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 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.	28383
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM MINNESOTA 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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	I	MEDIACOM MINNESOTA LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	•	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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	MEDIACOM MINNESOTA LLC	283
	Instructions: List each separate community served by the cable system. A "communi	ty" is the same as a "community unit" as defined in FCC rule
	"a separate and distinct community or municipal entity (including unincorporated co	mmunities within unincorporated areas and including single
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
Serveu		
		1
	CITY OR TOWN	STATE
First	Grand Rapids	MN
Community		
Community	Grand Rapids Twp.	MN.
	Harris Twp.	MN
ld Rows as Necessary	La Prairie	MN
,		
	Cohasset (Bass Brook)	MN
	Keewatin	MN
	Nashwauk	MN
		MN
	Coleraine	

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name								515	2838
Е	SECONDARY TRANSMISSION								
_		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								
Transmission	last day of the accounting period	l (June 30 or D	ecemb	er 31, as the ca	ase may be	e).		-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv		,	0 , (charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed					rd rate variatior	ns within a l	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondary transmi	ssion servi	re that cable	
	systems most commonly provide								
	that applies to your system. Not	e: Where an in	dividua	al or organizatio	n is receiv	ing service that	falls under	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					d in the count u	nder "Servi	ce to the	
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-	hand block. A t	wo- or thre	e-word descript	tion of the s	service is	
	sufficient.	DCK 1					BLOCK	· •	
		NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,943	40.49-74.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		3	40 40 74 40					
	Commercial Converter		3	40.49-74.49					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
-	In General: Space F calls for ra					Il 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				0				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					C		0	
ransmissions:								wara not	
Rates	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) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	-	Install	ation: Non-res	idential				
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	81.9
	 Pay cable—add'l channel 	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l ch	nannel				
	Installation: Residential		• Fir	e protection					
	Time to a t	99.99	• Bu	rglar protection					
	• First set		0 41						
	Additional set(s)	15.00-49.00	Other	services:					
				services: connect		49.00			
	 Additional set(s) 	15.00-49.00 10.50	• Re • Dis	connect sconnect					
	• Additional set(s) • FM radio (if separate rate)		• Re • Dis	connect		49.00 15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MEDIACOM MINNESO	TA LLC		28					
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable system	ntify every television station (including a during the accounting period, <i>except</i> a effect on June 24, 1981, permitting th	(1) stations carried only on a part-	time basis under					
Primary	76.59(d)(2) and (4), 76.61(e))(2) and (4), or 76.63 (referring to 76.6		•					
Fransmitters: Television	10,	explained in the next paragraph. With respect to any distant stations ca	arried by your cable system on a su	bstitute program					
	basis under specific FCC rul	es, regulations, or authorizations: in space G—but do list it in space I (th							
	basis. For further information Column 1: List each station	lso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	see page (v) of the general instruct program services such as HBO, ESI	ions. PN, etc. Identify each					
	multicast stream associated "WETA-2" as the same on the	with a station according to its over-the	e-air designation. For example, rep	ort multistream					
		I number the FCC assigned to the tele	vision station for broadcasting over	the air in its community					
		RC is channel 4 in Washington, D.C. case whether the station is a network s	station an independent station or a	anoncommercial					
	educational station, by enter	ing the letter "N" (for network), "N-M" (for network multicast), "I" (for indep	endent), "I-M"					
		"E" (for noncommercial educational), o ms, see page (iv) of the general instru	(onal multicast).					
