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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
08/29/2019	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	2019/1							
Period								
B Owner	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 corpo rate title of the subsidiary, not 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 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							
				02748820191				
				027488 2019/1				
	ONE MEDIACOM WAY							
	MEDIACOM PARK, NY 10918							
	·							
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of							
System	, IDENTIFICATION OF CABLE SYSTEM:							
dystem	MEDIACOM ILLINOIS LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	1102 N. Fourth Street P.O. Box 334 (Number, street, rural route, apartment, or suite number)							
	Chillicothe, IL 61523 (City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comp	aunity convod below and rel	iot on nago 1h				
_		offig the fist confi	numity served below and rei	ist on page 1b				
Area Served	with all communities.	07475						
	CITY OR TOWN	STATE						
First Community	Sugar Grove							
Community	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda Alliance	MD MD	A B	1 2				
	Gering	MD	В	3				
			-	,				

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 th 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.

TORINI SASE. FAGE 10.				, ,		
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
MEDIACOM ILLINOIS LLC			027488			
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	orated communitied community	es within unincorp you list will serve	orated	D Area Served		
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.						
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9).	e column blank. İf	you report any st	ations			
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
Sugar Grove	IL	AA	1	First		
Elburn	IL	AA	1	Community		
Kane County	IL	AA	1			
Hinkley	IL	AA	1			
Shabbona	IL	AA	1			
Waterman	IL	AA	1	See instructions for		
Somonauk	IL	AA	1	additional information		
Dekalb/Water	IL	AA	1	on alphabetization.		
EARLVILLE	IL	AA	1			
LELAND	IL	AA	1			
Kaneville	IL	AA	1			
Dekalb/Somon	IL	AA	1	Add rows as necessary.		
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	•••••					
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	•••••					
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC

SYSTEM ID#

027488

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK 1				BLOCK 2			
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:							
Service to first set	3,766	29.95-51.54					
Service to additional set(s)							
FM radio (if separate rate)							
Motel, hotel			11"				
Commercial	8	29.95-51.54	11"				
Converter							
Residential							
Non-residential							
		1	7 ''''		1	T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	PP	Motel, hotel		Family Cable	\$ 80.49
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	\$ 99.99	Burglar protection			
 Additional set(s) 	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$ 29.00		
Converter	\$ 10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		Move to new address			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Namo		
MEDIACOM ILL	INOIS LLC				027488			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	system during the constitutions in effect or 6.61(e)(2) and (consist, as explaine constants. With the constants of the constant of the constants of the constant o	he accounting n June 24, 19 4), or 76.63 (r d in the next prespect to any	g period, except 81, permitting the referring to 76.6 paragraph. distant stations	(1) stations carrie ne carriage of cert 1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
 basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- 								
WETA-simulcast). Column 2: Give the	e channel numl	per the FCC h	nas assigned to	the television stat	h stream separately; for example ion for broadcasting over-the-air in may be different from the channel			
on which your cable sy Column 3: Indicate educational station, by (for independent multion)	ystem carried the in each case we entering the lecast), "E" (for necast), "E" (for n	ne station. whether the st etter "N" (for ne oncommercia	tation is a netwo etwork), "N-M" (I educational), c	ork station, an inde for network multion for "E-M" (for nonco	ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast).			
planation of local servi	ation is outside ce area, see pa ave entered "Y	the local servage (v) of the es" in column	vice area, (i.e. "o general instruct 4, you must cor	distant"), enter "Ye ions located in the mplete column 5,	es". If not, enter "No". For an ex-			
carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
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of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or ONote: If you are utilizing 1. CALL SIGN WBBM/WBBM(HEWCIU/WCIU(HD)) WCIU-DT2 The UWCIU-DT3 MeTV WCIU-DT4 Heros WCIU-DT5 Bounce WCPX/WCPX(HD) WCPX-DT2 qubo WCPX-DT3 ION L WFLD/WFLD(HD) WGBO/WGBO(HE	entered into o a primary trans simulcasts, also aree categories e location of ea Canadian stations multiple characteristics. 2. B'CAST CHANNEL NUMBER 12 27 27.2 27.3 27.4 27.5 38 38.2 38.3 31 38.3 38.2	n or before Jumitter or an actor enter "E". If the see page (v) on station. For ns, if any, givened line-ups, CHANN 3. TYPE OF STATION	ine 30, 2009, be ssociation repre you carried the of the general in U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the make the which the station is identified. It channel line-up. 6. LOCATION OF STATION Chicago, IL	additional information		
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of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the Column 6: Give the FCC. For Mexican or (Note: If you are utilizing). 1. CALL SIGN WBBM/WBBM(HEWCIU/WCIU(HD)). WCIU-DT2 The UWCIU-DT3 MeTV WCIU-DT4 Heros. WCIU-DT5 Bounce. WCPX/WCPX(HD). WCPX-DT2 qubo. WCPX-DT3 ION LEWFLD/WFLD(HD). WGBO/WGBO(HEWGBO-DT2 Laff. WGN/WGN(HD) IN WGN-DT2 Antenr.	entered into o a primary trans simulcasts, also ree categories e location of ea Canadian stationg multiple characteristics. 2. B'CAST CHANNEL NUMBER 12 27 27.2 27.3 27.4 27.5 38 38.2 38.3 31 38.3 31 38.3 31 38.3 31.3 38.3 39.2 19.1	n or before Jumitter or an actor enter "E". If the see page (v) on station. For ns, if any, givened line-ups, CHANN 3. TYPE OF STATION	Ine 30, 2009, be association repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the make the which the station is identified. It is channel line-up. 6. LOCATION OF STATION Chicago, IL	additional information		
of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Co	entered into o a primary trans simulcasts, also aree categories e location of ea Canadian stations multiple characteristics. 2. B'CAST CHANNEL NUMBER 2. 27. 27.2 27.3 27.4 27.5 38.3 38.2 38.3 31 38.2 38.3 31 38.2 19 19.2 19.3	n or before Jumitter or an actor enter "E". If the see page (v) on station. For ns, if any, givened line-ups, CHANN 3. TYPE OF STATION	ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the national line-up. 6. LOCATION OF STATION Chicago, IL	additional information		
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or 0 Note: If you are utilizing	entered into o a primary trans simulcasts, also ree categories e location of ea Canadian station multiple characteristics. 2. B'CAST CHANNEL NUMBER 2. 12 27. 27.2 27.3 27.4 27.5 38 38.2 38.3 31 38.3 31 38.3 31 38.3 38.3 39.3 39.3 39.3 39.3 39.3 39.3	n or before Jumitter or an actor enter "E". If the see page (v) on station. For ns, if any, givened line-ups, CHANN 3. TYPE OF STATION	Ine 30, 2009, be association repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each 5. BASIS OF CARRIAGE	stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the make the which the station is identified. It is channel line-up. 6. LOCATION OF STATION Chicago, IL	additional information		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC

