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

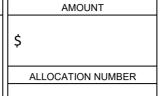
STATEMENT OF ACCOUNT

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 8/28/2024



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	
		MEDIACOM ILLINOIS 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	INSTR names	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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		IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM ILLINOIS LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1102 N. Fourth Street, P.O. Box 334	
	-	(Number, street, rural route, apartment, or suite number) Chillicothe, IL 61523	
		(City, town, state, zip code)	
	•	·	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MEDIACOM ILLINOIS LLC	2747
	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated communincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	" is the same as a "community unit" as defined in FCC rules: "a unities within unincorporated areas and including single, discret
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identifi
Area Served	city.	
	CITY OR TOWN	STATE
First	Wyoming	IL
Community	Toulon	IL
	BRADFORD	IL
dd Rows as Necessary	WILLIAMSFIELD	IL

								FORM SA1-	TEM IC
Name	LEGAL NAME OF OWNER OF C							313	2747
		_0							
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission	•		•		•			
Secondary	about other services (including p					•			
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar						,	,	
Rates	each category by counting the n	•		•		•			
	separately for the particular serv	vice at the rate	indicate	ed-not the nur	nber of se	ts receiving serv	/ice).	Ū	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc	· ·		,		rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	once again und	er "Ser	vice to addition	al set(s)."				
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t with the number of subscribers a					,		, 0	
	sufficient.		Singin						
	BL	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		211	40.49-51.54					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-51.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	•	,		•				
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	•			0		0 (,	
Other Than	amount of the charge and the ur		usually	y billed. If any r	ates are cl	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cab	le system for e	ach of the	applicable servi	ces listed		
	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								
Rates	listed in block 1 and for which a separate charge was made or established. List these other services							e form of a	
Nates			brief (two- or three-word) description and include the rate for each.						
Nates		otion and includ	le the r		ISHEU. LISI		1		
Rates	brief (two- or three-word) descrip	BLO	CK 1	ate for each.				BLOCK 2	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE		CK 1 CATE	ate for each. GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATE(Install	ate for each. GORY OF SER ation: Non-res	VICE			ORY OF SERVICE	
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO RATE PP	CK 1 CATEO Install • Mo	ate for each. GORY OF SER ation: Non-res	VICE		CATEG	ORY OF SERVICE	RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CK 1 CATEO Install • Mo • Co	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial	VICE			ORY OF SERVICE	
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOO RATE PP	CK 1 CATEC Install • Mc • Co • Pa	ate for each. GORY OF SER ation: Non-res otel, hotel ommercial y cable	VICE idential			ORY OF SERVICE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOO RATE PP	CK 1 CATEO Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial	VICE idential			ORY OF SERVICE	
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	BLOO RATE PP	CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl	VICE idential			ORY OF SERVICE	
Kates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE PP PP	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu	ate for each. GORY OF SER ation: Non-res otel, hotel ommercial y cable y cable-add'l cl e protection	VICE idential			ORY OF SERVICE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO RATE PP PP 109.99	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu Other	ate for each. GORY OF SER ation: Non-res otel, hotel ommercial y cable y cable-add'l cl e protection rglar protection	VICE idential			ORY OF SERVICE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO RATE PP PP 109.99	CK 1 CATEC Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re	ate for each. GORY OF SER ation: Non-res otel, hotel ommercial y cable y cable-add'l cl e protection rglar protection services:	VICE idential	RATE		ORY OF SERVICE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO0 RATE PP PP 109.99 49.00	CK 1 CATEC Install • Mc • Co • Pa • Pa • Pa • Fir • Bu Other • Re • Dis	ate for each. GORY OF SER ation: Non-resources otel, hotel ommercial y cable y cable-add'l cl e protection rglar protection services: econnect	VICE idential	RATE		ORY OF SERVICE	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MEDIACOM ILLINOIS	LLC		274					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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). 								
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATH								
	KLJB/KLJB FOX (HD)	49	I	Davenport, IA					
	KLJB-DT2 MeTV	49.2	I-M	Davenport, IA					
	KLJB-D12 MeTV KWQC/KWQC (HD) (NBC)	49.2 36	I-M N	Davenport, IA Davenport, IA					
Rows as Necessary									
Rows as Necessary	KWQC/KWQC (HD) (NBC)	36	N	Davenport, IA					
Rows as Necessary	KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV	36 36.3	N I-M	Davenport, IA Davenport, IA					
Rows as Necessary	KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT4 H&I	36 36.3 36.4	N I-M I-M	Davenport, IA Davenport, IA Davenport, IA					
Rows as Necessary	KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV	36 36.3 36.4 36.5	N I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA					
Rows as Necessary	KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Outlaw	36 36.3 36.4 36.5 36.6	N I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA					
Rows as Necessary	KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Outlaw WEEK/WEEK(HD) NBC	36 36.3 36.4 36.5 36.6 25	N I-M I-M I-M I-M N	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Peoria, IL					
Rows as Necessary	KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Outlaw WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (36 36.3 36.4 36.5 36.6 25 25.2	N I-M I-M I-M I-M N N N-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Peoria, IL Peoria, IL					
Rows as Necessary	KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Outlaw WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H	36 36.3 36.4 36.5 36.6 25 25.2 25.2 25.3	N I-M I-M I-M I-M N N N-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Peoria, IL Peoria, IL					
Rows as Necessary	KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Outlaw WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD)	36 36.3 36.4 36.5 36.6 25 25.2 25.3 4	N I-M I-M I-M I-M N N N-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Peoria, IL Peoria, IL Peoria, IL Peoria, IL Peoria, IL					
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Rows as Necessary	KWQC/KWQC (HD) (NBC) KWQC-DT3 CoziTV KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT5 Outlaw WEEK/WEEK(HD) NBC WEEK-DT2/WEEK-DT2 ABC (WEEK-DT3/WEEK-DT3 CW (H WHBF (CBS) WHOI (HD) WHOI-DT2 Charge WHOI-DT2 Charge WHOI-DT3 Comet WHOI-DT3 Comet WMBD/WMBD(HD) CBS WMBD-DT3 LAFF WMBD-DT4 ION Mystery WQAD (ABC) WTVP/WTVP (HD) PBS WTVP-DT2 PBS KIDS	36 36.3 36.4 36.5 36.6 25 25.2 25.3 4 19 19.2 19.3 30 30.3 30.4 38 46 46.2	N I-M I-M I-M I-M N N-M I-M I-M I-M I-M I-M I-M I-M I	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Peoria, IL Peoria, IL					

