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

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				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM							
	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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E							
System	IDENTIFICATION OF CABLE SYSTEM:							
	MEDIACOM MINNESOTA LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 1504 Second Street S.E. (Number street rural route anartment or suite number)							
	(Number, Subsect rulai route, apartment, or Sumb number)							
	Waseca, MN 56093 (City, town, state, zip code)							
L								

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 suffciency of the fling, a determination that would be made by a court of law.

MEDIACOM MINNESOTA LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Morris MN Hancock MN Belgrade MN TOTHER TOWN Belgrade MN TOTHER TOWN STATE MORRIS MN TOTHER TOWN STATE MORRIS MN TOTHER TOWN Belgrade MN TOTHER TOWN TOTHER TOWN MN TOTHER TOWN TOWN TOTHER TOWN TOWN			FORM SA1-2E. PAGE
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule as separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN	Name		SYSTEM II
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. Community First Community Hancock MN Belgrade MN Chokio MN Chokio MN Starbuck MN Clontarf MN Sunburg MN	-		2840
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Morris MN Hancock MN Belgrade MN Belgrade MN Chokio MN Starbuck MN Clontarf MN Starbuck MN Sunburg MN			
as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN	D		
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN			ist will serve as a form of system identification hereafter know
Area Served identified city. CITY OR TOWN STATE First Morris MN Community Hancock MN Belgrade MN Brooten MN Chokio MN Starbuck MN Clontarf MN Sunburg MN			home parks should be renorted in parentheses below the
CITY OR TOWN STATE			monte parks should be reported in parentileses below the
First Morris MN Community Hancock MN Belgrade MN Brows as Necessary Brooten MN Chokio MN Starbuck MN Clontarf MN Sunburg MN	Served		
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Belgrade MN Brows as Necessary Brooten MN Chokio MN Starbuck MN Clontarf MN Sunburg MN	Community		MN
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Starbuck MN Clontarf MN Sunburg MN	d Rows as Necessary		MN
Starbuck MN Clontarf MN Sunburg MN		Chokio	MN
Clontarf MN Sunburg MN		Starbuck	
Sunburg MN Moris Township MN			
Moris Township MN		Sunburg	MN
		Morris Township	MN
			11111
			11111

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28408

MEDIACOM MINNESOTA LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	530	29.99-74.49			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.99-74.49			
Converter					
Residential					
Non-residential					
1	I	T		1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	 Motel, hotel 		Family Cable	83.99
 Pay cable—add'l channel 	PP	 Commercial 			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set	99.99	 Burglar protection 			
 Additional set(s) 	15.00-49.00	Other services:			
 FM radio (if separate rate) 		 Reconnect 	49.00		
Converter	10.50	Disconnect			
		 Outlet relocation 	15.00-49.00		
		 Move to new address 			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28408

MEDIACOM MINNESOTA LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KARE/KARE (HD) NBC	11	N	Minneapolis, MN
KARE-DT2 Court TV	11.2	I-M	Minneapolis, MN
KARE-DT3 Justice Network	11.3	I-M	Minneapolis, MN
KMSP/KMSP (HD) FOX	9	I	Minneapolis, MN
KMSP-DT4 BUZZR	9.4	I-M	Minneapolis, MN
KPXM/KPXM (ION) HD	40	I	ST CLOUD, MN
KPXM-DT2 qubo	40.2	I-M	ST CLOUD, MN
KPXM-DT3 ION Plus	40.3	I-M	ST CLOUD, MN
KSTC/KSTC(HD) IND	45	I	MINNEAPOLIS-ST PAUL, MN
KSTC-DT2 MeTV	45.2	I-M	MINNEAPOLIS-ST PAUL, MN
KSTC-DT3 Antenna TV	45.3	I-M	MINNEAPOLIS-ST PAUL, MN
KSTC-DT4 This TV	45.4	I-M	MINNEAPOLIS-ST PAUL, MN
KSTP/KSTP(HD) ABC	35	N	MINNEAPOLIS-ST PAUL, MN
KSTP-DT2 Heros and Icon	35.2	I-M	MINNEAPOLIS-ST PAUL, MN
KTCA PBS TPT 2 (HD)	34	E	MINNEAPOLIS-ST PAUL, MN
KTCA-DT2 (HD) PBS Kids	34.2	E-M	MINNEAPOLIS-ST PAUL, MN
KWCM/KWCM(HD) PBS	10	E	Appleton, MN
KWCM-DT2 PBS create	10.2	E-M	Appleton, MN
KWCM-DT3 PBS MN Channel	10.3	E-M	Appleton, MN
KWCM-DT4 PBS WORLD	10.4	E-M	Appleton, MN
WCCO/WCCO(HD) CBS	32	N	MINNEAPOLIS, MN
WCCO-DT2 Start TV	32.2	I-M	MINNEAPOLIS, MN
WCCO-DT3 DABL	32.3	I-M	MINNEAPOLIS, MN
WFTC/WFTC (HD) (MyNET)	29	<u>l</u>	Minneapolis, MN

G

Primary Transmitters: Television

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

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

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

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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
WFTC-DT4 Movies!	29.4	I-M	Minneapolis, MN
WUCW/WUCW (HD) CW	22	I	MINNEAPOLIS, MN
WUCW-DT2 COMET	22.2	I-M	MINNEAPOLIS, MN
WUCW-DT3 Charge!	22.3	I-M	MINNEAPOLIS, MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

