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

SA1-2E Short Form

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
2	ms (Short Form) ctions are located	08/28/20	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:(Y	YYY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		idiary of another corporation, give the full co	rporate
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should s ting period.	submit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	27470
		G ADDRESS OF CABLE SYSTEN		
	MEDIACOM ILLINOIS LLC			

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM ILLINOIS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM ILLINOIS LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1102 N. Fourth Street, P.O. Box 334
	~	(Number, street, rural route, apartment, or suite number)
		Chillicothe, IL 61523
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

Name -	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM ILLINOIS LLC	27470
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter knowr s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Wyoming	IL
Community	Toulon	
	BRADFORD	IL
Add Rows as Necessary	WILLIAMSFIELD	IL

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C		:					515	TEM IC 2747	
	MEDIACOM ILLINOIS L									
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES					
E	In General: The information in s	•		-		•				
Secondary	system, that is, the retransmission about other services (including provide the services)									
Transmission	last day of the accounting period	, , ,	,		,					
Service: Sub-	Number of Subscribers: Bot	•					-			
scribers and	down by categories of secondar	•		•		•				
Rates	each category by counting the n separately for the particular serv			0,0		•		s charged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed				ny standa	rd rate variatior	ns within a	particular rate		
	category, but do not include disc				ion of oor	andan (transmi	oolon oon <i>i</i> l	as that ashle		
	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					d in the count u	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-	hand block. A tv	vo- or thre	e-word descrip	tion of the	service is		
	sufficient.	OCK 1			BLOCK 2					
		NO. OF					BLUUR	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:		500							
	Service to first set		526	40.49-51.54						
	• Service to additional set(s)									
	• FM radio (if separate rate) Motel, hotel									
	Commercial		1	40.49-51.54						
	Converter		•	40.43-31.34						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS	SSIONS: RATE	S					
F	In General: Space F calls for ra	•	,		•	• •				
I	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services		,		0		0 (,		
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra		he eek	la avetara far as	ab af tha	annliachta ann i	ana liatad			
ransmissions: Rates	Block 2: List any services that	• •				••		were not		
	listed in block 1 and for which a				•	•	•			
	brief (two- or three-word) descri	otion and inclue	de the r	rate for each.						
		BLO	CK 1					BLOCK 2	K 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		Install	ation: Non-res	dential					
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	80.4	
	Pay cable—add'l channel	PP	-	ommercial						
	Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential			e protection						
	• First set	99.99		rglar protection						
	Additional act(a)	15.00-49.00		services:						
	• Additional set(s)		_							
	• FM radio (if separate rate)	40.50		connect		49.00				
	()	10.50	• Dis	sconnect						
	• FM radio (if separate rate)	10.50	• Dis • Ou			49.00 15.00-49.00				

