17	I-M I-M I-M E E-M E-M N I-M I	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV	38.3 38.4 38.5 30 30.2 30.3 8 8 8.2 17 17.2	I-M I-M I-M E E E-M E-M N I-M I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV WLAX-DT3 Laff	38.3 38.4 38.5 30 30.2 30.3 8 8 8.2 17 17.2 17.3	I-M I-M I-M E E E-M E-M I I I I I I I I I I I I I I I I I I I	LA CROSSE EAU CLAIRE         LA CROSSE EAU CLAIRE         LA CROSSE EAU CLAIRE         La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV WLAX-DT3 Laff WLAX-DT3 Laff	38.3 38.4 38.4 38.5 30 30.2 30.3 8 8 8.2 17 17.2 17.3 17.4	I-M I-M I-M E E-M E-M I I I-M I-M I-M I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV WLAX-DT3 Laff	38.3 38.4 38.5 30 30.2 30.3 8 8 8.2 17 17.2 17.3	I-M I-M I-M E E E-M E-M I I I I I I I I I I I I I I I I I I I	LA CROSSE EAU CLAIRE         LA CROSSE EAU CLAIRE         LA CROSSE EAU CLAIRE         La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV WLAX-DT3 Laff WLAX-DT3 Laff	38.3 38.4 38.4 38.5 30 30.2 30.3 8 8 8.2 17 17.2 17.3 17.4	I-M I-M I-M E E-M E-M I I I-M I-M I-M I-M	LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE LA CROSSE EAU CLAIRE La Crosse WI La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX/WLAX (HD) FOX WLAX-DT2 Antenna TV WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW (HD) ABC	38.3 38.4 38.5 30 30.2 30.3 8 8.2 17 17.2 17.3 17.4 48	I-M I-M I-M E E E-M E-M I I I I I I I I M I I M I I M I I M I I M I I N	LA CROSSE EAU CLAIRE         LA CROSSE EAU CLAIRE         LA CROSSE EAU CLAIRE         La Crosse WI				
	WEAU-DT3 MeTV WEAU-DT4 Movies WEAU/WEAU-DT5 (HD) CW WHLA/WHLA (HD) PBS WHLA-DT2 PBS TWC HD WHLA-DT3 PBS Create WKBT/WKBT (HD) CBS WKBT-DT2 MyNet WLAX-DT2 MyNet WLAX-DT3 Laff WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW (HD) ABC WXOW-DT2 Catchy Comedy	38.3 38.4 38.5 30 30.2 30.3 8 8 8.2 17 17.2 17.3 17.4 48 48.2	I-M I-M I-M E E E-M E-M I I I I I I I I I I I I I I I I I I I	LA CROSSE EAU CLAIRE         LA CROSSE EAU CLAIRE         LA CROSSE EAU CLAIRE         La Crosse WI         La Crosse WI				

MEDIACOM	F OWNER OF (						1	SYSTEM II 358
	t every radio s	station ca	rried 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 about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the Consign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically processes 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 his point, see pay ed by the cable s e station is licens	adend, and (2 anna, 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. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2.2				2,2		

ccounting Perio	LEGAL NAME OF OWNER OF	- CADLE STS						
Name								SYSTEM II 3584
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every nor	nnetwork telev	<i>ision program,</i> broadcast by	/ a distant stat	tion, that y	our cable sy	stem carried on
	substitute basis during the a							
Substitute	explanation of the program				he general ins	structions i	n the paper	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
tatement and	<ul> <li>During the accounting pe</li> </ul>		ur cable syster	n carry, on a substitute ba	isis, any nonr	etwork te		
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 comp	plete the pro	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 meani	ng is
	clear. If you need more spa							0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter ' casting the substitute progr				
				the community to which th		censed by	the FCC or	r, in
	the case of Mexican or Car	nadian statio	ons, if any, the	e community with which the	e station is id	entified).		
		•	when your sy	stem carried the substitute	e program. Us	se numera	als, with the	month
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	r cable sveter	n listthe	times acci	irately
	<b>Column 6:</b> 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." <b>Column 7:</b> Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i>							
	Column 7: Enter the let	ter "R" if the						
	<b>Column 7:</b> Enter the let to delete under FCC rules	ter "R" if the and regulati	ions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed p	
	<b>Column 7:</b> Enter the let to delete under FCC rules was substituted for program	ter "R" if the and regulati mming that y	ions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed p	
	<b>Column 7:</b> Enter the let to delete under FCC rules	ter "R" if the and regulati mming that y	ions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed p	
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulati mming that y 3.	ions in effect o your system w	luring the accounting period ras permitted to delete unc	od; enter the I ler FCC rules WHE	etter "P" if and regu	f the listed p lations in TTUTE	orogram
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Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	S	YSTEM ID# 35842
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	ission service amount, see	2,331.09 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 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	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,	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. 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	
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM ID# 35842
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	53 90
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	845-443-2762
	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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>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. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified mer of the cable system
	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.

ounting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM MINNESOTA LLC	3584
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	<b>P</b> Special Statement Concerning Gross Receipts Exclusion
Name     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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> </ul>	
Owner Address	
ID number First community served	

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