SYSTEM ID#
Name

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AA	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMAQ/WMAQ(HI	5	N	No		Chicago, IL
WMAQ-DT2 Cozi	5.2	N	No		Chicago, IL
WPWR/WPWR (H	51	I	No		Gary, IN
WSNS/WSNS(HD)	45	I	No		Chicago, IL
WSNS-DT2 Exitos	45.2	I	No		Chicago, IL
WWTO TBN	35	I	No		Naperville, IL
WTTW/WTTW(HD	47	Е	No		Chicago, IL
WTTW-DT2 Prime	47.2	I	No		Chicago, IL
WTTW-DT3 PBS	47.3	I	No		Chicago, IL
WTTW-DT4 V-Me	47.4	I	No		Chicago, IL
WBBM-DT2 Start	12.2	I	No		Chicago, IL
WFLD-DT2 Movie	31.2	I	No		Chicago, IL
WFLD-DT3 BUZZ	31.3	I	No		Chicago, IL
WGBO-DT3 getT\	38.3	I	No		Joliet, IL
WGBO-DT4 Justic	38.4	I	No		Joliet, IL
WGBO-DT5 Grit	38.5	I	No		Joliet, IL

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		'STEM:			SYSTEM ID#	Name
MEDIACOM ILL	INOIS LLC				027488	
PRIMARY TRANSMITTE In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast).	ers: TELEVISIO G, identify every system during the ions in effect or 6.61(e)(2) and (- sis, as explaine stations: With r CC rules, regula here in space only on a substand also in spa formation concern. the station's call associated with -2". Simulcast states	y television stane accounting on June 24, 198 4), or 76.63 (rd in the next prespect to any stions, or authors G—but do list titute basis. Ince I, if the stanerning substitute sign. Do not remain a station acceptive.	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination cording to its over be reported in o	(1) stations carried ac carriage of certa- tile (2) and (4))]; as carried by your consecution of the Special Statement of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the cute basis and also on some other af the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- a stream separately; for example	G Primary Transmitters: Television
its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local servi Column 5: If you har cable system carried the distant static For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	se. For example ystem carried the in each case we entering the le cast), "E" (for no ese terms, see pation is outside ce area, see pation on a part-tirion of a distant static in entered into or a primary transisimulcasts, also aree categories, e location of each canadian statio	e, WRC is Chane station. whether the stater "N" (for neoncommercial page (v) of the ges" in column on during the ame basis becamulticast streen or before Jumitter or an aspect of the general page (v) of the general page (v	ation is a netwo etwork), "N-M" (if educational), of egeneral instructional, in the control of the general instructional of the control of the general in truction of	ington, D.C. This ark station, an indefor network multic or "E-M" (for noncotions located in the distant"), enter "Ye ions located in the mplete column 5, and Indicate by entictivated channel or subject to a royalty steween a cable systement or any of instructions located list the community with t	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				•		
				•		
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					<u> </u>	

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 027488 MEDIACOM ILLINOIS LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/
LEGAL NAME OF OWNER OF MEDIACOM ILLINOIS		EM:				SYSTEM ID# 027488	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG	i			ı
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authorizat	tions. For a further	Substitute
 SPECIAL STATEMEN During the accounting per broadcast by a distant sta 	iod, did you			s, any nonnet	twork television pro		Carriage: Special Statement and
Note: If your answer is "No log in block 2.	", leave the		ge blank. If your answer is	'Yes," you mu			Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant state gulations, oution. Do no Lucy" or "NE m was broad sign of the state addeast static and and day we "5/7." es when the Example: a er "R" if the and regulation or gramming	m on a separa attach additional network televion and that your authorization to use general of the separation of the sep	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:2 mming that ye; enter the lett	during the accountramming of another is located in the publish specific programsed by the FCC of tiffied). The publish specific programsed by the FCC of tiffied). The publish specific programsed by the FCC of tiffied in the list of the listed programsed in the list of the listed programsed in the list of the list o	ting er station aper am or, in e month urately be quired pro	
S	SUBSTITUT	E PROGRAM	1		N SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM —	FOR DELETION TO	
					_		
					_		
							

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM ILLINOIS LLC

SYSTEM ID#

027488

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m."
 12:00 p.m."

