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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/28/20

SA1-2E Short Form

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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM WISCONSIN LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
	-	MEDIACOM WISCONSIN LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)
		Waseca, MN 56093
		(City, town, state, zip code)
Privacy Act Notice	. Section	111 of title 17 of the United States Code authorizes the Convicts Office to collect the personally identifying information (PII) requested on this

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	MEDIACOM WISCONSIN LLC	271
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hot	me parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Viroqua	WI
Community	Cashton	WI
	Gays Mills	WI
dd Rows as Necessary	La Crosse	WI
	La Crosse County	WI
	Viola (Vernon County)	WI
	La Farge	WI
	Readstown	
		WI
	Shelby	WI
	Soldiers Grove	WI
	Viola (Richland County)	WI
	Brookview	WI
	Westby	WI
	COON VALLEY	WI
	DeSota	WI

	LEGAL NAME OF OWNER OF C	ARI E QVQTEM						FORM SA1	TEM ID
Name	MEDIACOM WISCONSI		•					515	2710
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including period last day of the accounting period	pace E should on of television pay cable) in sp	cover and ra	all categories of adio broadcasts not here. All the	secondar by your sy facts you	stem to subscri state must be	bers. Give	information	
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc.	y transmission umber of billing ice at the rate harged for eac . (Example: "\$ counts allowed	service gs in th indicate h cate 20/mth for adv	e. In general, yo at category (the ed—not the nun gory of service. "). Summarize a vance payment.	u can con number c nber of se Include bo ny standa	npute the numbo of persons or or ts receiving serve th the amount or rd rate variation	er of subso ganizations vice). of the char is within a	ribers in s charged ge and the particular rate	
	Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	e to their subsc e: Where an ir should be cou able service to once again unc has rate categ iers of services	ribers. Idividua Inted as addition ler "Sei ories fo s that ir	Give the number al or organizations a subscriber in nal sets would be rvice to addition or secondary tran nclude one or m	er of subso n is receiv each app e includeo al set(s)." nsmission ore secon	cribers and rate ing service that licable category d in the count un service that are dary transmission	for each li falls unde v. Example nder "Serv e different ons), list th	sted category r different :: a residential ice to the from those nem, together	
	BLO	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		554	20.45-67.11	0,111				TUTI
	Service to additional set(s) FM radio (if separate rate)								
	Motel, hotel Commercial Converter		1	20.45-67.11					
	Residential Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscril hose services re two exceptic or facilities fun hit in which it is rate column. te charged by t t your cable sy separate charge	ber) infe that are ons: you nished usually the cab stem fu ge was de the r	ormation with re e not offered in u do not need to to nonsubscribe y billed. If any ra le system for ea irnished or offer made or establi	spect to a combination give rate ars. Rate in ates are ch arch of the ed during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary trai cerning (1 ld include able per-p ces listed. period tha	nsmission) services both the program basis, t were not	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: • Pay cable	PP	Install • Mo	lation: Non-res	-	-	Family		82.9
	Pay cable—add'l channel Fire protection Burglar protection	PP	• Pa • Pa	ommercial ny cable ny cable-add'l ch	annel				
	Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.99 15.00-49.00	• Bu Other	e protection Irglar protection services: econnect		49.00			
	• Converter	10.50		sconnect		49.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MEDIACOM WISCONS			27					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting tl	ot (1) stations carried only on a part-til	me basis under					
Primary	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								
Fransmitters: Television		explained in the next paragraph. With respect to any distant stations ca	carried by your cable system on a sub	etitute program					
1000131011	basis under specific FCC rul	es, regulations, or authorizations:							
	• Do <i>not</i> list the station here station was carried <i>only</i> on a	in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program L	.og)—if the					
	• List the station here, and al	lso in space I, if the station was carrie							
		n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p							
	multicast stream associated	with a station according to its over-the		-					
	"WETA-2" as the same on the Column 2: Give the channel	ne form. I number the FCC assigned to the tele	evision station for broadcasting over t	he air in its community					
	of license. For example, WF	RC is channel 4 in Washington, D.C.	Ū.						
		case whether the station is a network ing the letter "N" (for network), "N-M"	, , , ,						
	(for independent multicast), '	"E" (for noncommercial educational), o	or "E-M" (for noncommercial educatio	· ·					
		ms, see page (iv) of the general instru of each station. For U.S. stations, list		is licensed by the					
		ian stations, if any, give the name of t							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WEAU/WEAU(HD) NBC	38	N	Eau Claire WI					
	WEAU-DT2 Antenna TV	38.2	Ν	Eau Claire WI					
	WEAU-DT3 H&I	38.3	Ν	Eau Claire WI					
	WEAU-DT4 Movies!	38.4	N	Eau Claire WI					
	WEAU-DT5 Start TV	20.5	N						
		38.5	N	Eau Claire WI					
	WHLA/WHLA(HD) PBS	38.5	E	Eau Claire WI La Crosse WI					
d Rows as Necessary									
d Rows as Necessary	WHLA/WHLA(HD) PBS	30	E	La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS	30 30.2	E	La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create	30 30.2 30.3	E E-M E-M	La Crosse WI La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids	30 30.2 30.3 30.3 30.3	E E-M E-M E-M	La Crosse WI La Crosse WI La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS	30 30.2 30.3 30.3 8	E E-M E-M E-M N	La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET)	30 30.2 30.3 30.3 8 8 8.2	E E-M E-M E-M N I-M	La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX	30 30.2 30.3 30.3 30.3 8 8 8.2 17	E E-M E-M E-M N I-M	La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV	30 30.2 30.3 30.3 8 8 8.2 17 17.2	E E-M E-M E-M N I-M I I I I I M	La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff	30 30.2 30.3 30.3 8 8 8.2 17 17.2 17.3	E E-M E-M E-M N I I I I I I I M	La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT4 Grit	30 30.2 30.3 30.3 8 8 8 8 8 17 17.2 17.3 17.4	E E-M E-M E-M N I I I I I I I I I I I I I I I I I I	La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC	30 30.2 30.3 30.3 8 8 8.2 17 17.2 17.3 17.4 48	E E-M E-M E-M I I I I I I I I I I M I-M I-M I M I M	La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD)	30 30.2 30.3 30.3 30.3 8 8 8 8 8 8 2 17 17.2 17.3 17.4 48 48 48.2	E E-M E-M E-M I I I I I I I I M I M I M I M I M	La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD) WXOW-DT3 Decades	30 30.2 30.3 30.3 30.3 8 8.2 17 17.2 17.3 17.4 48 48 48.2 48.3	E E-M E-M E-M I I I I I I I I I I I I I I I I I I I	La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD) WXOW-DT3 Decades WXOW-DT4 Court TV	30 30.2 30.3 30.3 30.3 8 8.2 17 17.2 17.3 17.4 48 48.2 48.3 48.4	E E-M E-M E-M I I I I I I I I M I I M I I M I I M I I M I I M I I M I I M I I M I I M I	La Crosse WI La Crosse WI					
d Rows as Necessary	WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX WLAX-DT2 MeTV WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD) WXOW-DT3 Decades WXOW-DT4 Court TV	30 30.2 30.3 30.3 30.3 8 8.2 17 17.2 17.3 17.4 48 48.2 48.3 48.4	E E-M E-M E-M I I I I I I I I M I I M I I M I I M I I M I I M I I M I I M I I M I I M I	La Crosse WI La Crosse WI					