		of each station. For U.S. stations, list		is licensed by the					
	FCC. For Mexican or Canad	ian stations, if any, give the name of th	ne community with which the statior	n is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAWE (PBS)	9	E	Bemidji, MN					
	KBJR/KBJR (HD) NBC	19	N	Duluth, MN					
Rows as Necessary	KBJR-DT2/KBJR- DT2 (HD) C	19.2	N-M	Duluth, MN					
	KBJR-DT3 MyNet	19.3	I-M	Duluth, MN					
	KDLH/KDLH HD (CW 2)	33	I	Duluth, MN					
	KDLH-DT2 Justice Network	33.2	I-M	Duluth, MN					
	KDLH-DT3 Laff	33.3	I-M	Duluth, MN					
	KDLH-DT4 Court TV	33.4	I-M	Duluth, MN					
	KDLH-DT5 Escape	33.5	I-M	Duluth, MN					
	KDLH-DT6 Quest	33.6	I-M						
	-		I-IVI	Duluth, MN					
	KQDS/KQDS(HD) FOX	17	н-м I	Duluth, MN					
	KQDS/KQDS(HD) FOX KQDS-DT2 Antenna								
		17	I	DULUTH, MN					
	KQDS-DT2 Antenna		I	DULUTH, MN DULUTH, MN					
	KQDS-DT2 Antenna WCCO (CBS)	17 17.2 4	I I-M N	DULUTH, MN DULUTH, MN MINNEAPOLIS, MN					
	KQDS-DT2 Antenna WCCO (CBS) WDIO/WDIO (HD) ABC	17 17.2 4 10	I I-M N N	DULUTH, MN DULUTH, MN MINNEAPOLIS, MN Duluth, MN					
	KQDS-DT2 Antenna WCCO (CBS) WDIO/WDIO (HD) ABC WDIO-DT2 MeTV	17 17.2 4 10 13.2	I I-M N N I	DULUTH, MN DULUTH, MN MINNEAPOLIS, MN Duluth, MN Hibbing, MN					
	KQDS-DT2 Antenna WCCO (CBS) WDIO/WDIO (HD) ABC WDIO-DT2 MeTV WDSE/WDSE(HD)PBS	17 17.2 4 10 13.2 8	I I-M N N I E	DULUTH, MN DULUTH, MN MINNEAPOLIS, MN Duluth, MN Hibbing, MN Duluth, MN					
	KQDS-DT2 Antenna WCCO (CBS) WDIO/WDIO (HD) ABC WDIO-DT2 MeTV WDSE/WDSE(HD)PBS WDSE-DT2 PBS Explore HD	17 17.2 4 10 13.2 8 8 8.2	I I-M N N I E E-M	DULUTH, MN DULUTH, MN MINNEAPOLIS, MN Duluth, MN Hibbing, MN Duluth, MN Duluth, MN					
	KQDS-DT2 Antenna WCCO (CBS) WDIO/WDIO (HD) ABC WDIO-DT2 MeTV WDSE/WDSE(HD)PBS WDSE-DT2 PBS Explore HD WDSE-DT3 PBS Create HD	17 17.2 4 10 13.2 8 8 8.2 8.3	I I-M N N I E E-M E-M	DULUTH, MN DULUTH, MN MINNEAPOLIS, MN Duluth, MN Hibbing, MN Duluth, MN Duluth, MN Duluth, MN					
	KQDS-DT2 Antenna WCCO (CBS) WDIO/WDIO (HD) ABC WDIO-DT2 MeTV WDSE/WDSE(HD)PBS WDSE-DT2 PBS Explore HD WDSE-DT3 PBS Create HD WDSE-DT4 MN Channel	17 17.2 4 10 13.2 8 8 8.2 8.3 8.4	I I-M N N I E E E-M E-M E-M	DULUTH, MN DULUTH, MN MINNEAPOLIS, MN Duluth, MN Hibbing, MN Duluth, MN					
	KQDS-DT2 Antenna WCCO (CBS) WDIO/WDIO (HD) ABC WDIO-DT2 MeTV WDSE/WDSE(HD)PBS WDSE-DT2 PBS Explore HD WDSE-DT3 PBS Create HD WDSE-DT4 MN Channel	17 17.2 4 10 13.2 8 8 8.2 8.3 8.4	I I-M N N I E E E-M E-M E-M	DULUTH, MN DULUTH, MN MINNEAPOLIS, MN Duluth, MN Hibbing, MN Duluth, MN					
	KQDS-DT2 Antenna WCCO (CBS) WDIO/WDIO (HD) ABC WDIO-DT2 MeTV WDSE/WDSE(HD)PBS WDSE-DT2 PBS Explore HD WDSE-DT3 PBS Create HD WDSE-DT4 MN Channel	17 17.2 4 10 13.2 8 8 8.2 8.3 8.4	I I-M N N I E E E-M E-M E-M	DULUTH, MN DULUTH, MN MINNEAPOLIS, MN Duluth, MN Hibbing, MN Duluth, MN					

0	: 2020/2			FORM SA1-2E. PAG
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM MINNESC	DTA LLC		283
	PRIMARY TRANSMITTERS:	TELEVISION		
G	•	ntify every television station (including during the accounting period, <i>excep</i>	•	,
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination I with a station according to its over-the he form.	B1(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs he Special Statement and Program Lo d both on a substitute basis and also d see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It he community to which the station is he community with which the station is	noncommercial ndent), "I-M" nal multicast). e licensed by the s identified.