G Primary Transmitters: Television Television Carried by your cable system di FCC rules and regulations in ef 76.59(d)(2) and (4), 76.61(e)(2) substitute program basis, as ex Substitute Basis Stations: W basis under specific FCC rules. • Do not list the station here in station was carried only on a s • List the station here, and also basis. For further information of Column 1: List each station's of multicast stream associated wit "WETA-2" as the same on the fill Column 2: Give the channel nu of license. For example, WRC Column 3: Indicate in each case educational station, by entering (for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian	EVISION every television station (including iring the accounting period, except fect on June 24, 1981, permitting t and (4), or 76.63 (referring to 76.6 plained in the next paragraph. th respect to any distant stations of regulations, or authorizations: space G—but do list it in space I (f	g translator stations and low power of (1) stations carried only on a part the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain st	t-time basis under
B PRIMARY TRANSMITTERS: TEL In General: In space G, identificarried by your cable system di FCC rules and regulations in ef 76.59(d)(2) and (4), 76.61(e)(2) substitute program basis, as ex Substitute Basis Stations: Withest externation of the station here, and also basis. For further information control column 1: List each station's or multicast stream associated with "WETA-2" as the same on the 1 Column 2: Give the channel in of license. For example, WRC Column 3: Indicate in each case educational station, by entering (for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian th Rows as Necessary 1. CALL SIGN 2 KLJB/KLJB FOX (HD) KWQC-DT3 CoziTV KWQC-DT3 CoziTV KWQC-DT3 CoziTV KWQC-DT3 Light TV WAOE-DT3 Light TV WAOE-DT3 Light TV WAOE-DT3 Light TV WAOE-DT3 Light TV WAOE-DT3 LAFF WHBF (CBS) WHOI COMET (HD) WHBD-DT3 LAFF WMBD-DT3 LAFF WAOAD (ABC) WTVP/WTVP (HD) PBS	EVISION v every television station (including uring the accounting period, except fect on June 24, 1981, permitting t and (4), or 76.63 (referring to 76.6 plained in the next paragraph. th respect to any distant stations of regulations, or authorizations: space G—but do list it in space I (f	ot (1) stations carried only on a part the carriage of certain network prog	television stations) t-time basis under
G In General: In space G, identificarried by your cable system diffect rules and regulations in eff 76.59(d)(2) and (4), 76.61(e)(2) substitute program basis, as exsubstitute pasis Stations: W basis Do not list the station here in station was carried only on a s • List the station here, and also basis. For further information c Column 1: List each station's of multicast stream associated wil "WETA-2" as the same on the I Column 2: Give the channel nu of license. For example, WRC Column 3: Indicate in each case ducational station, by entering (for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian dd Rows as Necessary 1. CALL SIGN 2 kKLJB/KLJB FOX (HD) KWQC-DT3 CoziTV KWQC-DT3 CoziTV KWQC-DT3 Light TV WAOE-DT3 Light TV WAOE-DT3 Light TV WAOE-DT3 Light TV WAOE-DT3 Light TV WHBF (CBS) WHOI COMET (HD) WHBF (CBS) WHOI COMET (HD) WMBD-DT4 ESCAPE WQAD (ABC) WAOE (MD) (HD) CBS WAOE (MD) (HD) CBS	vevery television station (including ring the accounting period, except fect on June 24, 1981, permitting to and (4), or 76.63 (referring to 76.6 plained in the next paragraph. th respect to any distant stations of regulations, or authorizations: space G—but do list it in space I (f	ot (1) stations carried only on a part the carriage of certain network prog	t-time basis under
dd Rows as Necessary KLJB/KLJB FOX (HD) kWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV MAOE/WAOE (HD) (MyNET) WAOE-DT2 Antenna MAOE-DT3 Light TV WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS MINING	ncerning substitute basis stations all sign. <i>Do not</i> report origination h a station according to its over-th orm. Imber the FCC assigned to the tele is channel 4 in Washington, D.C. e whether the station is a network the letter "N" (for network), "N-M" (for noncommercial educational), , see page (iv) of the general instr each station. For U.S. stations, lis	carried by your cable system on a si- the Special Statement and Program ed both on a substitute basis and al- s, see page (v) of the general instruc- program services such as HBO, ES ne-air designation. For example, rep evision station for broadcasting over a station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. st the community to which the statio the community with which the statio	tations carried on a substitute program m Log)—if the lso on some other actions. SPN, etc. Identify each sport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
dd Rows as Necessary KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV MAOE/WAOE (HD) (MyNET) WAOE-DT2 Antenna MAOE-DT3 Light TV WAOE-DT3 Light TV WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS MINING	B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
d Rows as Necessary KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV WAOE-DT5 Start TV WAOE-DT2 Antenna WAOE-DT3 Light TV WAOE-DT3 Light TV WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI COMET (HD) WMBD-DT3 LAFF WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS I	49	I	Davenport, IA
d Rows as Necessary KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV WAOE/WAOE (HD) (MyNET) WAOE-DT2 Antenna WAOE-DT2 Antenna WAOE-DT3 Light TV WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	36	N	Davenport, IA
KWQC-DT4 H&I KWQC-DT5 Start TV WAOE/WAOE (HD) (MyNET) WAOE-DT2 Antenna WAOE-DT3 Light TV WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	36.3	I-M	Davenport, IA
KWQC-DT5 Start TV WAOE/WAOE (HD) (MyNET) WAOE-DT2 Antenna WAOE-DT3 Light TV WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	36.4	I-M	Davenport, IA
WAOE/WAOE (HD) (MyNET) WAOE-DT2 Antenna WAOE-DT3 Light TV WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	36.5	I-M	Davenport, IA
WAOE-DT2 Antenna WAOE-DT3 Light TV WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	39	I	PEORIA, IL
WAOE-DT3 Light TV WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	39.2	I-M	PEORIA, IL
WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	39.3	I-M	PEORIA, IL
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WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	25.2	N-M	Peoria, IL
WHBF (CBS) WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	25.3	I-M	Peoria, IL
WHOI COMET (HD) WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS			
WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	4	N I M	Rock Island, IL
WMBD-DT3 LAFF WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	19.3	I-M	Peoria, IL
WMBD-DT4 ESCAPE WQAD (ABC) WTVP/WTVP (HD) PBS	30	N	Peoria, IL
WQAD (ABC) WTVP/WTVP (HD) PBS	30.3	I-M 	Peoria, IL
WTVP/WTVP (HD) PBS	30.4	I-M	Peoria, IL
	38	N	Moline, IL
WTVP-DT2 PBS World	46	E	Peoria, IL
	46.2	E-M	Peoria, IL
WTVP-DT3 Create	46.3	E-M	Peoria, IL
WYZZ/WYZZ(HD) FOX	28	1	Bloomington, IL
KLJB-DT2 MeTV	49.2	I-M	Davenport, IA