EGAL NAME OF			ISTEM:					SYSTEM I 274
	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 cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be receint t the Co sign of e he station ion's sign g a chech n's location	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM anten his point, see page ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		1	· · · · · · · · ·					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		h						

Accounting Perio	od: 2024/1						FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS	LLC						27470
	SUBSTITUTE CARRIAGE				1			
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ify every non ccounting pe	network televis priod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			gonoral moure			2 101111
Special	During the accounting per	-			is. anv nonne	twork telev	vision program	n
Statement and Program Log	broadcast by a distant sta				·-, , ·····		YES	XNO
r rogram Log	,				«» / »			
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			te line. Use abbreviations	wherever pos	sible, if the	eir meaning i	S
	clear. If you need more spa	ice, please a	add additional r	ows to the tables.			•	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3 : Give the call	distant stati gulations, o ies like "mo Bulls." n was broad sign of the s	ion and that yo r authorizations vies" or "baske dcast live, enter station broadca	s. See page (v) of the gen	ed for the prog eral instructio n titles, for ex No."	ramming c ns for furth ample, "I L	of another sta ler informatio love Lucy" or	ition n.
	the case of Mexican or Can	adian statio	ons, if any, the o	community with which the	station is ider	ntified).	,	
			when your syst	em carried the substitute	program. Use	numerals	, with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your	cable system	. List the ti	mes accurate	elv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	amming that y	our system	n was <i>require</i>	ed and
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	and regulat	ions in	
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM		CARR	EN SUBST	CURRED	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. FROM	TIMES — TO	
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Accounting Period:	2024/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	YSTEM ID# 27470
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, see	5,621.54 oss receipts)
	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 than or equal to 1 • Use block 3 if the amount of gross receipts in space K is more than \$137,00 but less than or equal to 1 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$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 that you must pay for accounting period is \$52.00	this 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 and 2	···· \$	52.00
	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	_	
	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 \$52	27,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	<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 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	· · <u> </u>	
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	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 payable to the Reg See page i of the general instructions in the paper SA1-2 form for more inform		hts!

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW	NER OF CABLE SYSTEM: NOIS LLC				SYSTEM ID# 27470
M Channels	to its subscribers, 1. Enter the total n system carried to 2. Enter the total n on which the ca	and (2) the cable system's t number of channels on whic television broadcast stations number of activated channel ble system carried televisio	total num h the cal s ls n broado		ccounting period.	31 65
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		ORMATION IS NEEDED (Identify an ind	dividual to whom	
for Further Information	Name 🕨	Kenneth J. Kohrs			Telephone 845-44	13-2762
	1) Л	Dne Mediacom Way Number, street, rural route, apartn Mediacom Park, NY 1 Sity, town, state, zip)		ite number)		
	Email	Copyrights@me	ediacom	cc.com	Fax (optional	
	CERTIFICATION (Tr	nis statement of account mu	ust be ce	rtified and signed in accordance with Co	opyright Office regulations)	
O Certification	(Owner of X) (Agent of	f owner other than corpora	artnersh tion or p	ily one, of the boxes.) ip) I am the owner of the cable system as artnership) I am the duly authorized age s not a corporation or partnership; or		identified
	I have examined th	line 1 of space B. e statement of account and h and correct to the best of my	nereby de	ration) or a partner (if a partnership) of th clare under penalty of law that all statem lge, information, and belief, and are made	ents of fact contained herein	cable system
				/s/ Kenneth J. Kohrs electronic signature on the line above to c nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed		Kenneth J. Kohrs		
		Title: (Tit		D Vice President, Financial Re Il position held in corporation or partnership)	eporting	
		Date:			8/12/2024	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM ILLINOIS LLC	2747
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.	P Special Statement Concerning Gross Receipts Exclusion
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	
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 Assessmen
	—
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 x 0.00274	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 x 0.00274 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	
x	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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