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				
8/28/2024	\$  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	ACCO	DUNTING 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
		MCC Missouri, LLC (Hermann, MO)
		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)
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b  SYSTEM ID#						
Name	MCC Missouri, LLC (Hermann, MO)	1716						
	Instructions: List each separate community served by the cable system. A "o							
D	"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							
Area	identified city.							
Served								
	CITY OR TOWN	STATE						
First	Hermann	MO						
Community								
Add Rows as Necessary								
·								

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Missouri, LLC (Hermann, MO)

1716

## 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.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	88	97.00				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	97.00				
Converter						
Residential						
Non-residential						
		T		T		

# 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	R/
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family TV	##
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	49.99	Burglar protection			
<ul><li>Additional set(s)</li></ul>	49.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	49.00		
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation	49.00		
		Move to new address			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID# 1716** 

### MCC Missouri, LLC (Hermann, MO)

PRIMARY TRANSMITTERS: TELEVISION

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.

Add Rows as Necessary

	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDNL/KDNL(HD) ABC	31	N	St. Louis, MO
	KETC/KETC(HD) PBS	39	E	St. Louis, MO
/	KETC-DT4 PBS Create	39.4	E-M	St. Louis, MO
	KMIZ ABC	17	N	Columbia, MO
	KMIZ-DT2 (MeTv)	17.2	I-M	Columbia, MO
	KMOV/KMOV(HD)CBS	24	N	St. Louis, MO
	KOMU NBC	8	N	Columbia, MO
	KPLR CW	26	<u>                                     </u>	St. Louis, MO
	KRCG CBS	12	N	Jefferson City, MO
	KSDK/KSDK(HD) NBC	35	N	St. Louis, MO
	KTIV(HD) NBC	41	N	Sioux City, IA
	KTVI(FOX)	2	<u>l</u>	St. Louis, MO

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MCC Missouri TTC (Hormann MO)	4740

### 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
				•			
					<b>_</b>		
<u> </u>					<u> </u>		

U.S. Copyright Office

<b>Accounting Perio</b>	ccounting Period: 2024/1 FORM SA1-2E. PAGE							1 SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	MCC Missouri, LLC (H	ermann,	MO)					1716	
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
1	•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
	ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute		explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage: Special	1. SPECIAL STATEMENT								
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ır cable systen	n carry, on a substitute ba	sis, any nonr	network tel <u>ev</u>	/ision progr		
Program Log	broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	·	, icave tric	rest of this pa	ge blank. If your answer k	s res, your	nast comple	ite the prog	Tam	
	log in block 2.  2. LOG OF SUBSTITUTE	- DDOCDA	Me						
	In General: List each subs			ate line. Use abbreviations	s wherever n	ossible if the	eir meaning	ıis	
	clear. If you need more spa		•		o wholevel p	occioio, ii tiri	on moaning	110	
				vision program ("substitute	e program") t	hat, during tl	he accounti	ng	
	period, was broadcast by a		•	•					
	under certain FCC rules, re	•							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am dues, for e	ехаттріе, т.	Love Lucy	OI	
			dcast live, ente	er "Yes." Otherwise enter '	"No."				
				asting the substitute progr					
			,	the community to which th		•	ne FCC or, i	n	
	the case of Mexican or Car			•		,	with the m	anth	
	first. Example: for May 7 give	-	when your sys	stem carried the substitute	e program. O	se numerais	, with the fr	IOTILIT	
			e substitute pro	ogram was carried by you	r cable syste	m. List the ti	mes accura	ately	
	to the nearest five minutes.		•		•			,	
	stated as "6:00–6:30 p.m."	<b>"</b>							
				n was substituted for prog	•		•		
	to delete under FCC rules a was substituted for progran							gram	
	effect on October 19, 1976.		your system w	as permitted to delete dife	ici i oo ialos	and regular			
					WHE	N SUBSTI	ΓUTE		
	S		E PROGRAM		CARRI	AGE OCCL		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	6. TI FROM –	MES - TO	BLLLTION	
		162 01 140	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROW -	- 10		
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Accounting Period:	2024/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Missouri, LLC (Hermann, MO)		S	'STEM ID# 1716
				1/16
<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 (as identified in space E) during the accounting period. For a further explanation of he 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 transmow to compute this a	ission service mount, see	<b>,412.47</b> ss 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.	s than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at you must pay for th	is six-month	
	Line 1. Royalty fee for accounting period		\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 a	ınd 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu	ıt more 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)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (	but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	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		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	d 6		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form	•		ts!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7.		
Name		WNER OF CABLE SYSTEM: <b>LLC (Hermann, MO)</b>				SYSTEM ID#		
<b>M</b> 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  3. Enter the total number of activated channels and nonbroadcast services  4. Enter the total number of activated channels and nonbroadcast services							
N Individual to		BE CONTACTED IF FURTHI bout this statement of accoun		וספחנוזy an inc	lividual to wnom			
Be Contacted for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762		
momation	Address	One Mediacom Way (Number, street, rural route, apartn	·					
		Mediacom Park, NY (City, town, state, zip)	109 10					
	Email	Copyrights@me	diacomcc.com		Fax (optional)			
o	CERTIFICATION (	This statement of account mu	ıst be certified and signed iı	n accordance with C	opyright Office regulations)			
Certification	• I, the undersigne	d, hereby certify that (Check or	ne, <i>but only one</i> , of the boxe	s.)				
	(Owner	other than corporation or pa	artnership) I am the owner o	of the cable system a	s identified in line 1 of space	B; or		
		of owner other than corporate 1 of space B and that the ow		-	ent of the owner of the cable	system as identified		
		e <b>r or partner)</b> I am an officer (if ne 1 of space B.	f a corporation) or a partner (	(if a partnership) of th	e legal entity identified as ow	rner of the cable system		
		the statement of account and had a correct to the best of my n 1001(1986)]						
			X /s/ Kenneth J	. Kohrs				
			Enter an electronic signature Enter signature using an "/s/		-			
		Typed or printed	name: <b>Kenneth J. K</b>	(ohrs				
			Group Vice Preside		eporting			
		Date:			8/8/2024			

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

counting Period: 2024/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CC Missouri, LLC (Hermann, MO)	1716
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 First community served Accounting period	

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)