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 MINNESOTA LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY
	(Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918 (City, town, state, zip)
С	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:
	1 MEDIACOM MINNESOTA LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)
	Waseca, MN 56093 (City, town, state, zip code)
-	The second of th

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.

	·	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Nume	MEDIACOM MINNESOTA LLC	2843
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Cannon Falls	MN
Community	Riverside Terrace	MN
	Sunrise Village	MN
I Rows as Necessary	Blooming Prairie	MN
,	W. Concord	MN
	Dodge Center	MN
	Mantorville	MN
		MN
	Kenyon Brownsdale	
		MN
	Hayfield	MN
	Waltham	MN

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 28436

MEDIACOM MINNESOTA LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	313	29.95-74.49					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	0	29.95-74.49					
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.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:	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# 28436

MEDIACOM MINNESOTA LLC 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
KAAL/KAAL (HD) ABC	36	N	Austin, MN
KAAL-DT2 This TV	36.2	I-M	Austin, MN
KARE/KARE (HD) (NBC)	11	N	Minneapolis MN
KARE-DT2 Court TV	11.2	I-M	Minneapolis MN
KIMT/KIMT (HD) (CBS)	42	N	Mason City, IA
KIMT-DT2 MyNet	42.2	I-M	Mason City, IA
KIMT-DT4 Antenna TV	42.4	I-M	Mason City, IA
KMSP/KMSP (HD) (FOX)	9	<u> </u>	Minneapolis MN
KMSP-DT4 BUZZR	9.4	I-M	Minneapolis MN
KPXM (ION)	40	<u> </u>	St. Cloud, MN
KSMQ/KSMQ (HD) (PBS)	20	E	Austin, MN
KSMQ-DT2 PBS Deutsche We	20.2	E-M	Austin, MN
KSMQ-DT3 PBS Create	20.3	E-M	Austin, MN
KSMQ-DT4 PBS MN Channel	20.4	E-M	Austin, MN
KSTC/KSTC(HD) IND	45	<u> </u>	Minneapolis, MN
KSTC-DT2 MeTV	45.2	I-M	Minneapolis, MN
KSTC-DT3 getTV	45.3	I-M	Minneapolis, MN
KSTP/KSTP(HD) ABC	35	N	St. Paul, MN
KSTP-DT2 Heroes and Icons	35.2	I-M	St. Paul, MN
KTCA-DT PBS TPT 2 /KTCA F	34	E	St Paul MN
KTCA-DT2 PBS Kids(HD)	34.2	E-M	St Paul MN
KTCA-DT3 PBS TPT NOW HD	23.4	E-M	St Paul MN
KTCI (PBS) TPT Life	23	E	St Paul MN
KTTC CW HD	10.1	I-M	Rochester MN

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

substitute program basis, as explained in the next paragraph.

SYSTEM ID# 28436

MEDIACOM MINNESOTA LLC 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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTTC/KTTC (HD) (NBC)	10	N	Rochester MN
KTTC-DT2 (CW)	10.2	I-M	Rochester MN
KTTC-DT3 Heroes and Icons	10.3	I-M	Rochester MN
KTTC-DT4 Court TV	10.4	I-M	Rochester MN
KTTC-DT5 True Crime Netwo	10.5	I-M	Rochester MN
KXLT/KXLT (HD) (FOX)	46	<u> </u>	ROCHESTER,MN MASON CITY
KXLT-DT2 MeTV	46.2	I-M	ROCHESTER,MN MASON CITY
KXLT-DT3 MeTV Toons	46.3	I-M	ROCHESTER,MN MASON CITY
KXLT-DT4 ION Mystery	46.4	I-M	ROCHESTER,MN MASON CITY
KXLT-DT5 Quest	46.5	I-M	ROCHESTER,MN MASON CITY
KXSH/KXSH (HD) Telemundo	35	<u> </u>	ROCHESTER, MN
KYIN (PBS)	18	E	ROCHESTER,MN MASON CITY
WCCO/WCCO (HD) (CBS)	32	N	Minneapolis MN
WCCO-DT2 Start TV	32.2	I-M	Minneapolis MN
WCCO-DT3 DABL	32.3	I-M	Minneapolis MN
WFTC/WFTC (HD) (MyNET)	29	I	Minneapolis MN
WFTC-DT3 Movies	29.3	I-M	Minneapolis MN
WHLA PBS	30	E	La Crosse, WI
NUCW/WUCW (HD) CW	22	I	Minneapolis MN
NUCW-DT2 Comet	22.2	I-M	Minneapolis MN
WUCW-DT3 Charge!	22.3	I-M	Minneapolis MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

