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 | | | | | |
| 2/26/25 | \$ | | | | | |
| | 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 |
| Accounting | Barcode Data Filing Period (optional - see instructions) |
| 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 Illinois LLC (Durant, IA) |
| | 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 B |
| System | IDENTIFICATION OF CABLE SYSTEM: |
| | MCC Illinois LLC (Durant, IA) |
| | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) |
| | MEDIACOM PARK, NY 10918 |
| | (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.

| MCC Illinois LLC (Durant, IA) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 Durant IA | | _ | FORM SA1-2E. PAG |
|--|---------------------|------------------|--|
| MCC illinois LLC (Durant, I.A) Insulations bit each speared community served by the cable system. A 'community' is the same as a 'community unit' as defined in FCC ru d's separate and distinct community or municipal cettity find-using unincorporated community within unincorporated areas and including significance that community that you like allow have as a from only separate incomplexed areas. A reason of the community that you like allow have as a from only separate incommunity and including significant as the "list community". Please use at as the first community on all future filings. Note that the community of the community of the first community on all future filings. Note that the community of the community of the first community on all future filings. CITY OR TOWN STATE COTTY OR TOWN STATE COTTY OR TOWN STATE Durant A community CITY OR TOWN STATE COTTY OR TOWN STATE A community COTTY OR TOWN STATE COTTY OR TO | Name | | SYSTEM |
| "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including as the "first community." Please use it as the first community or all future filings. Note Served Triat Community." Please use it as the first community or all future filings. CITY OR TOWN STATE COMMUNITY Sees 28 NOCESTOR Triat COMMUNITY COM | | | |
| discrete unincorporated areas). *4 C.F.R. 76.5(dd), The first community that you list will seve as a form of system identification hereafter in a she "first community". Please use it as the first community on all future filings. **CITY OR TOWN** **First Community** **Corea allocation** **Corea allocatio | | | |
| Served First Community First Community Total Durant Community Communi | D | | |
| Are Served dentified city. CITY OR TOWN STATE | | | |
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| Served definition of the control of | Area | | or mobile home parks should be reported in parentheses below the |
| First Durant IA Community Rose to Nextstay Rose to Rose | | identified city. | |
| First Durant IA Community Rose to Nextstay Rose to Rose | | | |
| First Durant IA Community Rose to Nextstay Rose to Rose | | | |
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Accounting Period: 2024/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Illinois LLC (Durant, IA)

SYSTEM ID# 62548

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: | | | | | |
| Service to first set | 82 | 76.49 | | | |
| Service to additional set(s) | | | | | |
| FM radio (if separate rate) | | | | | |
| Motel, hotel | | | | | |
| Commercial | 0 | 76.49 | | | |
| Converter | | | | | |
| Residential | | | | | |
| Non-residential | | | | | |
| | | | | | § |

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.

| | BLO | CK 1 | | BLOCK 2 | |
|---|-------|---|-------|---------------------|-------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | |
| • Pay cable | PP | Motel, hotel | | Variety TV | ##### |
| Pay cable—add'l channel | PP | Commercial | | | |
| Fire protection | | • Pay cable | | | |
| •Burglar protection | | Pay cable-add'l channel | | | |
| Installation: Residential | | Fire protection | | | |
| First set | 75.00 | Burglar protection | | | |
| Additional set(s) | 49.00 | Other services: | | | |
| • FM radio (if separate rate) | | Reconnect | 49.00 | | |
| Converter | 9.99 | Disconnect | | | |
| | | Outlet relocation | 49.00 | | |
| | | Move to new address | | | |
| | | | | | |

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62548

MCC Illinois LLC (Durant, IA)

