This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

| STATEME | ΕΝΤ | OF ACCOUNT | FOR COPYRIGH | IT OFFICE USE ONLY | Return completed workbook by email to: |
|---|--------|---|---|---|---|
| for Seconda | ry Tra | ansmissions by | DATE RECEIVED | AMOUNT | <u>coplicsoa@loc.gov</u> |
| Cable Syste General instru in the first tab | ctions | are located | 2/26/25 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| Α | ACC | DUNTING PERIOD COVERED I | 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 | | | | | |
| В | | Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare | | sidiary of another corporation, give the full c | orporate |
| Owner | | List any other name or names under which | n the owner conducts the business of | the cable system. | |
| | | If there were different owners during the a single statement of account and royalty fe | | the last day of the accounting period should nting period. | d submit a |
| | | Check here if this is the system's first filing | r. If not, enter the system's ID number | assigned by the Licensing Division. | 60829 |
| | | LEGAL NAME OF OWNER/MAILING | GADDRESS OF CABLE SYSTEM | l | |
| | | MEDIACOM ILLINOIS LLC | | | |
| | | BUSINESS NAME(S) OF OWNER OF | CABLE SYSTEM (IF DIFFEREN | Γ) | |
| | | MAILING ADDRESS OF OWNER OF | CABLE SYSTEM | | |
| | | ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite nu | mber) | | |
| | | MEDIACOM PARK, NY 10918 (City, town, state, zip) | | | |
| С | | | | ntify the business and operation of the system, if different from the address | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | | | |

| em | 4 | IDENTIFICATION OF CABLE SYSTEM: |
|----|---|---|
| | | MEDIACOM ILLINOIS LLC |
| Γ | | MAILING ADDRESS OF CABLE SYSTEM: |
| | | P. O. Box 334, 1102 N. Fourth Street (Number, street, rural route, apartment, or suite number) |
| | | Chillicothe, IL 61523 |
| | | (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 ILLINOIS LLC | 60 |
| | Instructions: List each separate community served by the cable system. A "community" | |
| D | "a separate and distinct community or municipal entity (including unincorporated comm | |
| | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w | will serve as a form of system identification hereafter kr |
| | 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 hom | ne parks should be reported in parentheses below the |
| Area | identified city. | |
| Served | | |
| | | |
| | | |
| | CITY OR TOWN | STATE |
| First | Gilberts | IL |
| Community | KIRKLAND | IL |
| | HAMPSHIRE | IL |
| | | |
| Add Rows as Necessary | MALTA | IL |
| | DEKALB CTY | IL |
| | MONROE CENTER | IL |
| | CORTLAND | IL |
| | | |
| | MAPLE PARK | IL |
| | DAVIS JUNCTION | IL |
| | ROLLING MEADOWS MOBILE HOME PARK | IL |
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|------------------------|--|------------------|----------|---------------------|-------------|-------------------|---------------|-----------------|----------------|--|--|
| Name | LEGAL NAME OF OWNER OF C | | : | | | | | SYS | TEM ID 6082 | | |
| | MEDIACOM ILLINOIS L | LC | | | | | | | 0002 | | |
| _ | SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES | | | | | | | | | | |
| E | 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 | | | | | | | | | | |
| Secondary | system, that is, the retransmission about other services (including p | | | | | | | | | | |
| Transmission | last day of the accounting period | | | | | | | | | | |
| Service: Sub- | Number of Subscribers: Both | • | | | | | 2 | | | | |
| scribers and Rates | down by categories of secondary each category by counting the n | <i>,</i> | | | | • | | | | | |
| Rates | separately for the particular serv | | - | (| | | - | schargeu | | | |
| | Rate: Give the standard rate c | harged for eac | ch categ | gory of service. | Include bo | oth the amount o | of the charg | - | | | |
| | unit in which it is generally billed | · · | | , | ny standa | rd rate variation | is within a | particular rate | | | |
| | category, but do not include disc Block 1: In the left-hand block | | | | ries of sec | ondarv transmis | ssion servi | ce that cable | | | |
| | systems most commonly provide | • | | - | | • | | | | | |
