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						
	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 INDIANA LLC						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)						
	MEDIACOM PARK, NY 10918						
	(City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MEDIACOM INDIANA 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 suffciency of the fling, a determination that would be made by a court of law.

Namo		LEGAL HAME OF OURSER OF CARLE OVERTER	FORM SA1-2E. PAGI				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including s 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 as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI				
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including s 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 as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. Community Bluffton IN Monroe IN Poneto IN Tocsin Uniondale Vera Cruz IN Adams County Wells County IN Wells County IN			244				
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 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							
Area Served CITY OR TOWN First Community Decatur Nonroe Rows as Necessary Rows Agency Rows as Necessary Rows as Necessary Rows Agency Rows as Necessary Rows Agency Rows Rows as Necessary Rows Agency Rows Rows Rows Rows Rows Rows Rows Rows	D						
Area Served 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 Bluffton IN Community Decatur IN Monroe IN Poneto IN Tocsin IN Uniondale IN Vera Cruz IN Adams County IN Wells County			st will serve as a form of system identification hereafter kno				
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Served identified city. CITY OR TOWN STATE First Bluffton IN Community Decatur IN Monroe IN Rows as Necessary Poneto IN Tocsin IN Uniondale IN Vera Cruz IN Adams County IN Wells County IN	Δrea		ome parks should be reported in parentheses below the				
CITY OR TOWN STATE		identified city.					
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Uniondale IN Vera Cruz IN Adams County IN Wells County IN	Rows as Necessary						
Vera Cruz IN Adams County IN Wells County IN							
Adams County IN Wells County IN							
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Wells County Morroeville Township N N N N N N N N N N N N N N N N N N N			IN				
Monroeville Township IN		Wells County	IN				
		Monroeville Township	IN				

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#SYSTEM ID 24401

MEDIACOM INDIANA 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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	617	29.95-61.54			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.95-61.54			
Converter					
Residential					
Non-residential					
					1

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		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:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 24401

4. LOCATION OF STATION

MEDIACOM INDIANA LLC

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WANE/WANE(HD) CBS 31 Fort Wayne, IN I-M WANE-DT3 Laff 31.3 Fort Wayne, IN WANE-DT4 ION Mystery 31.4 I-M Fort Wayne, IN WFFT/WFFT(HD)FOX 36 Fort Wayne, IN I-M WFFT-DT2 Bounce TV 36.2 Fort Wayne, IN WFWA/WFWA (HD) PBS 40 Ε Fort Wayne, IN WFWA-DT2 PBS KIDS 40.2 E-M Fort Wayne, IN Е-М WFWA-DT3 Create 40.3 Fort Wayne, IN 40.4 E-M WFWA-DT4 Explore Fort Wayne, IN WFWA-DT5 PBS39WX 40.5 E-M Fort Wayne, IN WINM TCT 12 Fort Wayne, IN 23 WIPB PBS Ε Muncie, IN WISE/WISE (HD) CW 18 Fort Wayne, IN WISE-DT2 True Crime 18.2 I-M Fort Wayne, IN I-M WISE-DT3 Grit 18.3 Fort Wayne, IN I-M WISE-DT4 Court TV 18.4 Fort Wayne, IN WISE-DT5 Start TV 18.5 I-M Fort Wayne, IN WISE-DT6 MeTV 18.6 I-M Fort Wayne, IN WISE-DT7 DABL 18.7 I-M Fort Wayne, IN WPTA/WPTA(HD) ABC 24 Ν Fort Wayne, IN WPTA-DT2/WPTA-DT2 (HD) N 24.2 N-M Fort Wayne, IN WPTA-DT3/WPTA-DT3 (HD) N 24.3 I-M Fort Wayne, IN

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM INDIANA LLC

24401

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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Accounting Perio	nd: 2024/2						FOF	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1 01	SYSTEM ID#
Name	MEDIACOM INDIANA	LLC						24401
Substitute Carriage: Special Statement and Program Log	MEDIACOM INDIANA SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN During the accounting per broadcast by a distant stat Note: If your answer is "Not log in block 2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spac Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call	E: SPECIA ify every non cocounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant sta gulations, of ies like "mo Bulls." m was broa sign of the	AL STATEME nnetwork televiceriod, under sp st be included RNING SUBS ur cable system e rest of this pa am on a separ add additiona annetwork televicen and that y or authorizatio byies" or "bask dcast live, ent station broadd	ision program, broadcast by pecific present and former Finithis log, see page (v) of the critical page (v) of the critical page blank. If your answer is a rate line. Use abbreviations I rows to the tables. I wision program ("substitute your cable system substitutes. See page (v) of the ger	a distant state CC rules, regular ce general instant siss, any nonres "Yes," you res wherever possible program") the ed for the properal instruction titles, for each control instruction titles, for each control instruction in titles, for each control instruction in titles, for each control inst	ulations, contractions network to nust com possible, if nat, during ogrammir ions for ful example,	reauthorization the paper selevision progression progression progression progression their meaning the accouring of another urther inform "I Love Lucy"	stem carried on a ons. For a further SA1-2 form. gram X NO gram gram y station ation. ' or
	the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times act to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was reto delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.						e times accu m. should be tem was <i>req</i> f the listed p	rately : uired
	SUBSTITUTE PROGRAM CARRIAGE OCCUR						7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
		163 01 140	OALL SIGN	4. STATIONS LOCATION	ANDDAT	TROW		
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		CVCTEMI						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC	SYSTEM I 244						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	nsmission service						
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 270,594.71 (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 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 accounting period is \$52.00	for this six-mon						
	Line 1. Royalty fee for accounting period	· · · · <u> </u>						
	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	· · · · · <u> </u>						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	37,100)						
	1. Base amount under statutory formula	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 \$8	527,600)						
	1. Enter the amount of gross receipts from space K	71						
	2. Base amount under statutory formula	<u> </u>						
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01	 67.95						
	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 6							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,386.95						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,406.95						

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.	
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: DIANA LLC				SYSTEM ID# 24401	
M 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						
		ble system carried television ast services				60	
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		EDED (Identify an ind	dividual to whom		
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762	
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)	· · · · · · · · · · · · · · · · · · ·				
	Email	Copyrights@me	diacomcc.com		Fax (optional)		
•	CERTIFICATION (This statement of account mu	st be certified and signed	in accordance with C	Copyright Office regulations)		
O Certification	• I, the undersigne	ed, hereby certify that (Check c	ne, <i>but only one</i> , of the box	es.)			
	(Owner	r other than corporation or p	artnership) I am the owner	of the cable system a	as identified in line 1 of space	B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.						
		the statement of account and e, and correct to the best of my on 1001(1986)]				n	
			X /s/ Kenneth				
			Enter an electronic signatur Enter signature using an "/s				
		Typed or printed	name: Kenneth J.	Kohrs			
		Title: (Title of o	Group Vice Preside icial position held in corporation		eporting		
		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.

Accounting Period: 2024/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24401 MEDIACOM INDIANA LLC 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here 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 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

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.

ID number

First community served Accounting period

1	1.00
N	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25