		DATES	AND HOURS (OF PART-TIME CAR	RIAGE			
CALL SIGN	WHEN CARRIAGE OCCURRED			CALL SIGN	WHEN	CARRIAGE O		
	DATE	HOUR FROM	rs TO		DATE	FROM	DURS TO)
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID	Nome
ME	DIACOM ILLINOIS LLC	02748	8 Name
Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amour mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary transmission service	K Gross Receipts
	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 871,712.62 (Amount of gross receipts)	
InstruComIf you fee for the second seco	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. For any distant television stations, leave block 3 blank. Enter the a rom block 1 on line 1 of block 4, and calculate the total royalty fee. For any distant television stations, you must complete the applicable propanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should ${\tt k}$ 3 below.	pe entered on line 1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K		
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		
	This is your minimum fee.	\$ 9,275.02	
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colu "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. No—Leave block 3 below blank and column to the period of the	mn 4, you must check riod?	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 9,275.02	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 10,000.02	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM ILLINOIS LLC	027488
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio	ns
Channels	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	45
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	80
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Kenneth J. Kohrs Telephone 845-4	143-2762
	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)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation	is.
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or	m as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of in line 1 of space B.	f the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained her 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)]	ein
	X /s/ Kenneth J. Kohrs	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus comp	•
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: August 16, 2019	

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 th 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 telephor 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 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: MEDIACOM ILLINOIS LLC SYSTEM ID# 027488	Name
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 in the paper SA3 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? X NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment	Interest - Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-
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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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 th 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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that be all the control of the	

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within ε television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located ir
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE
 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
n	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		40,0000				
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

DSE SCHEDULE. PAG	E 11. (CONTINUED)												
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#							
1	MEDIACOM ILLINOIS LL	.C				027488							
	SUM OF DSEs OF CATEGOR												
	Add the DSEs of each station												
	Enter the sum here and in line	0.00											
		. o. pa o o	0 00.1000.01	ļ									
2	Instructions:												
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5												
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-												
of DSEs for	mercial educational station, give the DSE as ".25."												
Category "O"	moreiai caacationai ctation, giv												
Stations	CALL SIGN	DSE	CATEGORY "O" S CALL SIGN		CALL SIGN	DSE							
Otations	OALL SIGIV	DOL	OALL GIGIN	I DOL	OALL GIGIT	DOL							
A d d													
Add rows as													
necessary.													
Remember to copy													
all formula into new													
rows.				······									
1													

Name	MEDIACOM ILL	ER OF CABLE SYSTEM:					S	027488
Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the pap SA3 form.								
Capacity		С	ATEGORY LA	C STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. I JRS (NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	5. TYPE		SE
						x		
						X		
						x x		
						x		
			÷	:	=	x	=	
			÷ ÷		= 	x x	<u>=</u>	
	Add the DSEs of e	F CATEGORY LAC S ach station. here and in line 2 of pa		ıle,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect c Broadcast one space I). Column 2: For at your option. This Column 3: Ente	your system in subst on October 19, 1976 (or more live, nonnetwood each station give the s figure should correser the number of days de the figure in colum	itution for a progra as shown by the le ork programs during number of live, no spond with the info in the calendar ye in 2 by the figure in	m that your system that your system ter "P" in column that optional carr nnetwork program mation in space lear: 365, except in column 3, and given the system of the syste	n was permitted in 7 of space I); an iage (as shown by as carried in substance) a leap year.	Programs) if that station: to delete under FCC rule d r the word "Yes" in column stitution for programs that olumn 4. Round to no les the general instructions i	2 of t were deleted as than the third	rm).
		SU	BSTITUTE-BA	SIS STATION	S: COMPUTA	ATION OF DSEs	1	
	SIGN	NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		4	:	=
		÷				1		
		÷		=		+	: +	=
		÷		=		-	÷	=
	Add the DSEs of e	SUBSTITUTE-BASI ach station. here and in line 3 of pa		ıle,		0.00		
5 Total Number of DSEs	number of DSEs ap	plicable to your systen SEs from part 2● SEs from part 3●		es in parts 2, 3, and	4 of this schedul	e and add them to provide	0.00 0.00 0.00	
	21.10	, , , , , , , , , , , , , , , , , , ,				·		
	TOTAL NUMBER C	DF DSEs				•	•	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF C		SYSTEM:					S'	YSTEM ID# 027488	Name
Instructions: Block In block A: • If your answer if			part 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
schedule. • If your answer if	"No," complete blo	ocks B and C	below.						Computation of
	BLOCK A: TELEVISION MARKETS								
_	1981?	schedule—[•	aller markets as de				gulations in	3.75 Fee
		BLOG	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules instructions for the	s of distant st and regulatione DSE Sche	ations listed in ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 or ne 25, 1981. For fune letter M below r	f this schedule urther explana	e that your sys	ed stations, see the	he	
Satellite Television Extension and Localism Act of 2010.) Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 198′ G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5) M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	•								
		<u>l</u>						0.00	
			1 OCK C: CO	MPUTATION OF	E 3 75 FFF				
					0.701 LL				
Line 1: Enter the Line 2: Enter the									
	·								
Line 3: Subtract (If zero, I				r of DSEs subjec : 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

	027488												
	BLOCK A: TELEVISION MARKETS (CONTINUED)												
6	3. DSE	RMITTED ASIS		CALL IGN		3. DSE	. PERMITTED BASIS		1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	
Computatio					Ĭ								
0.70100					H								
					ļ								
													
				••••••									•••
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													•
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Name	LEGAL NAME OF OWN MEDIACOM ILL								S	027488
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 19 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections									
		PERMITTI	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
									••••••	
7 Computation of the		"Yes," comple	ete blocks B and C ocks B and C blan	k and complete		art 8 of the DSE sched				
Syndicated			BLOC	K A: MAJOR	ΙĿ	ELEVISION MARK	<u>EI</u>			
Exclusivity Surcharge	• Is any portion of the	cable system w	rithin a top 100 maj	or television mar	rket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	Yes—Complete	blocks B and	C .			X No—Proceed to	part 8			
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations		BLOCK	C: Compu	ıtation of Exem	pt DSE	S
	Is any station listed in commercial VHF stati or in part, over the ca	on that places				Was any station listed nity served by the cab to former FCC rule 76	le system p			
	Yes—List each s X No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each st X No—Enter zero a			ate permi	itted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE
		-								
		-		<u> </u>						
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 027488	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	871,712.62	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	I	MEDIACOM ILLINOIS LLC	027488
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
8 Computation of Base Rate Fee	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pachecked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belows s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions.	low	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	Г	Yes—Complete part 9 of this schedule.	
	_	<u> </u>	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7)	62_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	.00
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 6,110.71	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	_
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	<u></u> !.

