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

Return completed workbook by email to:

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

DATE RECEIVED AMOUNT 3/1/2021 \$ ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2020/2 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	
Owner		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.	27106
		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 a already appear in space B. In line 2, give the mailing address of the system, if different from the address given ir	
System		IDENTIFICATION OF CABLE SYSTEM:	
-	1	MEDIACOM WISCONSIN LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1504 Second Street S.E.	
	2	(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 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
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	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 discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single
-	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area Served	identified city.	
	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 I
	Viola (Richland County)	WI
	Brookview	WI
	Westby	WI
	COON VALLEY	WI
	DeSota	WI
		•
		•

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1		
Name									2710	
Е	SECONDARY TRANSMISSION					ry transmission	service of t	he cable		
-	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									
Secondary	about other services (including p	pay cable) in sp	bace F,	not here. All th	e facts yo	u state must be				
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						blo svetom	brokon		
scribers and	down by categories of secondar	•								
Rates	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	· ·		,			is within a			
	Block 1: In the left-hand block	t in space E, th	e form	lists the catego	ries of sec					
	systems most commonly provide							5,		
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted of									
	Block 2: If your cable system									
	printed in block 1 (for example, t with the number of subscribers a					,	,,	, 0		
	sufficient.		onginti							
	BLC	DCK 1	_				BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		511	20.45-67.11						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		1	20.45-67.11						
	Converter									
	• Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s					
-	In General: Space F calls for ra					all your cable sy	stem's serv	rices that were		
F	not covered in space E, that is, t						-			
Services	service for a single fee. There ar furnished at cost or (2) services	•			•					
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not		
Nates	listed in block 1 and for which a				•	•	•			
	brief (two- or three-word) descrip									
		BLO	CK 1		BL			BLOCK 2	BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	82.9	
	Pay cable—add'l channel	PP	•Co	mmercial						
	Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	nannel					
	Installation: Residential			e protection						
	• First set	99.99		rglar protection						
		15.00-49.00		services:		10.00				
	Additional set(s) EM radia (if apparate rate)			conne -t						
	• FM radio (if separate rate)	40.50		connect		49.00				
		10.50	• Dis	sconnect						
	• FM radio (if separate rate)	10.50	• Dis • Ou		-055	49.00 15.00-49.00				

Name	LEGAL NAME OF OWNER OF O			SYSTEM 27
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station's multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WR Column 3: Indicate in each of educational station, by enterri (for independent multicast), " For the meaning of these tern Column 4: Give the location	so in space I, if the station was carried n concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pr with a station according to its over-the-	(1) stations carried only on a part-te carriage of certain network progra 1(e)(2) and (4))]; and (2) certain statistical by your cable system on a subtract by your cable system on a subtract by your cable system on a subtract basis and also see page (v) of the general instruct rogram services such as HBO, ESF-air designation. For example, reportion station for broadcasting over station, an independent station, or a for network multicast), "I" (for independent station, in the paper SA1-2 form. The community to which the station	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	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/WEAU(HD) NBC	38 38.2	<u>N</u> N	Eau Claire WI Eau Claire WI
	WEAU-DT2 Antenna TV	38.2	N	Eau Claire WI
	WEAU-DT2 Antenna TV WEAU-DT3 H&I	38.2 38.3	N	Eau Claire WI Eau Claire WI
	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies!	38.2 38.3 38.4	N N N	Eau Claire WI Eau Claire WI Eau Claire WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV	38.2 38.3 38.4 38.5	N N N N	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS	38.2 38.3 38.4 38.5 30	N N N N E	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS	38.2 38.3 38.4 38.5 30 30.2	N N N E E-M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create	38.2 38.3 38.4 38.5 30 30.2 30.3	N N N N E E-M E-M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI La Crosse WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids	38.2 38.3 38.4 38.5 30 30.2 30.3 30.3	N N N E E-M E-M E-M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS	38.2 38.3 38.4 38.5 30 30.2 30.3 30.3 8	N N N E E-M E-M E-M N	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET)	38.2 38.3 38.4 38.5 30 30.2 30.3 30.3 8 8 8.2	N N N E E-M E-M E-M N I-M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV 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	38.2 38.3 38.4 38.5 30 30.2 30.3 30.3 8 8 8.2 17	N N N N E E-M E-M E-M I-M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV 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 Decades	38.2 38.3 38.4 38.5 30 30.2 30.3 30.3 8 8 8.2 17 17.2	N N N N E E-M E-M E-M I N I-M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV 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 Decades WLAX-DT3 Laff	38.2 38.3 38.4 38.5 30 30.2 30.3 30.3 8 8.2 17 17.2 17.3	N N N N E E-M E-M E-M I I I I I I I I I I I M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV 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 Decades WLAX-DT3 Laff WLAX-DT4 Grit	38.2 38.3 38.4 38.5 30 30.2 30.3 30.3 8 8.2 17 17.2 17.3 17.4	N N N N E E-M E-M E-M I I I I I I I I M I-M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV 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 Decades WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC	38.2 38.3 38.4 38.5 30 30.2 30.3 30.3 8 8.2 17 17.2 17.3 17.4 48	N N N N N E E E-M E-M I I I I N N N N N N N N N N N N N N N	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV 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 Decades WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD)	38.2 38.3 38.4 38.5 30 30.2 30.3 30.3 8 8.2 17 17.2 17.3 17.4 48 48.2	N N N N N E E E-M E-M I I I I N I-M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV 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 Decades WLAX-DT3 Laff WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD) WXOW-DT3 MeTV	38.2 38.3 38.4 38.5 30 30.2 30.3 30.3 30.3 30.3 30.3 30.3 30.3 17 17.2 17.3 17.4 48 48.2 48.3	N N N N N E E E-M E-M E-M I I I I I N I M I M I M I M I M I M I	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX WLAX-DT2 Decades WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD) WXOW-DT3 MeTV WXOW-DT4 Court TV	38.2 38.3 38.4 38.5 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	N N N N N E E E-M E-M I I I I N I M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI
Rows as Necessary	WEAU-DT2 Antenna TV WEAU-DT3 H&I WEAU-DT4 Movies! WEAU-DT5 Start TV WHLA/WHLA(HD) PBS WHLA-DT2 PBS WHLA-DT3 PBS Create WHLA-DT4 Kids WKBT/WKBT(HD) CBS WKBT/WKBT(HD) CBS WKBT-DT2 (MyNET) WLAX/WLAX(HD) FOX WLAX-DT2 Decades WLAX-DT3 Laff WLAX-DT4 Grit WXOW/WXOW(HD) ABC WXOW-DT2/WXOW-DT2 (HD) WXOW-DT3 MeTV WXOW-DT4 Court TV	38.2 38.3 38.4 38.5 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	N N N N N E E E-M E-M I I I I N I M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Eau Claire WI Eau Claire WI Eau Claire WI Eau Claire WI La Crosse WI