| | that applies to your system. Not | | | - | | - | | | | | |
| | categories, that person or entity subscriber who pays extra for ca | | | | •• | | • | | | | |
| | first set" and would be counted of | | | | | | | | | | |
| | Block 2: If your cable system | | | | | service that are | e different f | rom those | | | |
| | printed in block 1 (for example, t | | | | | , | | , 0 | | | |
| | with the number of subscribers a sufficient. | and rates, in th | e right- | hand block. A t | vo- or thre | e-word descript | ion of the s | service is | | | |
| | | DCK 1 | | | | | BLOCK | (2 | | | |
| | | NO. OF | | DATE | CAT | | | NO. OF | DAT | | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | ERS | RATE | CAT | EGORY OF SEI | VICE | SUBSCRIBERS | RATI | | |
| | Service to first set | | 399 | 29.99-61.54 | | | | | | | |
| | Service to additional set(s) | | | 20.00 01.01 | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | |
| | Commercial | | 0 | 29.99-61.54 | | | | | | | |
| | Converter | | | | | | | | | | |
| | Residential | | | | | | | | | | |
| | Non-residential | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | e | | | | | | |
| - | In General: Space F calls for rate | | | | | Il your cable sys | stem's serv | vices that were | | | |
| F | not covered in space E, that is, t | hose services | that are | e not offered in | combinatio | on with any sec | ondary trar | nsmission | | | |
| Comilana | service for a single fee. There ar | • | | | • | | | , | | | |
| Services Other Than | furnished at cost or (2) services | | | | | | | | | | |
| Secondary | amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. | | | | | | | | | | |
| ransmissions: | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. | | | | | | | | | | |
| Rates | Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a | | | | | | | | | | |
| | brief (two- or three-word) description and include the rate for each. | | | | | | | | | | |
| | | BLO | CK 1 | | | | | BLOCK 2 | | | |
| | CATEGORY OF SERVICE | RATE | - | GORY OF SER | VICE | RATE | CATEGO | DRY OF SERVICE | RATE | | |
| | Continuing Services: | | Install | ation: Non-res | idential | | | | | | |
| | • Pay cable | PP | • Mc | otel, hotel | | | Variety | TV | #### | | |
| | Pay cable—add'l channel | PP | | mmercial | | | | | | | |
| | Fire protection | | | y cable | | | | | | | |
| | •Burglar protection | | | y cable-add'l ch | annel | | | | | | |
| | Installation: Residential | | | e protection | | | | | | | |
| | First set | 75.00 | | rglar protection | | | | | | | |
| | Additional set(s) EM radio (if concrete rate) | 49.00 | | services: | | 40.00 | | | | | |
| | FM radio (if separate rate) Converter | 9.99 | | connect sconnect | | 49.00 | | | | | |
| | Converter | 3.33 | | Itlet relocation | | 49.00 | | | | | |
| | | | 1 .00 | | | 43.00 | | | | | |
| | | | • Mc | ove to new addr | ess | | | | | | |

| | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID |
|--|---|--|---|---|
| Name | MEDIACOM ILLINOIS | LLC | | 6082 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G Primary ansmitters: elevision | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a | ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (in a substitute basis. | <i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program | time basis under rams [sections ations carried on a abstitute program Log)—if the |
| | Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe | n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th ne form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. | program services such as HBO, ES e-air designation. For example, rep | PN, etc. Identify each ort multistream |
| | Column 3: Indicate in each | case whether the station is a network | • | |
| | (for independent multicast), For the meaning of these ter Column 4: Give the location | ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instr of each station. For U.S. stations, lis ian stations, if any, give the name of | or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the statior | ional multicast). I is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | WBBM/WBBM(HD) CBS | 12 | N | Chicago, IL |
| | WCIU IND | 27 | I | Chicago, IL |