28408

MEDIACOM MINNESOTA LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 0101	A.A	0.5	LOGATION OF STATIST	0411 01011	L ANA	0.15	LOCATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
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Accounting Borio	.d. 2020/2						FOR	A SA1 2E DACE 5		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#		
Name	MEDIACOM MINNESO	TA LLC						28408		
				THE AND DOCUMENT						
1	SUBSTITUTE CARRIAG		_			4: 4b-4		***** ****** *** *		
•	In General: In space I, identi substitute basis during the a	ccounting p	eriod, under sp	pecific present and former I	FCC rules, reg	ulations, o	r authorizatio	ns. For a further		
Substitute Carriage:	explanation of the programn				the general in	structions i	n the paper S	A1-2 form.		
Special		SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and Program Log	broadcast by a distant sta		ai oabio bybio	m dany, on a substitute be	aoio, arry riorn	ictwork to	YES	X NO		
Frogram Log	Note: If your answer is "No		rest of this no	age blank. If your answer	ie "Vee " vou i	must comr				
	log in block 2.	, icave the	rest of this pe	age blank. If your answer	is res, your	must comp	nete the prot	gram		
	2. LOG OF SUBSTITUTI	E PROGRA	AMS							
	In General: List each subsclear. If you need more spa				s wherever p	ossible, if	their meanin	g is		
				rows to the tables. vision program ("substitut	e program") t	hat, during	the account	ing		
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.		deset live ant	er "Vee" Otherwise enter	"NIo "					
				er "Yes." Otherwise enter casting the substitute prog						
	Column 4: Give the broa	adcast stati	on's location (the community to which the	ne station is li		the FCC or,	in		
	the case of Mexican or Car Column 5: Give the more			e community with which the substitut		,	als, with the r	nonth		
	first. Example: for May 7 gi	ve "5/7."								
	to the nearest five minutes			rogram was carried by you ried by a system from 6:0	•			ately		
	stated as "6:00-6:30 p.m."					· • •		sine at		
	to delete under FCC rules			m was substituted for prog during the accounting peri						
	was substituted for prograr	nming that						ŭ		
	effect on October 19, 1976	•								
					WHEN SUBSTITUTE					
	S	ı	E PROGRAM		CARRIAGE OCCURRED 7. REASON F 5. MONTH 6. TIMES DELETION					
	TITLE OF PROGRAM	Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO			
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	2020/2				A1-2E. PAGI				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			8	SYSTEM II 2840				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.								
	Gross receipts from subscribers for secondary transmission service during the accounting period			\$ 20 (Amount of gr	15,433.34 ross 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 les Use block 2 if the amount of gross receipts in space K is more than \$137 Use block 3 if the amount of gross receipts in space K is more than \$263 See page (vi) of the general instructions located in the paper SA1-2 form for its complex contacts.	7,100 but less 3,800 but less	s than \$527,600	\$263,800					
	BLOCK 1: GROSS RECEIPTS OF	\$137,100 C	OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the accounting period is \$52.00	royalty fee th	at you must pay f	or 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 lines 1 ar	nd 2	· · · · · <u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 O	R LESS (but	t more than \$13	7,100)					
	Base amount under statutory formula		· · · · · · · · · · · · · · · · · · ·	<u>0</u>					
	2. Enter amount of gross receipts from space K	<u>\$</u>	205,433.3	4					
	3. Subtract line 2 from line 1	\$	58,366.6	<u>6</u>					
	4. Enter the amount of gross receipts from space K		<u>\$</u>	205,433.34					
	5. Enter the amount from line 3		\$	58,366.66					
	6. Subtract line 5 from line 4		\$	147,066.68					
	7. Multiply line 6 by .005 (enter figure here)			\$	735.33				
	8. Interest charge. Enter the amount from line 4, space Q, page 8			· ·	0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	ines 7 and 8 .		\$	735.33				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN	\$263,800 (b	out less than \$5	27,600)					
	Enter the amount of gross receipts from space K								
	Enter the amount of gross receipts from space K. Base amount under statutory formula			 n					
				<u>u</u>					
	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 form		-						
	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 REMITTANC	E DUE							
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	735.33					
Due	Filing Fee (See the instructions for more information on filing fee calculated)	ions)	<u>\$</u>	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and	3		\$	755.33				
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!								

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESO					SYSTEM ID# 28408
M Channels	to its subscribers, and (2) 1. Enter the total number of	the cable system's to of channels on which broadcast stations of activated channels	otal number of	which the cable system carried of activated channels during the a	accounting period.	71
	and nonbroadcast service	es				71
N Individual to	INDIVIDUAL TO BE CON we can contact about this			ATION IS NEEDED (Identify an i	ndividual to whom	
for Further Information		eth J. Kohrs			Telephone	845-443-2762
	(Number,	Mediacom Way street, rural route, apartr		mber)		
		n, state, zip)	10918			
	Email	Copyrights@me	ediacomcc.co	om	Fax (optional)	
O Certification	• I, the undersigned, hereby	/ certify that (Check o	one, <i>but only on</i>	d and signed in accordance with ne, of the boxes.) am the owner of the cable system		B: or
	X (Agent of owne	r other than corpora	ation or partne	ership) I am the duly authorized a		
	(Officer or part		(if a corporatior	n) or a partner (if a partnership) of	the legal entity identified as ow	vner of the cable system
		rect to the best of my		e under penalty of law that all stanformation, and belief, and are ma		n
				s/ Kenneth J. Kohrs		
				tronic signature on the line above tre using an "/s/ signature" (e.g., /s,		
		Typed or printed	d name: K o	enneth J. Kohrs		
		Title:		sident, Financial Report	ing	
		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 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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM MINNESOTA LLC	28408
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."	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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address	1
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 Assessment
×	
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	-
* 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	
Owner Address	
ID number	
First community served Accounting period	
Accounting period	<u> </u>

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