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	
MEDI	ACOM ILLINOIS LLC	027488	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A Enter 0.04064 of group requires		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	Dase Nate Fee	0.00	
instead	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel I		9
Space In Gen	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, t	o exclude	-
receipt	is from subscribers located within the station's local service area, from your system's total gross receipts. To take adv on, you must:		Computation of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to t	ne same	and
DSEs a	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine thand the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each subscriber group. That total is the base rate fee for your system.		Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in parmpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belocable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
•	 For each community served, determine the local service area of each wholly distant and each partially distant station to that community. 	1 you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were local the station's local service area. A subscriber located outside the local service area of a station is distant to that station to the token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Eather group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp i	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system	n's subscriber	
-	section:		
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all orbers in the group.	the the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in pure of this schedule; or,	arts 2, 3,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bloc 6 of this schedule.	ck B,	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general ins paper SA3 form.	ructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pro- In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 027488 MEDIACOM ILLINOIS LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWN						S	YSTEM ID# 027488	Name
В	SLOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EAC				
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA		nmunities		COMMUNITY/ ARE			0	9 Computation
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	···		······································					Syndicated
	•							Exclusivity
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				.				Partially Distant
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Total DSEs			0.00	Total DSEs			0.00	
	`roup	¢ 97/	1,712.62		and Croup	•	0.00	
Gross Receipts First G	oroup	\$ 877	1,1 12.02	Gross Receipts Sec	zona Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO			FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
	•	-			•			
Base Rate Fee: Add the			criber group	as shown in the boxe	s above.	¢	0.00	
Enter here and in bloc	κ ૩, iine 1,	space L (page /)				\$	0.00	

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 027488	Name
E				ATE FEES FOR EAC			LID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	9
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						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
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Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	•	1	-		•	-		
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLII						S	YSTEM ID# 027488	Name
E		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROI	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
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								Exclusivity Surcharge
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Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

		LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 027488									
В		COMPUTATION OI SUBSCRIBER GRO		TE FEES FOR EAC	TE FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP						
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Total DSEs			0.00	Total DSEs			0.00				
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Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00				
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Total DSEs			0.00	Total DSEs			0.00				
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Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00				
Base Rate Fee: Add th	ne base rat	te fees for each subs	criber aroun	as shown in the hove	s above						
Enter here and in block			g. oap			\$	0.00				

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ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0								
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ase Rate Fee First Group \$ 0.00 SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O	otal DSEs		0.00	Total DSEs			0.00	
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ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	ase Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC								
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
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Total DSEs Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rui Gioup	· ·			
		\$	0.00	Base Rate Fee Four		\$	0.00		
			0.00	Total DSEs	rth Group		0.00		

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 027488 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 027488 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts First Group Salase Rate Fee First Group \$ 0.00 Base Rate Fee First Group Base Rate Fee Second Group	CALL SIGN CALL SIGN S CALL SIGN CALL SIG	O Compute District Di
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MEDIACOM ILLI						S	YSTEM ID# 027488	Name
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
1	NINTEENTH	SUBSCRIBER GRO	DUP			I SUBSCRIBER GRO	UP	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
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Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLIN					Name			
E	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 927488									
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LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 92748								
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRTY-FIRST	SUBSCRIBER GRO	DUP	THIR	RTY-SECONE	SUBSCRIBER GROU	UP	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 027488									
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	IP		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
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Base Rate Fee First	•	\$	0.00	Base Rate Fee Secon		\$	0.00		
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Total DSEs	l		0.00	Total DSEs		11	0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
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Enter here and in bloo			inei group	as shown in the boxes	abuve.	\$			

MEDIACOM ILLII						S	YSTEM ID# 027488	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Fross Receipts First Group \$ 0.0				Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWI MEDIACOM ILLI						S	YSTEM ID# 027488	Name
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO	OUP	H		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	٠		0	COMMUNITY/ ARE	Α		0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FO	RTY-THIRD	SUBSCRIBER GRO	OUP	FOF	RTY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLIN						S	YSTEM ID# 027488	Name
E	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs		-	0.00	Total DSEs			0.00	
Fross Receipts First Group \$ 0.0				Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY	-SEVENTH	SUBSCRIBER GRO	UP	Ħ		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OW MEDIACOM ILLI						S	YSTEM ID# 027488	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Fross Receipts First Group \$ 0.0				Gross Receipts Sec	ond Group	\$	0.00	
·	•							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-FIRST	SUBSCRIBER GRO	DUP	FIF	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••••		••••				····	
		-	····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
•	•				,			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF OMEDIACOM ILLINOIS L					S	YSTEM ID# 027488	Name
	A: COMPUTATION						
	RD SUBSCRIBER GF		H		I SUBSCRIBER GRO	JP 0	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE				Computation
CALL SIGN DSE	11	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		·····		<u></u>			Base Rate Fe
				·····			and Syndicated
				•••••			Exclusivity
							Surcharge
				<u></u>			for Partially
							Distant
							Stations
				······			
Total DSEs	-	0.00	Total DSEs		-	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TH SUBSCRIBER GF		ii .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	:A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				<u></u>			
		······································					
				<u> </u>			
				······			
				<u></u>			
				<u></u>			
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Rate Fee Third Group Rate Fee: Add the base	<u>'</u>	0.00	Base Rate Fee Fou	irth Group		0.00	

	EGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 927488									
				ATE FEES FOR EAC			LID			
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
								Base Rate Fee		
								and Syndicated		
								Exclusivity		
								Surcharge		
					····			for Partially		
								Distant		
					····			Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
FII	FTY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	SUBSCRIBER GRO	UP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٨		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	<u></u>									
	<u></u>									
					····					
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	s above.	\$				

LEGAL NAME OF OWNER MEDIACOM ILLINO		E SYSTEM:				S	YSTEM ID# 027488	Name		
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP				
	Y-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
						-		Syndicated		
			<u> </u>					Exclusivity		
			<u>-</u>		···	-	<u></u>	Surcharge for		
						-		Partially		
								Distant		
						-		Stations		
						-				
			·		···	-	····			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco						
							-			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
	Y-THIRD	SUBSCRIBER GRO	UP	ii e		SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			.			-				
						 				
			·		<u></u>	-				
			<u> </u>				<u></u>			
			·		···	-	<u></u>			
			<u> </u>							
Total DSEs			0.00	Total DSEs			0.00			
	roup	<u> </u>	0.00		h Group	•	0.00			
Gross Receipts Third G	ισαρ	Ψ	3.00	Gross Receipts Fourt	σιυαμ	٧	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 027488									
				ATE FEES FOR EACI					
SI COMMUNITY/ AREA		SUBSCRIBER GRO	JP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	JP 0	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
					 			and	
								Syndicated	
								Exclusivity	
	····							Surcharge	
	····				<u></u>			for Partially	
								Distant	
								Stations	
					<u></u>				
					<u></u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
SIXTY	'-SEVENTH	SUBSCRIBER GRO	JP	SIX	TY-EIGHTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	····								
						-			
				-					
	····				<u></u>				
		-							
					<u></u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWN MEDIACOM ILLII						S	YSTEM ID# 027488	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		tt -		SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGIN	DSL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGIV	DOL	Base Rate Fe
						-	•••••	and
								Syndicated
								Exclusivity
								Surcharge
						-		for
	<u>.</u>						····	Partially
			<u></u>			-	<u> </u>	Distant Stations
			····					Stations
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Sec				
510SS Receipts First Group \$ 0.00						\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-FIRST	SUBSCRIBER GRO	DUP	SEVEN	ITY-SECOND	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	·····		·····			 	·····	
			••••			-		
						-		
			<u></u>				<u> </u>	
						 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							<u> </u>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC SYSTEM ID# 027488								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee and
								Syndicated
				-				Exclusivity Surcharge
								for
					<u></u>			Partially Distant
								Stations
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVER COMMUNITY/ AREA	NTY-FIFTH	SUBSCRIBER GROU	JP 0	SEVE		I SUBSCRIBER GROU	JP 0	
COMMUNITY AREA				COMMONT 17 AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
					<u></u>			
					<u></u>			
Total DOEs			0.00	Total DOF-			0.00	
Total DSEs Gross Receipts Third	Group	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
Cross receipts mild	отоир		3.00	Si oos recoipis i ouit	Οισαρ	<u>*</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				S	YSTEM ID# 027488	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
				-				Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
	ITY-NINTH	SUBSCRIBER GROU		ii .		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	One	•	0.00	Total DSEs	h O=	•	0.00	
Gross Receipts Third	Group	<u>\$</u>	0.00	Gross Receipts Fourt	п	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

MEDIACOM ILLII						S	YSTEM ID# 027488	Name
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H .		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			<u></u>					and
		-						Syndicated Exclusivity
		H					····	Surcharge
								for
								Partially
			<u></u>					Distant
			<u></u>	-	·····			Stations
					·····			
		-	<u></u>		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIG	HTY-THIRD	SUBSCRIBER GRO	UP	EIGH	ITY-FOURTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			 	-			····	
	····		<u></u>		••••			
		-						
			<u></u>					
		-						
	•••••	-	···		•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	YSTEM ID# 027488	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	ID	
COMMUNITY/ AREA		OODOONBLIN ONO	0	COMMUNITY/ AREA		T OODOONBEN ONON	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
					<u></u>			and
	-							Syndicated Exclusivity
								Surcharge
	<u></u>				<u></u>			for
								Partially Distant
								Stations
	<u></u>							
	<u> </u>				<u></u>			
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	¢	0.00	Gross Receipts Seco	nd Group	•	0.00	
Gloss Receipts First G	поир	<u>\$</u>	0.00	Gloss Receipts Seco	ila Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		II		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
								
	<u> </u>			-				
	<u></u>							
	<u> </u>				<u></u>			
	<u></u>				<u></u>			
					<u></u>			
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Name	927488 027488	S				LE SYSTEM:		LEGAL NAME OF OWNE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GRO	TY-NINTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate Exclusive							<u></u>	
Surcharg								
for						-		
Partially								
Distant								
Station						-		
							<u></u>	
					<u> </u>			
	0.00	-		Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	/-SECOND	NINET	JP	SUBSCRIBER GRO	TY-FIRST	NINE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	····							
							<u>"</u>	
							<u></u>	
	•••••							
							<u></u>	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	<u> </u>	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Gross Receipts Third G