| ows as Necessary | WCPX ION | 48 | Ι | Chicago, IL |
| | WFLD/WFLD(HD) FOX | 31 | Ι | Joliet, IL |
| | WGBO UNIVISION | 38 | Ι | Joliet, IL |
| | WGN/WGN(HD) IND | 19 | Ι | Chicago, IL |
| | WGN-DT2 ANTENNA TV | 19.2 | I-M | Chicago, IL |
| | WGN-DT3 GritTV | 19.3 | I-M | Chicago, IL |
| | WIFR CBS | 41 | N | FREEPORT, IL |
| | WLS/WLS(HD) ABC | 7 | N | Chicago, IL |
| | WMAQ/WMAQ(HD) NBC | 29 | N | Chicago, IL |
| | WPWR MYNET | 51 | I | Chicago, IL-Gary, IN |
| | WQRF FOX | 42 | l | Rockford, IL |
| | | 40 | N | Rockford, IL |
| | WREX NBC | 13 | | |
| | WREX NBC WSLN CW | 1 <u>3</u> 9 | I | Freeport, IL |
| | | | | |
| | WSLN CW | 9 | I | Freeport, IL |
| | WSLN CW WSNS/WSNS (HD)Telemu | 9 | | Freeport, IL Chicago, IL |
| | WSLN CW WSNS/WSNS (HD)Telemu WSNS-DT2 Telexitos | 9 45 45.2 | I I I-M | Freeport, IL Chicago, IL Chicago, IL |
| | WSLN CW WSNS/WSNS (HD)Telemu WSNS-DT2 Telexitos WTTW/WTTW(HD) PBS | 9 45 45.2 47 | I I I-M E | Freeport, IL Chicago, IL Chicago, IL Chicago, IL |
| | WSLN CW WSNS/WSNS (HD)Telemu WSNS-DT2 Telexitos WTTW/WTTW(HD) PBS WTTW-DT2 Prime | 9 45 45.2 47 47.2 | I I I-M E E-M | Freeport, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL |
| | WSLN CW WSNS/WSNS (HD)Telemu WSNS-DT2 Telexitos WTTW/WTTW(HD) PBS WTTW-DT2 Prime WTTW-DT3 PBS Create | 9 45 45.2 47 47.2 47.3 | I I I-M E E-M E-M | Freeport, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL |
| | WSLN CW WSNS/WSNS (HD)Telemu WSNS-DT2 Telexitos WTTW/WTTW(HD) PBS WTTW-DT2 Prime WTTW-DT3 PBS Create WTTW-DT4 V-ME | 9 45 45.2 47 47.2 47.3 47.4 | I I I-M E E-M E-M E-M | Freeport, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL |

| | F OWNER OF (| | т С т Е IVI. | | | | | SYSTEM 608 |
|--|--|---|--|---|---|--|--|----------------------------------|
| | t every radio s | tation ca | arried on a separate and discre nerally receivable by your cab | | | | | Н |
| eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to prmation abourn. dentify the call tate whether t the radio stati this by placing Sive the station | y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio | 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. In 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 | the system's he system's FM ante his point, see pag ed by the cable s e station is licens | adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC | ?) it can ertain st eneral ii eparate a | be expected, ated intervals. hstructions in the. and discrete | Primary Transmitters Radio |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| GALL SIGN | | 3/0 | LOCATION OF STATION | GALL SIGN | AIVI OF FIVI | 3/0 | LOCATION OF STATION | |
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| counting Perio | LEGAL NAME OF OWNER OF | - CABLE STOP | | | | | | SYSTEM II | |
|----------------------|--|---|-------------------------------------|--|--|--|---|-------------------------|--|
| Name | MEDIACOM ILLINOIS | | | | | | | 6082 | |
| | SUBSTITUTE CARRIAG | E: SPECIA | | ENT AND PROGRAM LO | DG | | | | |
| | In General: In space I, iden | | | | | | | | |
| Substitute | substitute basis during the a explanation of the programm | | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | • | | • • • • • <i>•</i> • • | <u> </u> | | | | |
| Special tatement and | During the accounting pe | eriod, did you | r cable syster | m carry, on a substitute b | asis, any nonr | network te | levision pr | rogr <u>am</u> | |
| Program Log | broadcast by a distant sta | ation? | | | | | YES | × NO | |
| | Note: If your answer is "No | o", leave the | rest of this pa | age blank. If your answer | is "Yes," you r | nust comp | plete the p | rogram | |
| | log in block 2. | | | | | | | | |
| | 2. LOG OF SUBSTITUT In General: List each subs | | | ate line. Use abbreviation | s wherever n | ossible if | their mear | ning is | |
| | clear. If you need more spa | ace, please a | add additiona | I rows to the tables. | | | | - | |
| | Column 1: Give the title period, was broadcast by a | | | vision program ("substitut | | | | | |
| | under certain FCC rules, re | | | | | | | | |
| | Do not use general catego "NBA Basketball: 76ers vs | | vies" or "bask | etball." List specific progr | am titles, for e | example, " | I Love Luc | cy" or | |