counting Period:	2020/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II			
Name	MEDIACOM ILLINOIS	LLC		2747			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network progran	ne basis under			
Primary			61(e)(2) and (4))]; and (2) certain static	•			
Transmitters: Television	Substitute Basis Stations:	s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	arried by your cable system on a subs	stitute program			
		in space G—but do list it in space I (1	the Special Statement and Program Lo	bg)—if the			
	• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other						
			, see page (v) of the general instruction				
			program services such as HBO, ESPN e-air designation. For example, report	•			
	"WETA-2" as the same on th	0	e-all designation. For example, report				
	Column 2: Give the channel number the FCC 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.						
	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 (iv) of the general instructions in the paper SA1-2 form.						
	Column 4: 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.						
			·				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

LEGAL NAME OF								SYSTEM 274
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		

Accounting Perio	: 2020/1 EGAL NAME OF OWNER OF CABLE SYSTEM:					FOR	M SA1-2E. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						27470
	SUBSTITUTE CARRIAG				00			
I I	In General: In space I, ident	-	-			tion that w		tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable systei	n carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta	-			-		YES	×NO
r rogram Log	-				() () I		_	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ato lino. Lico abbroviation	s whorover p	ossible if t	hoir moonin	a ic
	clear. If you need more spa				s wherever p			y is
				vision program ("substitute	e program") t	hat, during	the account	ting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	g of another	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	_		dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
			e substitute pr	ogram was carried by you	r cable syste	m List the	times accur	ately
	to the nearest five minutes.							atory
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete unit		s and regul	auons m	
						N SUBST		
	S	1	E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
		100 01110	ONEE CIGIT		THE BITT	THOM	10	
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	YSTEM ID# 27470
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	7,007.20 ss 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 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		<u> </u>
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER					SYSTEM ID# 27470
M Channels	 to its subscribers, and (2 1. Enter the total number system carried television 2. Enter the total number on which the cable system 	2) the cable system's r of channels on whic on broadcast stations r of activated channel tem carried television	total number of activated ch h the cable	annels during the a		31 65
N Individual to Be Contacted	we can contact about thi	is statement of accou	IER INFORMATION IS NEE nt.)	E DED (Identify an ir		
for Further Information	Name Keni	neth J. Kohrs			Telephone	845-443-2762
O Certification	(Numbe Medi (City, to Email CERTIFICATION (This sta • I, the undersigned, here (Owner other X (Agent of own in line 1 of (Officer or pa in line 1 of • I have examined the sta are true, complete, and co	atement of account m by certify that (Check than corporation or her other than corpor space B and that the artner) I am an officer space B. tement of account and orrect to the best of m	ment, or suite number) 10918 ediacomcc.com ust be certified and signed i one, <i>but only one</i> , of the boxe bartnership) I am the owner ation or partnership) I am the owner is not a corporation or (if a corporation) or a partner	es.) of the cable system he duly authorized a partnership; or · (if a partnership) of ty of law that all state	Copyright Office regulations) as identified in line 1 of space gent of the owner of the cable the legal entity identified as ov ements of fact contained herei	system as identified vner of the cable system
	[18 U.S.C., Section 1001	Typed or printe Title:	X /s/ Kenneth Enter an electronic signature Enter signature using an "/s/ d name: Kenneth J. Vice President, Fin	e on the line above to / signature" (e.g., /s/ Kohrs ancial Reporti	John Smith)	

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.

	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM ILLINOIS LLC	274
 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 Statemen Concerning Gros Receipts Exclusio
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ x - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	<pre>Interest Assessme </pre>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmi

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