MEDIACOM ILLINOIS	CABLE SYSTEM: _ LC				S	927488	Nam
			ATE FEES FOR EA				
	IRD SUBSCRIBER		III		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	:A		0	Comput
CALL SIGN DS	E CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
							and
							Syndica Exclusi
						••••	Surcha
							for
							Partia
							Distar
							Statio
				•••••			
						2.22	
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			Gross Receipts Sec	cond Group	\$	0.00	
sase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
NINETY-F	FTH SUBSCRIBER	R GROUP	N	INETY-SIXTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	E CALL SIGN	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				·····			
						····	
		·····		•••••			
						····	
	·····						
Total DSEs		0.00	Total DSEs			0.00	
		0.00	Total DSEs Gross Receipts Fol	urth Group	\$	0.00	
Total DSEs Gross Receipts Third Group	\$			urth Group	\$		

MEDIACOM ILLIN		E SYSTEM:				S	YSTEM ID# 027488	Name
				ATE FEES FOR EACH			ID	
NINETY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GROL)P 0	COMMUNITY/ AREA		I SUBSCRIBER GROU)P 0	9
		I				П		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
	<u></u>							Exclusivity
	<u> </u>							Surcharge for
	<u> </u>	-						Partially
								Distant
								Stations
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GROU	JP	ONE HU	JNDREDTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	 							
	<u> </u>							
	<u></u>							
	<u></u>							
	<u></u>							
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	o as shown in the boxes	above.	\$		

MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 027488	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
				-				Exclusivity Surcharge
								for
								Partially Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLII						S	YSTEM ID# 027488	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		ONE HUN	DRED SIXTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				0.1220.01				Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
						-		Stations
	•••••		····		·····	-		Stations
						H	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00	
Cross recorpts rinst	Oloup	<u>*</u>		Gross recorpts occ	ond Group	•	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							····	
			····					
	•••••		···		····	-		
							<u>.</u>	
			<u></u>			-	<u></u>	
			····				<u></u>	
Total DSEs		I I	0.00	Total DSEs		Ш	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							$\neg \neg $	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 027488	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDR	ED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	I SUBSCRIBER GRO	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>				<u></u>	Base Rate Fee
	····							Syndicated
		-						Exclusivity
								Surcharge
		-						for
	<u></u>							Partially Distant
		-						Stations
	<u></u>							
	<u></u>							
			···					
Total DSEs			0.00	Total DSEs	.	-!-!	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	LEVENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-						
			<u></u>				••••	
	<u></u>							
	····						<u></u>	
	···		···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxe	s above.	\$		

Name	YSTEM ID# 027488	S						LEGAL NAME OF OWNE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTEENTH	ONE HUNDRED FOL		SUBSCRIBER GROU	RTEENTH	ONE HUNDRED THIS
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and Syndicated								
Exclusivity								
Surcharge								
for								
Partially Distant								
Stations								
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	XTEENTH	İ	JP	SUBSCRIBER GRO	FTEENTH	ONE HUNDRED FI
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

LEGAL NAME OF OWNE						S	YSTEM ID# 027488	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GRO	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u> </u>					and Syndicated
			<u>-</u>		•••••			Exclusivity
								Surcharge
								for
			<u></u>					Partially
			<u></u>					Distant Stations
			<u></u>					Stations
			<u></u>		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u></u>					
			<u></u>		••••			
		_	<u> </u>					
			<u></u>					
		-	<u> </u>					
			<u>-</u>		•••••			
		_						
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
C. 300 Rescripto Trilla	C.04P				Отоир	<u>*</u>		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

MEDIACOM ILLII		LE SYSTEM:				S	YSTEM ID# 027488	Name
[BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU		H .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
					<u></u>			Syndicated
				-	<u></u>			Exclusivity Surcharge
	••••							for
								Partially
								Distant
								Stations
								1
					<u></u>			1
								I
								I
								I
Total DSEs		_	0.00	Total DSEs			0.00	I
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TWE	ENTY-THIRD	SUBSCRIBER GROUP	ı	ONE HUNDRED TWEN	ITY-FOURTH	SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								I
								I
								I
								I
					<u></u>			1
					<u></u>			I
								1
								I
								1
								I
							····	I
								I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 027488	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROU	Р	H .		I SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	····			-				Base Rate Fe
	····	-						Syndicated
	····		···		••••			Exclusivity
								Surcharge
		ļ						for
								Partially
	····	-	···	·			····	Distant Stations
		-	···		••••			Gtationo
		-						
			···	-				
Total DSEs		<u> </u>	0.00	Total DSFa		1	0.00	
Total DSEs				Total DSEs			3	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	ENTY-EIGHTH	I SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
	····							
		-						
Total DSEs	•		0.00	Total DSEs	1		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLIN						S	YSTEM ID# 027488	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRI	ED THIRTIETH	I SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>			-		and
								Syndicated Exclusivity
						-		Surcharge
			•••••••••••••••••••••••••••••••••••••••					for
								Partially
								Distant
	<mark></mark>		<u></u>			-		Stations
								
	·····					-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED THI	IRTY-SECONE	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<u></u>			-		
						 		
			···			-		
						-		
			<u></u>			-		
			 			-		
						<u> </u>	<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
	Crous	¢			rth Crous	•	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rui Group	P	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in blood			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLIN					027488	Name		
E	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU		1		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>				<u></u>	Base Rate Fe
		-	···	1				Syndicated
								Exclusivity
								Surcharge
			<u></u>					for
								Partially
								Distant Stations
	····		···				·····	Otations
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····			-	·····			
				1	·····			
			<u></u>					
			···	·				
			<u></u>					
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLIN		LE SYSTEM:				S	YSTEM ID# 027488	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TH	IIRTY-EIGHTH	SUBSCRIBER GROUP)	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee
				·				Syndicated
		-						Exclusivity
								Surcharge
		-						for
	<u></u>	<u> </u>						Partially Distant
	<u></u>		···					Stations
	···	-			••••			
	<u></u>							
Total DSEs		l	0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross recorpts riist c	эгоир			Cross receipts eee	ona Oroup			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROU	Р	11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	<u></u>							
	···				••••			
	···		···		••••			
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