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

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 |
|--------------------------|--------------------------|--------------------|------------------------|
| KGCW/KGCW(HD) CW | 41 | I | Burlington, IA |
| KGCW-DT2 Rewind TV | 41.2 | I-M | Burlington, IA |
| KGCW-DT3 Laff | 41.3 | I-M | Burlington, IA |
| KIIN/KIIN(HD) IPTV PBS | 12 | E | lowa City, IA |
| KIIN-DT2 PBS KIDS HD | 12.2 | E-M | lowa City, IA |
| KIIN-DT3 PBS World | 12.3 | E-M | Iowa City, IA |
| KIIN-DT4 PBS Create | 12.4 | E-M | Iowa City, IA |
| KLJB/KLJB(HD) FOX | 49 | <u>l</u> | Davenport, IA |
| KLJB-DT2 MeTV | 49.2 | I-M | Davenport, IA |
| KLJB-DT4 (HD) Bounce TV | 49.4 | I-M | Davenport, IA |
| KWQC/KWQC(HD) NBC | 36 | N | Davenport, IA |
| KWQC-DT3 Cozi TV | 36.3 | I-M | Davenport, IA |
| KWQC-DT4 Heroes & Icons | 36.4 | I-M | Davenport, IA |
| KWQC-DT5 Start TV | 36.5 | I-M | Davenport, IA |
| KWQC-DT6 Outlaw | 36.6 | I-M | Davenport, IA |
| WHBF/WHBF(HD) CBS | 58 | N | Rock Island, IL |
| WHBF-DT2 Court TV | 58.2 | I-M | Rock Island, IL |
| WHBF-DT3 Grit | 58.3 | I-M | Rock Island, IL |
| WHBF-DT4 ION Mystery | 58.4 | I-M | Rock Island, IL |
| WMWC/WMWC HD (TBN) | 8 | I | Galesburg, IL |
| WMWC-DT2 Merit (HD) | 8.2 | I-M | Galesburg, IL |
| WMWC-DT3 Inspire | 8.3 | I-M | Galesburg, IL |
| WMWC-DT4 Smile | 8.4 | I-M | Galesburg, IL |
| WQAD/WQAD(HD) ABC | 38 | N | Moline, IL |
| WQAD-DT2 Antenna TV | 38.2 | I-M | Moline, IL |
| WQAD-DT3/WQAD-DT3(HD) | 38.3 | I-M | Moline, IL |
| WQAD-DT4 True Crime Netw | 38.4 | I-M | Moline, IL |
| WQPT/WQPT(HD) PBS | 23 | E | Moline, IL |

| Accounting Period: | 2024/2 | | | FORM SA1-2E. PAGE 3 | | | |
|--------------------|--|---|--|------------------------|--|--|--|
| | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID | | | |
| Name | MCC Illinois LLC (Dura | ant, IA) | | 62548 | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | |
| G | carried by your cable system | during the accounting period, excep | translator stations and low power tele t (1) stations carried only on a part-tim the carriage of certain network program | e basis under | | | |
| Primary | | | 61(e)(2) and (4))]; and (2) certain static | | | | |
| Transmitters: | | explained in the next paragraph. | | | | | |
| Television | Substitute Basis Stations: | With respect to any distant stations of | arried by your cable system on a subs | titute program | | | |
| | Do not list the station here | | the Special Statement and Program Lo | g)—if the | | | |
| | • | tation 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 | | | | | |
| | | • | , see page (v) of the general instruction | | | | |
| | | | program services such as HBO, ESPN | | | | |
| | multicast stream associated | with a station according to its over-th | e-air designation. For example, report | multistream | | | |
| | "WETA-2" as the same on the | | | | | | |
| | | • | evision station for broadcasting over th | e air in its community | | | |
| | | RC is channel 4 in Washington, D.C. | | | | | |
| | | | station, an independent station, or a n | | | | |
| | | • , | (for network multicast), "I" (for independent or "E-M" (for noncommercial education) | , · | | | |
| | | ms, see page (iv) of the general instr | • | iai muitcast). | | | |
| | | | t the community to which the station is | licensed by the | | | |
| | | | the community with which the station is | • | | | |
| | | , ,,, | • | | | | |
| | 4 0411 01011 | O DIOACT CHANNEL NUMBER | A TYPE OF STATION | 4 LOCATION OF STATION | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | |
| | WQPT-DT2 PBS Deutsche W | 23.2 | E-M | Moline, IL | | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Illinois LLC (Durant, IA)