ounting Period:	2020/2			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	MEDIACOM WISCON	SIN LLC		27
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting tl	t (1) stations carried only on a part-tir	me basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain stati	ions carried on a
		ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program L	.og)—if the
	basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent pr "E-M" (for noncommercial education actions in the paper SA1-2 form.	ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM 27
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes (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 pay ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions 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	
0.122 0.011	7 01 1 111	0,2			7	0,2		

Accounting Perio	od: 2020/2						FORI	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM WISCONS	SIN LLC						27106
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	DG			
I I	In General: In space I, ident	-	-			tion that v	our cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did yo	ur cable syster	m carry, on a substitute ba	asis, any nonr	network te	levision prog	ram
Statement and	broadcast by a distant sta	-	,	,	, ,			× NO
	-						YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust com	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa			vision program ("substitut	e program") ti	hat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego	ries like "mo						
	"NBA Basketball: 76ers vs.				<i>"</i>			
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Car							
				stem carried the substitut			als, with the r	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.r	n. snould be	
	Sidieu as 0.00-0.30 p.m.						om was roa	irod
	Column 7: Enter the let	ter "R" if the	e listed prodrar	n was substituted for proc	irammind thai	. vour svsi		iiieu
	Column 7: Enter the lett to delete under FCC rules							
	Column 7: Enter the lett to delete under FCC rules was substituted for program	and regulat	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed pr	
	to delete under FCC rules	and regulat nming that	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed pr	
	to delete under FCC rules a was substituted for program	and regulat nming that	tions in effect o	luring the accounting perio	od; enter the l der FCC rules	etter "P" if and regu	f the listed pr lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that	tions in effect o your system w	luring the accounting perion as permitted to delete und	od; enter the l der FCC rules WHE	etter "P" if and regu	f the listed prilations in	ogram
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that	tions in effect o	luring the accounting perion as permitted to delete und	od; enter the l der FCC rules WHE	etter "P" if and regu N SUBST AGE OCC	f the listed prilations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that	tions in effect of your system w	luring the accounting perion as permitted to delete und	od; enter the l der FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	f the listed prilations in	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting perio as permitted to delete und	WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pr lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	luring the accounting perio as permitted to delete und	WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pr lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
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Accounting Period:	2020/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Hanto	MEDIACOM WISCONSIN LLC				27106
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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	vstem's seen of how to	condary transm o compute this a	ission service amount, see	8,199.48 oss 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	ut less tha formation	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	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 line	es 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (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	\$	148,199.48		
	3. Subtract line 2 from line 1	\$	115,600.52		
	4. Enter the amount of gross receipts from space K		\$ 1	148,199.48	
	5. Enter the amount from line 3		.\$	115,600.52	
	6. Subtract line 5 from line 4		\$	32,598.96	
	7. Multiply line 6 by .005 (enter figure here)			\$	162.99
	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		\$	162.99
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	less than \$527	,600)	
	1. Entry the emprunt of grass requirts from anone K				
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01			4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	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 DUE	=			
Filing Fee and					
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	162.99	
546	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			\$	182.99
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-				jhts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	SYSTEM ID# 27106
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	26 66
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Kenneth J. Kohrs	845-443-2762
Information	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	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia 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)] 	system as identified wner of the cable system
	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: 2/15/2021	

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

AL NAME OF OWNER OF CABLE SYSTEM: DIACOM WISCONSIN LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS	SYSTEM ID 2710
	2710
	£110
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	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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.	
Owner Address	
ID number First community served	
Accounting period	

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