MEDIACOM ILLIN						S	YSTEM ID# 027488	Name
E	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FO	ORTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-SECONI	SUBSCRIBER GROUP)	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	····		<u></u>	-				Base Rate Fe
	····	_						Syndicated
	••••	-	···	·				Exclusivity
								Surcharge
								for
								Partially
		-						Distant Stations
	••••	-					·····	Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FO	RTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	·····						<u> </u>	
	<u>.</u>		<u></u>					
								
	••••						·····	
		_						
			<u></u>					
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN MEDIACOM ILLII						S	YSTEM ID# 027488	Name
[BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>			-		and
							····	Syndicated
						 		Exclusivity Surcharge
	••••		···		·····	-		for
	••••		···		····	-		Partially
								Distant
								Stations
			<u></u>				<u>.</u>	
	<u></u>					-	<u></u>	
	<u></u>		 			-	<u></u>	
	••••						····	
Total DSEs		<u> </u>	0.00	Total DSEs		Į.i.	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORT		SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP	•	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>				····	
	••••		 			-	····	
					•••••	-	••••	
	••••		••••					
	<u>.</u>					-	<u></u>	
	<u></u>						<u></u>	
	····		 				····	
	••••		···		•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

MEDIACOM ILLIN						S	YSTEM ID# 027488	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	RTY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDR	ED FIFTIETH	SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>		<u></u>		<u></u>			Base Rate Fee
		H			····			and Syndicated
		 		·				Exclusivity
								Surcharge
		 						for
	<u></u>	<u> </u>	<u></u>		<u></u>			Partially Distant
	····	-	···		·····			Stations
		 -						
	<u></u>	<u> </u>	<u></u>		<u></u>			
	····	<u> </u>	···	·	·····			
Total DSEs		!!	0.00	Total DSEs	<u> </u>	-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
			1					
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		1		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	<u> </u>	<u></u>		<u></u>			
		 						
	<u></u>		<u></u>		<u>.</u>			
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	<u></u>	<u> </u>			····			
		<u> </u>	···		·····			
					•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 027488	Name
B ONE HUNDRED FIF				ATE FEES FOR EACH			JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
						<u> </u>		
Total DSEs			0.00	Total DSEs		!!	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	JP 0	ONE HUNDRED FI	FTY-SIXTH	I SUBSCRIBER GROU	JP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	o as shown in the boxes	above.	\$		

LEGAL NAME OF OW MEDIACOM ILLI						S	YSTEM ID# 027488	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FIF	TY-SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED	FIFTY-EIGHTH	I SUBSCRIBER GROUP	1	^
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
						-	····	Syndicated Exclusivity
	•••••		••••		•••••	 	••••	Surcharge
	•••••							for
								Partially
								Distant
								Stations
						-		
						-	····	
						1		
Total DSEs	·	-	0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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MEDIACOM ILLINO		E SYSTEM:				S	027488	Name
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Name	YSTEM ID# 027488	S'				LE SYSTEM:		LEGAL NAME OF OWNE
				TE FEES FOR EACH				
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Name	YSTEM ID# 027488	8						MEDIACOM ILLIN
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (ВІ
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
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	YSTEM ID# 027488	5 `				LE SYSTEM:		MEDIACOM ILLING
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 027488							
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otal DSEs		0.00	Total DSEs			0.00	
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Fotal DSEs Gross Receipts Third Group	\$				CALL SIGN		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 027488							Name	
				TE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINET	Y-SECOND	SUBSCRIBER GRO	UP	
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				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
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	JP	SUBSCRIBER GROU	TY-SIXTH	NINE	JP	SUBSCRIBER GROU	TY-FIFTH	NINE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
_	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
1	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
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LEGAL NAME OF OWNE MEDIACOM ILLIN		LE SYSTEM:				S	027488	Name
				TE FEES FOR EAC				
NINETY-	SEVENTH	SUBSCRIBER GRO		NIN COMMUNITY/ ARE		I SUBSCRIBER GRO	UP 0	9
COMMUNITY AREA			0	COMMUNITY ARE	Α			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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	···	-	····					Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
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Total DSEs	•		0.00	Total DSEs	!		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GRO	DUP	ONE I	HUNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third 0	Group	s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Daso Rate I de IIIII (J. Oup	\$	0.00	Just Rate 1 66 1 00	Gloup	\$	0.00	
Base Rate Fee: Add th	ne base ra t	te fees for each subs	scriber group	as shown in the boxe	s above.			

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE A A A A A Syndicate Exclusivity Surcharge for Partially Distant Stations B A	LEGAL NAME OF OWNE MEDIACOM ILLINO		LE SYSTEM:				S	YSTEM ID# 027488	Name
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe Second Group \$ 0.00 D.00 DSE Gross Receipts Second Group \$ 0.00 Base Rate Fe Second Group \$ 0.00 CALL SIGN DSE C									
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE and Syndicate Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Service Second Group \$ 0.00 D.00 D.00 D.00 D.00 D.00 D.00 D.		D FIRST	SUBSCRIBER GRO		iii		SUBSCRIBER GRO		9
OCALL SIGN DSE CALL SIGN DSE CALL SIGN DSE AND CALL SIGN DSE AND CALL SIGN DSE CALL SI	COMMUNITY/ AREA				COMMUNITY/ AREA	4		0	_
and Syndicate Exclusivity Surcharge for Partially Distant Stations 1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicate Exclusivity Surcharge for Partially Distant Stations									Base Rate F
Exclusivity Surcharge for Partially Distant Stations			-						
Surcharge for Partially Distant Stations O.00			-	<mark></mark>					
									
