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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
7 .	COOKTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional - see instructions)	
A		
Accounting Period		
	Instructions:	
В	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.	36
	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	ISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	ess these
	ames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	ace E
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	MEDIACOM MINNESOTA LLC	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 1504 Second Street S.E.	
	(Number, street, rural route, apartment, or suite number)  Waseca, MN 56093	
	(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the 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.

Accounting Period:	2020/2	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM MINNESOTA LLC	28436
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Cannon Falls	MN
Community	Riverside Terrace	MN 
	Sunrise Village	
Add Rows as Necessary	Blooming Prairie	
	W. Concord	MN
	Dodge Center	MN
	Mantorville	MN
	Kenyon	MN
	Brownsdale	MN
	Hayfield	MN
	Waltham	MN

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28436

#### **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.

BLOCK 1			BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	768	29.95-74.49			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	2	29.95-74.49			
Converter					
Residential					
Non-residential					
		<b>†</b>			

# 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	84.99
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	15.00-49.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		<ul> <li>Move to new address</li> </ul>			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28436

#### **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
KAAL/KAAL (HD) ABC	36	N	Austin, MN
KAAL-DT2 ThisTv	36.2	I-M	Austin, MN
KARE/KARE (HD) (NBC)	11	N	Minneapolis MN
KARE-DT2 Court TV	11.2	I-M	Minneapolis MN
KIMT/KIMT (HD) (CBS)	42	N	Mason City, IA
KIMT-DT2 MyNet	42.2	I-M	Mason City, IA
KIMT-DT4 Antenna TV	42.4	I-M	Mason City, IA
KMSP/KMSP (HD) (FOX)	9	I	Minneapolis MN
KMSP-DT4 BUZZR	9.4	I-M	Minneapolis MN
KPXM (ION)	40	I	St. Cloud, MN
KSMQ/KSMQ (HD) (PBS)	20	E	Austin, MN
KSMQ-DT2 PBS MHz Worldvi	20.2	E-M	Austin, MN
KSMQ-DT3 PBS Create	20.3	E-M	Austin, MN
KSMQ-DT4 PBS MN	20.4	E-M	Austin, MN
KSTC/KSTC(HD) IND	45	I	Minneapolis, MN
KSTC-DT2 MeTV	45.2	I-M	Minneapolis, MN
KSTC-DT3 Antenna	45.3	I-M	Minneapolis, MN
KSTC-DT4 ThisTV	45.4	I-M	Minneapolis, MN
KSTP/KSTP(HD) ABC	35	N	St. Paul, MN
KSTP-DT2 Heroes and Icons	35.2	I-M	St. Paul, MN
KTCA-DT PBS TPT 2 /KTCA F	34	E	St Paul MN
KTCA-DT2 PBS Kids 24/7 (HD	34.2	E-M	St Paul MN
KTCA-DT3 PBS TPT NOW HD	23.4	E-M	St Paul MN
KTCI (PBS) TPT Life	23	E	St Paul MN

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28436

#### **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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTTC CW HD	10.1	I-M	Rochester MN
KTTC/KTTC (HD) (NBC)	10	N	Rochester MN
KTTC-DT2 (CW)	10.2	I-M	Rochester MN
KTTC-DT3 Heroes and Icons	10.3	I-M	Rochester MN
KTTC-DT4 Court TV	10.4	I-M	Rochester MN
KTTC-DT5 Justice Network	10.5	I-M	Rochester MN
KXLT/KXLT (HD) (FOX)	46	<u>l</u>	ROCHESTER,MN MASON CITY
KXLT-DT2 MeTV	46.2	I-M	ROCHESTER,MN MASON CITY
KXLT-DT3 Laff	46.3	I-M	ROCHESTER,MN MASON CITY
KXLT-DT4 Escape	46.4	I-M	ROCHESTER,MN MASON CITY
KXLT-DT5 Quest	46.5	I-M	ROCHESTER,MN MASON CITY
KYIN (PBS)	18	E	ROCHESTER,MN MASON CITY
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
WFTC-DT4 Movies	29.4	I-M	Minneapolis MN
WHLA PBS	30	E	La Crosse, WI
WUCW/WUCW (HD) CW	22	<u> </u>	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#

28436

### 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 Perio	nd: 2020/2					FO	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESC		STEM:			10	SYSTEM ID# 28436
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	tify every no accounting paining that multiple in the properties of every no acceptance, please of every not a distant state additional state and and the properties when the Example:  T CONCEI TO	e rest of this paraddad additional and that your authorizatio by is location broaddon's location from your sy e substitute program care listed program ions in effect of seriod and support and the station broaddon's location (ons, if any, they when your sy e substitute program care listed program ions in effect of seriod and support and supp	ision program, broadcast by proceeding present and former in this log, see page (v) of the proceeding present and former in this log, see page (v) of the proceeding	y a distant stare CC rules, reg the general instant is "Yes," you res wherever per e program") the form the program. The station is lide to the program. Using the program. Using the call instruct am titles, for e station is lide program. Using the program. Using the program in the program i	ulations, or authorizations in the paper structions in the paper network television programmer that, during the account or account of a count o	ons. For a further SA1-2 form.  ogram  X NO  ogram  ing is  nting or station nation. y" or  r, in  e month  urately e  quired
	effect on October 19, 1976	UBSTITUT	E PROGRAM		CARRI	N SUBSTITUTE AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	

ccounting Period:	2020/2		FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC		S	2843
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	s secondary transr w to compute this	mission service amount, see	<b>5,665.74</b> oss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less  See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at you must pay fo	r 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 are	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,	100)	
	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	38,134.26	_	
	4. Enter the amount of gross receipts from space K	<u>\$</u>	225,665.74	
	5. Enter the amount from line 3	<u>\$</u>	38,134.26	
	6. Subtract line 5 from line 4	\$	187,531.48	
	7. Multiply line 6 by .005 (enter figure here)		\$	937.66
	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.		\$	937.66
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out less than \$527	7,600)	
	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		=	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	-	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	-		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Foo and				
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<b>\$</b>	937.66	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	957.66
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			jhts!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7
Name	MEDIACOM MII	OWNER OF CABLE SYSTEM: NNESOTA LLC	SYSTEM ID# 28436
<b>M</b> Channels	to its subscribers  1. Enter the total system carried to the carried on which the carried to the	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.  number of channels on which the cable television broadcast stations	102
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs  Telephone 84	5-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number)	
		Mediacom Park, NY 10918 (City, town, state, zip)	
	Email	Copyrights@mediacomcc.com Fax (optional)	
O Certification	I, the undersigned (Owner)	(This statement of account must be certified and signed in accordance with Copyright Office regulations)  ed, hereby certify that (Check one, but only one, of the boxes.)  or other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	in li	t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable systems 1 of space B and that the owner is not a corporation or partnership; or  er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner	
	I have examined	line 1 of space B.  If the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.  In 1001(1986)]	
		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	

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counting Period: 2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM MINNESOTA LLC	28436
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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?  X NO	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
NI	
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 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance place contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ease
** 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, pl 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	

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 th 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.