62548

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 |
|-----------|----------|-----|---------------------|-----------|----------|-----|---------------------|
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| Name | LEGAL NAME OF OWNER OF | F CABLE SYS | STEM: | | | | . 511 | M SA1-2E. PAGE 5 | | |
|------------------------------|--|---------------|-------------------|--|--------------------|---------------|----------------|------------------------|--|--|
| Name | MCC Illinois LLC (Dui | rant, IA) | | | | | | 62548 | | |
| | SUBSTITUTE CARRIAG | E: SPECI | AL STATEME | NT AND PROGRAM LO | G | | | | | |
| I | | | | ision program, broadcast by | | | | | | |
| Substitute | substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | | | |
| Carriage: | 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | | | |
| Special | 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 | ation? | · | · | • | | YES | X NO | | |
| | Note: If your answer is "N | o", leave the | e rest of this pa | age blank. If your answer is | s "Yes," you n | nust comp | | | | |
| | log in block 2. | , | ' | , | , , | • | | 3 | | |
| | 2. LOG OF SUBSTITUT | E PROGR | AMS | | | | | | | |
| | In General: List each subs | | | | wherever po | ossible, if t | heir meanin | ıg is | | |
| | clear. If you need more sp | | | i rows to the tables. vision program ("substitute | program") th | nat. during | the accoun | tina | | |
| | period, was broadcast by | a distant sta | ition and that y | our cable system substitut | ed for the pro | gramming | of another | station | | |
| | | | | ns. See page (v) of the ger etball." List specific progra | | | | | | |
| | "NBA Basketball: 76ers vs | | ovies of bask | etball. List specific progra | m uues, ioi e | xample, i | Love Lucy | OI | | |
| | | | | er "Yes." Otherwise enter " | | | | | | |
| | | | | casting the substitute progr the community to which the | | ensed hv | the ECC or | in | | |
| | the case of Mexican or Ca | | , | • | | • | 11010001 | , "" | | |
| | | , | when your sy | stem carried the substitute | program. Us | se numera | ls, with the | month | | |
| | first. Example: for May 7 g | | e substitute nr | ogram was carried by your | cable syster | n List the | times accur | rately | | |
| | to the nearest five minutes | | | | | | | | | |
| | stated as "6:00-6:30 p.m." | | | | | | | | | |
| | | | | n was substituted for progr luring the accounting perio | | | | | | |
| | | | | as permitted to delete und | | | | logialli | | |
| | effect on October 19, 1976 | 6. | | | | | | | | |
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| | S | VVI IL. | N SUBST | IIUIE | | | | | | |
| | | 000011101 | E PROGRAM | | | AGE OCC | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | 7. REASON FOR DELETION | | |
| | 1. TITLE OF PROGRAM | | | | CARRIA | AGE OCC | URRED | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
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| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
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| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
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| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | 7. REASON FOR DELETION | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | CARRIA 5. MONTH | AGE OCC | URRED TIMES | | | |

| Accounting Period: | 2024/2 FORM SA1-2E. PAGE |
|------------------------------------|--|
| Name | MCC Illinois LLC (Durant, IA) SYSTEM II 6254 |
| 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(s) during the accounting period. \$\$35,675.95\$ (Amount of gross 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 than or equal to \$263,800 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. |
| | 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 this six-mon accounting period is \$52.00 |
| | Line 1. Royalty fee for accounting period |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 |
| | 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 |
| | 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 |
| | 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) |
| | Enter the amount of gross receipts from space K |
| | 2. Base amount under statutory formula |
| | 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) |
| | 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 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) |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights! See page i of the general instructions in the paper SA1-2 form for more information. |

| Accounting Period: | 2024/2 | | FORM SA1-2E. PAGE 7 |
|------------------------------------|--------------------|--|------------------------|
| Name | LEGAL NAME OF C | OWNER OF CABLE SYSTEM: LC (Durant, IA) | SYSTEM ID# 62548 |
| M Channels | | 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. | |
| | | I number of channels on which the cable television broadcast stations | 38 |
| | | I number of activated channels | |
| | on which the ca | able system carried television broadcast stations cast services | 83 |
| N Individual to Be Contacted | | D 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 8 | 45-443-2762 |
| imormation | Address | One Mediacom Way | |
| | | (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 | |
| | | (City, town, state, zip) | |
| | Email | Copyrights@mediacomcc.com | |
| | CERTIFICATION | (This statement of account must be certified and signed in accordance with Copyright Office regulations) | |
| O Certification | • I. the undersign | ed, hereby certify that (Check one, but only one, of the boxes.) | |
| | | er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; | Or |
| | (0 | | , 5. |
| | | t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy line 1 of space B and that the owner is not a corporation or partnership; or | stem as identified |
| | | cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own line 1 of space B. | er of the cable system |
| | | d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)] | |
| | | X /s/ Kenneth J. Kohrs | |
| | | 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: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership) | |
| | | Date: | 2/14/2025 |

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.

| AL NAME OF OWNER OF CABLE SYSTEM: C Illinois LLC (Durant, IA) | | SYSTEM ID# |
|---|---|---|
| C Illinois LLC (Durant, IA) | | |
| | | 62548 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Colowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, secribers and amounts collected from subscribers receiving secondary transmissions. For more information on when to exclude these amounts, see the note on page (vii) of the sate of the secondary transmissions. | Copyright Act by adding the fol- ne cable system for the basic the system shall not include sub- ons pursuant to section 119." | P Special Statement Concerning Gross Receipts Exclusion |
| located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross recei made by satellite carriers to satellite dish owners? | pts for secondary transmissions | |
| 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 For an explanation of interest assessment, see page (viii) of the general instructions loc | | Q |
| 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> | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | xdays | |
| • | 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 | \$ - | |
| | (interest charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | df. For further assistance please | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one of | day late. | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted list below the owner, address, first community served, ID number, and accounting periods. | | |
| Owner Address | | |
| | | |
| ID number | | |
| ID Humber | | |

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