Distant Stations O.00 O.00 Gross Receipts Second Group Base Rate Fee Second Group COMMUNITY/ AREA O CALL SIGN DSE			-						
O.00 O.00 O.00 O.00 Base Rate Fee Second Group O.00 O.00 O.00 O.00 O.00 O.00 O.00 O.0			-						
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0.00 Base Rate Fee Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 DIBSCRIBER GROUP ONE HUNDRED FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE				<u> </u>					Stations
O.00 Base Rate Fee Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 DIBSCRIBER GROUP ONE HUNDRED FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE				. 		••••			
O.00 Base Rate Fee Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 DIBSCRIBER GROUP ONE HUNDRED FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE									
O.00 Base Rate Fee Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 DIBSCRIBER GROUP ONE HUNDRED FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE									
0.00 Base Rate Fee Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 DIBSCRIBER GROUP ONE HUNDRED FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE				<u> </u>		<u>.</u>			
0.00 Base Rate Fee Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 DIBSCRIBER GROUP ONE HUNDRED FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Total DSEs			0.00	Total DSEs			0.00	
JBSCRIBER GROUP ONE HUNDRED FOURTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIG	Gross Receipts First Gr	oup	\$		Gross Receipts Seco	ond Group	\$	0.00	
JBSCRIBER GROUP ONE HUNDRED FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE		D THIRD	SUBSCRIBER GRO	UP	ii		SUBSCRIBER GRO	UP	
	COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	Total DSEs			0.00	Total DSEs			0.00	
0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

							YSTEM ID# 027488	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	D FIFTH	SUBSCRIBER GRO		ONE HUNDS	RED SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
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		-						Surcharge
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Total DSEs	 		0.00	1 Total DSEs				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED S	EVENTH	SUBSCRIBER GRO	JP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subse	criber group	as shown in the boxes	above.	\$		

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 027488							
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
	JP	SUBSCRIBER GROU	ED TENTH	ONE HUNDR	JP	SUBSCRIBER GRO	ED NINTH	ONE HUNDRI
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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	0.00	Ш		Total DSEs	0.00			Total DSEs
	Gross Receipts Second Group \$ 0.00				\$ 0.00		roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
]	JP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GRO	LEVENTH	ONE HUNDRED E
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE		202					
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					0.00			Total DST-
	0.00			Total DSEs	0.00			Total DSEs
		\$			0.00	\$	Group	Total DSEs Gross Receipts Third C

	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 027488							
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
0	JP	SUBSCRIBER GROU	RTEENTH	ONE HUNDRED FOL	JP	SUBSCRIBER GRO	RTEENTH	ONE HUNDRED THIS
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	Total DSEs				0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GRO	FTEENTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC 927488								Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROUP	•	ONE HUNDRED E	IGHTEENTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED NIN	ITEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED T	WENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Page Data Fac Third O	roup	•	0.00	Page Pote Fee Fee	h Crous	•	0.00	
Base Rate Fee Third G	ioup	\$	0.00	Base Rate Fee Fourt	п Стоир	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

	027488						OIS LLC	MEDIACOM ILLING
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
_		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED TWENT		SUBSCRIBER GROUP	NTY-FIRST	ONE HUNDRED TWEN
9 Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gi
		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	ITY-THIRD	ONE HUNDRED TWEN
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	YSTEM ID# 027488						OIS LLC	MEDIACOM ILLING
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (BL
0)	SUBSCRIBER GROUP	NTY-SIXTH	ONE HUNDRED TWE	,	SUBSCRIBER GROUP	NTY-FIFTH	ONE HUNDRED TWEN
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
)	SUBSCRIBER GROUP	TY-FIGHTH	ONE HUNDRED TWEN)	SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY-
1				ONE HONDINED TWEN				
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE		DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN
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		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
^		SUBSCRIBER GROUP	THIRTIETH	ONE HUNDRED		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED TWEN
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		_						
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	0.00	<u> </u>		Total DSEs	0.00	!	<u> </u>	otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$		Base Rate Fee First Gr
		SUBSCRIBER GROUP	Y-SECOND	A				
			1 OLOGINE	ONE HUNDRED THIR		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIS
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	
	DSE	CALL SIGN	DSE	H		CALL SIGN	DSE	
		CALL SIGN		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE		DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER MEDIACOM ILLING		LE SYSTEM:				S	027488	Name
BL	OCK A: (COMPUTATION O	BASE RA	TE FEES FOR EAC				
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUI		iii		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIRT	Y-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
	·			Base Rate Fee Four		\$	0.00	

CALL SIGN	RTY-EIGHTH	TE FEES FOR EACH ONE HUNDRED THII COMMUNITY/ AREA CALL SIGN				BLO ONE HUNDRED THIRTY-S COMMUNITY/ AREA CALL SIGN
		COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN				CALL SIGN	DSE	
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\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gro
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		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	YSTEM ID# 027488					_E 3131EW.		MEDIACOM ILLING
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	YSTEM ID# 027488	.				LE SYSTEM:		MEDIACOM ILLING
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
^		SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED FO		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED FOR
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	_	\$	Group		_	\$	Group	

	YSTEM ID# 027488							MEDIACOM ILLING
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0	IP	SUBSCRIBER GROU	FIFTIETH	ONE HUNDRED	JP	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FORT
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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LEGAL NAME OF OWNE MEDIACOM ILLING		E SYSTEM:				S	027488	Name
				TE FEES FOR EAC				
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GRO		İ		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······································		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	JP	ONE HUNDRED F	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
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Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE MEDIACOM ILLING		LE SYSTEM:				s	027488	Name
				TE FEES FOR EAC				
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Total DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D SIXTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

ACCOUNTING PERIOD: 2019/1

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 027488 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 027488 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 027488 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group NINEENTH SUBSCRIBER GROUP TWENTYTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 027488 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MEDIACOM ILLINOIS LLC 027488 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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