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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbool 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
<b>∧</b>			

Accounting Period       2018/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Accounting Period       Image: Statement of S	Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting Period         Instructions: Give the full gen 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, nor that of the parent corporation. 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.         Z7490           Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division.         Z7490           ELEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM ILLINOIS LLC         Business of powner of CABLE SYSTEM MEDIACOM ILLINOIS LLC           Business of oowner of cable system.         MAILING ADDRESS OF OXINER OF CABLE SYSTEM MEDIACOM WAY         MAILING ADDRESS OF CABLE SYSTEM MEDIACOM PARK, NY 10918 (City, town. state, col)           Check here if this 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           System         1         MAILING ADDRESS OF CABLE SYSTEM: MEDIACOM LILNOIS LLC           Autor Addresses of Cable system: 2         P.O. Box 334, 1102 North Fourth S1. Number, attegrit, contradic, spathemer, contrade, spathemer, contraddresse, spathemer, contrade, spathemer, contaddres, spathemer, c			2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Period         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.           B         Owner         Instructions: Give the full legal name of the owner of the cable system. If 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.         27490           It 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.         27490           It there were different owners during the not, enter the system's ID number assigned by the Licensing Division.         27490           ItegAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM         MeDIACOM ILLINOIS LLC         27490           MAILING ADDRESS OF OWNER OF CABLE SYSTEM         MeDIACOM ILLINOIS LLC         Mailing address of OWNER OF CABLE SYSTEM           MAILING ADDRESS OF OWNER OF CABLE SYSTEM         MeDIACOM RAPK, NY 10918         Mediacom III and the address given in space B.           City:         INSTECTIONS: 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.           Mailing ADDRESS OF CABLE SYSTEM:         MeDIACOM ILLINOIS LLC           Mailing ADDRESS OF CABLE SYST	Accounting		Barcode Data Filing Period (optional - see instructions)
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1       MEDIACOM ILLINOIS LLC         MAILING ADDRESS OF CABLE SYSTEM:         2       P.O. Box 334, 1102 North Fourth St. (Number, street, rural route, apartment, or suite number)         Chillicothe, IL 61523	С		
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Chillicothe, IL 61523		2	P.O. Box 334, 1102 North Fourth St. (Number, street, rural route, apartment, or suite number)
(City, town, state, zip code)			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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 27490
D Area Served	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter known ngs.
	CITY OR TOWN	STATE
First Community	Washington Park Fairmont City Madison County	L L
Add Rows as Necessary	St. Clair County	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	MEDIACOM ILLINOIS LL	_C							2749
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 nu separately for the particular servi 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: SU pace E should on of television ay cable) in sp (June 30 or D blocks in space / transmission umber of billing ice at the rate i harged for eacl (Example: "\$2 ounts allowed in space E, the	cover a and rac ace F, i ecembe ce E ca service s in tha ndicate h categ 20/mth" for adva e form I	all categories of dio broadcasts not here. All the er 31, as the ca ll for the number . In general, yo at category (the ed—not the num ory of service. ). Summarize a ance payment. ists the categor	secondar by your sy e facts you se may be er of subso u can com number o hber of set Include bo ny standa	sistem to subscri u state must be e). cribers to the ca pute the number of persons or or s receiving serv- oth the amount of rd rate variation ondary transmis	bers. Give those existi- ble system er of subscr ganizations rice). of the charg s within a p ssion servic	information ng on the broken ibers in charged e and the particular rate we 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 o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	e: Where an inc should be cour ble service to a ince again und has rate catego ers of services	dividual nted as addition er "Serv pries for that in	or organization a subscriber in al sets would b vice to additionar secondary tran clude one or mo	n is receivi each app le included al set(s)." nsmission ore secon	ing service that licable category d in the count ur service that are dary transmission	falls under . Example: nder "Servic e different fr ons), list the	different a residential ce to the rom those em, together	
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	000001100			UAI			SOBSCIELIUS	
	Service to first set		85	23.58-51.91					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial			23.58-51.91					
	Converter								
	Residential								
	Non-residential								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of 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 s brief (two- or three-word) descrip	e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) info hat are ns: you ished to usually ne cable stem fur e was r	rmation with re- not offered in of do not need to o nonsubscribe billed. If any ra- e system for ea- mished or offer- made or establi	spect to a combinatio give rate ers. Rate in ates are ch ach of the a ed during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary tran cerning (1) ld include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential		Ferry 11		75 4
	• Pay cable	PP		otel, hotel			Family		75.4
	Pay cable—add'l channel     Fire protection	PP		mmercial					
	Fire protection     Purglar protection			y cable	annal				
	•Burglar protection			y cable-add'l ch o protoction	annei				
	Installation: Residential	40.00		e protection					
	<ul> <li>First set</li> <li>Additional set(s)</li> </ul>	49.99 15.00-29.00		rglar protection services:					
	. ,	13.00-29.00		connect		20.00			
	FM radio (if separate rate)     Converter			connect		29.00			
	Converter					15 00-20 00			
				tlet relocation	220	15.00-29.00			
			1110						

counting Period: 2	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	MEDIACOM ILLINOIS			27490
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1</b> : List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2</b> : Give the channel of license. For example, W <b>Column 3</b> : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. 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	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the 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 is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDNL (ABC)	31	N	St. Louis, MO
	KETC (PBS)	39	E	St. Louis, MO
Rows as Necessary	KMOV (CBS)	24	N	St. Louis, MO
	KNLC (IND)	14	I	St. Louis, MO
	KPLR (CW)	26	l	St. Louis, MO
	KSDK (NBC)	35	Ν	St. Louis, MO
	KTVI (FOX)	43	<u> </u>	St. Louis, MO
	WRBU (MyNET)	47	I	EAST ST. LOUIS, MO
	WSIU (PBS)	8	E	Carbondale, IL

EGAL NAME OF			STEM:					SYSTEM I 274
	t every radio s	station ca	arried on a separate and discr 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: lf 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 sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < 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	2) it can ertain st general i eparate	be expected, rated 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	
		5.5				2.2		
	·							
						Г <b></b> -		

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS I	LLC						27490
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	· cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	o blonk. If your onowor in '			-	
	-	, leave life	rest of this pay	e bidlik. Il your allswer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	1
	clear. If you need more spa				interer pee			
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.					ampio, 1 201		
				"Yes." Otherwise enter "N				
				sting the substitute progra		nood by the	FCC or in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	IMES — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	1110	10	
						-		
						-	_	
						-	-	
						-	_	
						_	_	
						-	_	
							_	
						-		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name		S	STEM ID#
	MEDIACOM ILLINOIS LLC		27490
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 s amount, see	, <b>337.72</b>
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$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	this six-month	
	accounting period is \$52.00		
	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	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but 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# 27490
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         on which the cable system carried television broadcast stations	9 46
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	13-2762
	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 B; or</li> </ul>	
	<ul> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as i 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 or 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</li> </ul>	
	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)]	
	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	

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 the 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 telephol 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 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 t 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 lav

unting Period: 2018/1	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM ILLINOIS LLC	274
<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 Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name     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
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