ounting Period:	2020/1			FORM SA1-2E. PAG
N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM WISCONS	SIN LLC		271
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tim	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru	(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	ons carried on a stitute program
	station was carried only on	a substitute basis.	the Special Statement and Program Lo	
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each	I's call sign. <i>Do not</i> report origination I with a station according to its over-th he form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network	a, see page (v) of the general instruction program services such as HBO, ESPN le-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r	N, etc. Identify each t multistream ne air in its community noncommercial
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. It the community to which the station is the community with which the station is 3. TYPE OF STATION	nal multicast). s licensed by the
	I. OALL OION	2. B GAOT OTTAINLE NOMBER		4. LOOATION OF STATION

EGAL NAME OF								SYSTEM 27
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recei t the Co sign of e he static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column.	t the system's he system's FM ante his point, see pa his point, se	adend, and (2 nna, during co ge (v) of the g ystem as a se) it can ertain st eneral ii parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				h				

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM WISCONS	SIN LLC						27106
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			sis anv noni	network telev	rision nroa	ram
Statement and		-		frouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog		aanaad hu th	а FCC ат	in
	the case of Mexican or Car			the community to which the				in
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,					
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							• <u>•</u>	
						_		
						_		
						_		
						_		
						_		
1								1

Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC			S	YSTEM ID# 27106
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	ystem's se on of how to	condary transm o compute this a	ission service amount, see	1,264.53 Dess receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 l • Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lir	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K	\$	151,264.53		
	3. Subtract line 2 from line 1	\$	112,535.47		
	4. Enter the amount of gross receipts from space K		. \$ 1	51,264.53	
	5. Enter the amount from line 3		. \$ 1	12,535.47	
	6. Subtract line 5 from line 4		\$	38,729.06	
	7. Multiply line 6 by .005 (enter figure here)			\$	193.65
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	193.65
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	3. Subtract line 2 from line 1	-			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	193.65	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	213.65
	Important: Your remittance must be in the form of an electronic payı See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: WISCONSIN LLC	SYSTEM ID# 27106
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	26 66
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telephone 845	-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email	Copyrights@mediacomcc.com Fax (optional)	
O Certification	I, the undersig (Ow X (Age i I have examinare true, complements	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent 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 ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	m as identified
		X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
		Date: 8/12/2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

bunting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM WISCONSIN LLC	2710
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
v	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	_
x	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td></td>	
x	
x	
x	
x	
x	

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