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It he community to which the station is he community with which the station is	noncommercial ndent), "I-M" nal multicast). e licensed by the s identified.
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It he community to which the station is he community with which the station is	noncommercial ndent), "I-M" nal multicast). e licensed by the s identified.
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It he community to which the station is he community with which the station is	noncommercial ndent), "I-M" nal multicast). e licensed by the s identified.
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It he community to which the station is he community with which the station is	noncommercial ndent), "I-M" nal multicast). e licensed by the s identified.

LEGAL NAME OF								SYSTEM I 283
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	/ the sys be recei t the Co sign of e he statio on's sign 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 the 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	the system's he ystem's FM ante his point, see par 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	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	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	od: 2020/2						FORI	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM MINNESO	TA LLC						28383
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	DG			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program broadcast b	v a distant sta	tion that v	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ust be included	in this log, see page (v) of	the general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network te	levision prog	ram
Statement and Program Log	broadcast by a distant sta	-	-				YES	× NO
	-				<i>"</i>		-	
	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 comp	plete the proo	gram
	log in block 2. 2. LOG OF SUBSTITUT							
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if	their meaning	a is
	clear. If you need more spa				oo. p			9.0
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		Ovies of Dask	etball. List specific progra		example,	I LOVE LUCY	0
			adcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			e community with which the substitute			als with the r	nonth
	first. Example: for May 7 gi		y when your sy			se numere		nontin
	Column 6: State the tim	es when th		ogram was carried by you				ately
	to the nearest five minutes		a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00-6:30 p.m."						om waa ragi	in d
		tor "D" if the	a listed program	n was substituted for pres	iromming that			
	Column 7: Enter the let							
		and regulat	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed pr	
	Column 7: Enter the lett to delete under FCC rules	and regulat mming that	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed pr	
	Column 7: Enter the lett to delete under FCC rules was substituted for program	and regulat mming 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	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	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	f the listed pr lations in	
	Column 7: Enter the lett 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 <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
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	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
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that 	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
	Column 7: Enter the lett 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 <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
	Column 7: Enter the lett 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 <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	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			ę	8YSTEM ID# 28383
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 see	condary transm compute this a	ission service amount, see \$ 49	
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 BLOCK 1: GROSS RECEIPTS OF \$137	ut less than formation ,100 OR L	in \$527,600 .ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137,1	00)	
	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 l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	491,748.41		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	227,948.41		
	4. Multiply line 3 by .01		\$	2,279.48	
	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 .		\$	3,598.48
	FILING FEE AND TOTAL REMITTANCE DU	=			
		_			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,598.48	
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			\$	3,618.48
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-				ghts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM ID# 28383
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 . and nonbroadcast services .	26 72
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 hereiare 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 Inter 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 (Tritle 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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM MINNESOTA LLC	2838
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address 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	_
xdays	
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 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.	
Owner	
Address	
ID number	

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