| | | | dcast live, ent | er "Yes." Otherwise enter | "No." | | | | |
| | | | | casting the substitute proc | | | | | |
| | the case of Mexican or Ca | adcast statio nadian statio | on's location (ons. if any. the | the community to which the community with which the community with which the theory of the second seco | e station is in | censea by entified). | the FCC o | or, in | |
| | Column 5: Give the mo | onth and day | | stem carried the substitut | | | als, with th | e month | |
| | first. Example: for May 7 gi | | substitute nr | ogram was carried by you | ır cahle syste | m list the | times acc | curately | |
| | to the nearest five minutes | . Example: a | | | | | | | |
| | 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." Column 7: 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 | | | | | | | |
| | | ter "R" if the and regulation | ons in effect o | during the accounting peri | od; enter the l | etter "P" if | the listed | | |
| | Column 7: Enter the let to delete under FCC rules | ter "R" if the and regulation mming that ye | ons in effect o | during the accounting peri | od; enter the l | etter "P" if | the listed | | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program | ter "R" if the and regulation mming that ye | ons in effect o | during the accounting peri | od; enter the l der FCC rules | etter "P" if and regu | the listed lations in | | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | tter "R" if the and regulatic mming that y 5. | ons in effect o our system w | during the accounting peri as permitted to delete un | od; enter the l der FCC rules WHE CARRI | etter "P" if and regu N SUBST AGE OCC | the listed lations in ITUTE CURRED | 7. REASON F | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | tter "R" if the and regulatic mming that y 5. | ons in effect o our system w | during the accounting peri as permitted to delete un | od; enter the l der FCC rules | etter "P" if and regu N SUBST AGE OCC | the listed lations in | 7. REASON F DELETION | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulatic mming that y 5. SUBSTITUTE 2. LIVE? | E PROGRAM | Juring the accounting perivas permitted to delete un | od; enter the I der FCC rules WHE CARRI 5. MONTH | etter "P" if and regu N SUBST AGE OCC | TITUTE CURRED TIMES | 7. REASON F DELETION | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulatic mming that y 5. SUBSTITUTE 2. LIVE? | E PROGRAM | Juring the accounting perivas permitted to delete un | od; enter the I der FCC rules WHE CARRI 5. MONTH | etter "P" if and regu N SUBST AGE OCC | TITUTE CURRED TIMES | 7. REASON F DELETION | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulatic mming that y 5. SUBSTITUTE 2. LIVE? | E PROGRAM | Juring the accounting perivas permitted to delete un | od; enter the I der FCC rules WHE CARRI 5. MONTH | etter "P" if and regu N SUBST AGE OCC | TITUTE CURRED TIMES | 7. REASON F DELETION | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulatic mming that y 5. SUBSTITUTE 2. LIVE? | E PROGRAM | Juring the accounting perivas permitted to delete un | od; enter the I der FCC rules WHE CARRI 5. MONTH | etter "P" if and regu N SUBST AGE OCC | TITUTE CURRED TIMES | 7. REASON F DELETION | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulatic mming that y 5. SUBSTITUTE 2. LIVE? | E PROGRAM | Juring the accounting perivas permitted to delete un | od; enter the I der FCC rules WHE CARRI 5. MONTH | etter "P" if and regu N SUBST AGE OCC | TITUTE CURRED TIMES | 7. REASON F DELETION | |
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| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulatic mming that y 5. SUBSTITUTE 2. LIVE? | E PROGRAM | Juring the accounting perivas permitted to delete un | od; enter the I der FCC rules WHE CARRI 5. MONTH | etter "P" if and regu N SUBST AGE OCC | TITUTE CURRED TIMES | 7. REASON F DELETION | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulatic mming that y 5. SUBSTITUTE 2. LIVE? | E PROGRAM | Juring the accounting perivas permitted to delete un | od; enter the I der FCC rules WHE CARRI 5. MONTH | etter "P" if and regu N SUBST AGE OCC | TITUTE CURRED TIMES | 7. REASON F DELETION | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulatic mming that y 5. SUBSTITUTE 2. LIVE? | E PROGRAM | Juring the accounting perivas permitted to delete un | od; enter the I der FCC rules WHE CARRI 5. MONTH | etter "P" if and regu N SUBST AGE OCC | TITUTE CURRED TIMES | 7. REASON F DELETION | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulatic mming that y 5. SUBSTITUTE 2. LIVE? | E PROGRAM | Juring the accounting perivas permitted to delete un | od; enter the I der FCC rules WHE CARRI 5. MONTH | etter "P" if and regu N SUBST AGE OCC | TITUTE CURRED TIMES | 7. REASON F DELETION | |
| | Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976 | ter "R" if the and regulatic mming that y 5. SUBSTITUTE 2. LIVE? | E PROGRAM | Juring the accounting perivas permitted to delete un | od; enter the I der FCC rules WHE CARRI 5. MONTH | etter "P" if and regu N SUBST AGE OCC | TITUTE CURRED TIMES | 7. REASON F DELETION | |
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| Accounting Period: | 2024/2 | | | FORM S | A1-2E. PAGE 6. |
|------------------------------------|---|-----------------------------|------------------------------------|-------------------------------|----------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC | | | S | YSTEM ID# 60829 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the second 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 receipting the statement in the | system's se on of how t | condary transm o compute this a | ission service amount, see | 5,155.46 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$13 | but less tha informatior | an \$527,600 n. | 263,800 | |
| | | | | this six mon | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00 | iy iee inai y | ou must pay ior | unis 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 lii | nes 1 and 2 | 2 | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES | | | | |
| | 1. Base amount under statutory formula | \$ | 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | \$ | 175,155.46 | | |
| | 3. Subtract line 2 from line 1 | \$ | 88,644.54 | | |
| | 4. Enter the amount of gross receipts from space K | | . \$ 1 | 175,155.46 | |
| | 5. Enter the amount from line 3 | | . \$ | 88,644.54 | |
| | 6. Subtract line 5 from line 4 | | \$ | 86,510.92 | |
| | 7. Multiply line 6 by .005 (enter figure here) | | | \$ | 432.55 |
| | 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 | 7 and 8 | | \$ | 432.55 |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 | 3,800 (but | less than \$527 | ,600) | |
| | 1. Enter the amount of gross receipts from space K | | | | |
| | 2. Base amount under statutory formula | \$ | 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | | | | |
| | 4. Multiply line 3 by .01 | | | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | | \$ | 1,319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | | | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4 | I, 5, and 6 . | | | |
| | 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) \ldots | | \$ | 432.55 | |
| 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 | | | \$ | 452.55 |
| | Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1 | | | | hts! |

| Accounting Period: | 2024/2 | FORM SA1-2E. PAGE 7. |
|------------------------------------|---|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC | SYSTEM ID# 60829 |
| 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 | 31 68 |
| 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 | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 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 (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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei 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)] | system as identified vner 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.

| Accounting Period: 2024/2 | FORM SA1-2E. PAGE 8 |
|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| MEDIACOM ILLINOIS LLC | 60829 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Mailing Address | |
| | |
| 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 | |
| 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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