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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Λ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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 ILLINOIS 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	se
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-	MEDIACOM ILLINOIS LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1102 N. Fourth Street, P.O. Box 334 (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:	SYSTEM ID#
Name	MEDIACOM ILLINOIS LLC	27475
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 h	ry" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Victoria	IL
Community	างการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแ	
Add Rows as Necessary		
	ากการการการการการการการการการการการการกา	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:								TEM ID
Name	MEDIACOM ILLINOIS LI	_C								2747
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the new separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or D h blocks in spar y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the	cover all and radii ace F, no ecember ce E call service. I s in that ndicated h catego 20/mth"). for advar e form lis	categories of o broadcasts l ot here. All the 31, as the ca- for the number in general, you category (the —not the num ry of service. I Summarize a nee payment. ts the categor	secondar by your sy a facts you se may be er of subso u can com number o hber of set include bo ny standa	stem to sub a state must b). Therefore the nu f persons or s receiving th the amound rd rate varia	scrib be the cab mben orga servi int of tions	ers. Give hose existi le system, of subscr anizations ce). the charg within a p sion servic	information ng on the broken ibers in charged e and the particular rate e that cable	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a once again und has rate catego iers of services	nted as a additiona er "Servio pries for s that incl	subscriber in I sets would b ce to additiona secondary tran ude one or mo	each app e included al set(s)." nsmission ore second	licable cate I in the cour service that dary transm	gory. ht und are issio	Example: der "Servic different fr ns), list the	a residential se to the om those em, together	
	BLO	DCK 1						BLOCK	(2	
		NO. OF		RATE	CAT		SEL		NO. OF SUBSCRIBERS	RATE
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RAIE	CAT	EGORY OF	SEF	(VICE	SUBSCRIBERS	RATE
	Service to first set		2	2-73.49						
	Service to additional set(s)		_							
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial			2-73.49						
	Converter									
	Residential									
	Non-residential									
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrib hose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	er) inforr that are n ns: you d lished to usually b the cable stem furn e was ma	nation with re- tot offered in c to not need to nonsubscribe billed. If any ra system for ea ished or offere ade or establis	spect to a combinatio give rate rs. Rate ir tes are ch ch of the a ed during	on with any s information s formation s harged on a applicable so the account	secon conc hould varia ervic ing p	ndary trans erning (1) d include b ble per-pr es listed. eriod that	smission services oth the ogram basis, were not	
		BLO							BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE		CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ion: Non-res	idential				Cabla	75.4
	Pay cable     Pay cable     add'l channel	PP DD		el, hotel Imercial				Family	Capie	75.4
	Pay cable—add'l channel     Fire protection	PP	• Com • Pay							<u> </u>
	•Burglar protection		,	cable-add'l ch	annel					
	Installation: Residential		,	protection						
	First set	49.99		lar protection						
	Additional set(s)	15.00-29.00	Other se	•						
	• FM radio (if separate rate)			onnect		29.	00			
	i minucio (il sopalate late)					23.				
	Converter		• L )ISC	onnect						
	Converter			onnect et relocation		15.00-29.	00			

nting Period:	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 27475
	MEDIACOM ILLINOIS			21413
G Primary ansmitters: delevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	arried by your cable system on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	<pre>ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the</pre>
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KLJB (FOX)	49	I	Davenport, IA
	KWQC (NBC)	36	Ν	Davenport, IA
s Necessary	WEEK (NBC)	25	N	Peoria, IL
	WHOI (ABC)	19	Ν	Peoria, IL
	WMBD (CBS)	30	N	Peoria, IL
	WMWC (TBN)	8	I	Davenport, IA
	WQAD (ABC)	38	N	Moline, IL
	WTVP (PBS)	46	E	Peoria, IL

U.S. Copyright Office

EGAL NAME OF			YSTEM:					SYSTEM I 274
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a chech n's locati	<b>I-Band FM Carriage:</b> Under ( stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k 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 this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral i eparate	be expected, ated intervals. nstructions 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	
		5,0		UNEL OIGH		5,0	LOOKHON OF STATION	
	·							

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS I	LC						27475
	SUBSTITUTE CARRIAGE	: SPECIAL		NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv nonr	network televis	ion program, broadcast by	a <i>distant</i> stati	on that your o	cable system	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must	be included in	this log, see page (v) of the	e general instru	uctions in the	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting period</li> </ul>	od, did your	cable system	carry, on a substitute basi	s, any nonnet	work televisio	on program	<u> </u>
Program Log	broadcast by a distant stat	tion?					YES	× NO
Trogram Log	Note: If your answer is "No'	loovo tho ra	et of this nag	e blank. If your answer is '	"Vee " vou mu	ist complete t	-	
	-	, leave the re	est of this pay	e blank. Il your answer is	res, you mu		ne progran	1
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRAM	19					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa					,	<b>J</b>	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.			p p3				
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		neod by the E	CC or in	
	the case of Mexican or Can						00 01, 11	
	Column 5: Give the mon	th and day w	hen your syst	tem carried the substitute	program. Use	numerals, wi	th the mon	th
	first. Example: for May 7 giv							
				gram was carried by your				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."			eu by a system nom 0.01.	15 p.m. to 0.2	0.30 p.m. shu		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that yo	ur system was	s permitted to delete unde	r FCC rules a	nd regulations	s in	
					WHE	N SUBSTIT	JTE	
	S		E PROGRAM			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? 3 Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	TO	BEELINGI
					•	_		
					·	_		
						_		
						_		
							_	
						_		
						_		
						_		
						_		
1								

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	MEDIACOM ILLINOIS LLC		27475
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 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.	mission service	971.16
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-month	
	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,	100)	
	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	7,600)	
	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		nts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 27475
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	8
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name Kenneth J. Kohrs Telephone 845-44	3-2762
	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> </ul>	
	<ul> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as 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 owner of the cable system as in line 1 of space B.</li> </ul>	
	<ul> <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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	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: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 8/22/2018	

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	FORM SA1-2E. PAGE
. NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
IACOM ILLINOIS LLC	2747
<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> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
^	
Lino 2. Multiply lino 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>
xdays	<u>-</u> s
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u> s
x       x         Line 3 Multiply line 2 by the number of days late and enter the sum here       x         x       x         x       0.00274	s 
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u> s
x       x         Line 3 Multiply line 2 by the number of days late and enter the sum here       x         x       x         x       0.00274	 s 
Line 3 Multiply line 2 by the number of days late and enter the sum here	 s 
Line 3 Multiply line 2 by the number of days late and enter the sum here	 5 
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here       x       x       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       \$       (interest charge)         * 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	
Line 3       Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3       Multiply line 2 by the number of days late and enter the sum here	

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