28436

MEDIACOM MINNESOTA LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						l	
	l	1	<u></u>	1	1	l	I

Accounting Perio								FORM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#	
	MEDIACOM MINNESOTA LLC 2843								
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO)G				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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 loguese page (v) of the general instructions in the pager SA1-2 form								
Substitute Carriage:									
Special		_		TITUTE CARRIAGE m carry, on a substitute ba	eie anv nonn	etwork te	levision	program	
Statement and	broadcast by a distant sta	•	ui cable syste	in carry, on a substitute ba	isis, any nom	ietwork te	YE		
Program Log	_			bl (f :	- "**/ "	4			
	Note: If your answer is "No	, leave the	e rest or triis pa	age blank. If your answer is	s res, your	nust com	piete trie	program	
	log in block 2. 2. LOG OF SUBSTITUT	E PROGRA	AMS						
	In General: List each subs	stitute progra	am on a sepai		s wherever po	ossible, if	their me	aning is	
	clear. If you need more spa			l rows to the tables. vision program ("substitute	nrogram") th	nat during	n the acc	counting	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego "NBA Basketball: 76ers vs		ovies or basi	tetball. List specific progra	am titles, for e	example,	I Love L	ucy or	
				er "Yes." Otherwise enter					
				casting the substitute progr the community to which th		rensed by	the FC	C or in	
	the case of Mexican or Ca						tile i ot	5 61, 111	
		,	when your sy	stem carried the substitute	e program. Us	se numera	als, with	the month	
	first. Example: for May 7 g Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syster	m List the	e times a	occurately	
	to the nearest five minutes								
	stated as "6:00–6:30 p.m."	tor "D" if the	listed progra	m was substituted for prog	rammina that	VOUR EVE	tom was	required	
	to delete under FCC rules								
	was substituted for prograi	mming that							
	effect on October 19, 1976	5.							
					WHE	N SUBST	TITUTE		
	S		E PROGRAN			AGE OC		7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES	то	
		 							
		 							
		 							
		 							
									
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		1	L						

	2024/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:			9	A1-2E. PAGI YSTEM I
Name	MEDIACOM MINNESOTA LLC				284
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.	system's s	secondary transn	nission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross re			\$ 15 (Amount of gr	9,055.84 oss receipts)
L 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less t	han \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that	you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but n	nore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	\$	159,055.84		
	3. Subtract line 2 from line 1	\$	104,744.16	_	
	4. Enter the amount of gross receipts from space K		\$	159,055.84	
	5. Enter the amount from line 3		\$	104,744.16	
	6. Subtract line 5 from line 4		\$	54,311.68	
	7. Multiply line 6 by .005 (enter figure here)			\$	271.56
	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		\$	271.56
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (bu	t less than \$527	7,600)	
	Enter the amount of gross receipts from space K				
	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)			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				
	FILING FEE AND TOTAL REMITTANCE DU	JE			
		· <u> </u>			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	271.56	
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			\$	291.56
	I				

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABI MEDIACOM MINNESOTA LL				SYSTEM ID# 28436
M Channels	to its subscribers, and (2) the ca	able system's total numbe	on which the cable system carried television r of activated channels during the accounti	ing period.	59
	Enter the total number of active on which the cable system care and nonbroadcast services	ried television broadcast	stations		102
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACT we can contact about this staten		MATION IS NEEDED (Identify an individua	al to whom	
for Further Information	Name Kenneth J			Telephone 845-443-	2762
		rural route, apartment, or suite Park, NY 10918	number)		
	Email <u>Co</u>	ppyrights@mediacomco	c.com Fax	(optional)	
O Certification	Owner other than co (Agent of owner other in line 1 of space B (Officer or partner) I in line 1 of space B	fy that (Check one, but only proporation or partnership or than corporation or partnership and that the owner is not am an officer (if a corpora 3.	I am the owner of the cable system as iden rtnership) I am the duly authorized agent of a corporation or partnership; or tion) or a partner (if a partnership) of the legal	ntified in line 1 of space B; or the owner of the cable system as id al entity identified as owner of the ca	
			lare under penalty of law that all statements e, information, and belief, and are made in go		
		Enter an el	/s/ Kenneth J. Kohrs ectronic signature on the line above to certify sture using an "/s/ signature" (e.g., /s/ John Sr		
	Ту	rped or printed name:	Kenneth J. Kohrs		
	Tit		Vice President, Financial Report	rting	
	Da	ate:		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: 28436 **MEDIACOM MINNESOTA 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** days 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 * 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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