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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2018/1 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 IOWA LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
-	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
-	(City, town, state, zip)	
	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these mes 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	
-	MEDIACOM IOWA 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)	

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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	MEDIACOM IOWA LLC	27547
D	Instructions: List each separate community served by the cable system. "a separate and distinct community or municipal entity (including uninco	A "community" is the same as a "community unit" as defined in FCC rules:
	as the "first community." Please use it as the first community on all futur	e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Oxford Junction	A
Community	Wyoming	
	TIPTON	IA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name		BLE OF OF LIM.						010	2754
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecember 37	, as the case r	may be).		-	
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and Rates	down by categories of secondary each category by counting the n								
nuioo	separately for the particular serv							onargea	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc	· · ·	,		standar	d rate variations	s within a p	particular rate	
	Block 1: In the left-hand block				of seco	ondary transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					in the count un	uer Servio		
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-hand	block. A two-	or three	e-word descripti	on of the s	service is	
		DCK 1					BLOC	٢2	
		NO. OF SUBSCRIB		RATE	САТ			NO. OF	RAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	VICE	SUBSCRIBERS	RAI
	Service to first set		430 29	95-48.54					
	Service to additional set(s)			00 -0.04					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1 29	95-48.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				-4.41				
F	In General: Space F calls for rat not covered in space E, that is, t		,			, ,			
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un enter only the letters "PP" in the		usually bille	ed. If any rates	are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	Block 1: Give the standard rat		he cable sv	stem for each o	of the a	pplicable servic	es listed.		
Rates	Block 2: List any services that	your cable sys	stem furnish	ed or offered d	during t	he accounting p	eriod that		
	listed in block 1 and for which a				d. List	these other serv	vices in the	e form of a	
	brief (two- or three-word) descrip			or each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVIC		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	PP		n: Non-reside	ntial		Family	ту	78.4
	• Day apple		Motel, Comm				Family	1 V	70
	Pay cable Add'l shappel			ercial					
	• Pay cable—add'l channel	PP		blo					<u> </u>
	Pay cable—add'l channel Fire protection		• Pay ca		nel				
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pay ca • Pay ca	ble-add'l chanr	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	PP	• Pay ca • Pay ca • Fire pr	ble-add'l chanr otection	nel				
	Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set	PP 99.99	• Pay ca • Pay ca • Fire pro • Burgla	ble-add'l chanr otection · protection	nel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP	• Pay ca • Pay ca • Fire pr • Burgla Other serv	ble-add'l chanr otection · protection /ices:	nel	29 00			
	Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set	PP 99.99 15.00-29.00	• Pay ca • Pay ca • Fire pr • Burglan Other serv • Recon	ble-add'l chanr otection [•] protection r ices: nect	nel	29.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	PP 99.99	• Pay ca • Pay ca • Fire pro • Burglai Other serv • Reconi • Discon	ble-add'l chanr otection [•] protection r ices: nect	nel	29.00			

	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	MEDIACOM IOWA LLC			2754
G Primary ansmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	g translator stations and low power tel of (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also is, see page (v) of the general instruction program services such as HBO, ESP ie-air designation. For example, repo- evision station for broadcasting over t is station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. it the community to which the station in the community with which the station	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
	KCRG-DT2 MyNet	9.2	N	Cedar Rapids, IA
ows as Necessary	KCRG-DT3 AntennaTV	9.3	N	Cedar Rapids, IA
,	KFXA/KFXA(HD) FOX	27		Cedar Rapids, IA
	KFXA-DT2 Charge!	27.2		Cedar Rapids, IA
	KFXA-DT3 TBD	27.3		Cedar Rapids, IA
	KFXB (CTN)	43		Dubuque, IA
	KGAN/KGAN(HD) CBS	51		Cedar Rapids, IA
	KGAN-DT2 getTV	51.2	N	Cedar Rapids. IA
	KGAN-DT2 getTV KGAN-DT3 Comet	<u>51.2</u> 51.3	N N	Cedar Rapids, IA Cedar Rapids, IA
	KGAN-DT2 getTV KGAN-DT3 Comet KIIN/KIIN(HD) PBS	51.2 51.3 12		Cedar Rapids, IA
	KGAN-DT3 Comet	51.3	N	
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS	51.3 12	N E	Cedar Rapids, IA Iowa City, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD)	51.3 12 12.2 12.3	N E E E	Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS Worlds KIIN-DT4 PBS Create	51.3 12 12.2 12.3 12.4	N E E	Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS Worlds KIIN-DT4 PBS Create KPXR/KPXR (HD) ION	51.3 12 12.2 12.3	N E E E E	Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Cedar Rapids, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS Worlds KIIN-DT4 PBS Create	51.3 12 12.2 12.3 12.4 47	N E E E E I	Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Cedar Rapids, IA Iowa City, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS Worlds KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB (HD) (ThisTV) KWKB-DT2 Charge!	51.3 12 12.2 12.3 12.4 47 25	N E E E E I I	Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Cedar Rapids, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS Worlds KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB (HD) (ThisTV)	51.3 12 12.2 12.3 12.4 47 25 25.2	N E E E E I I I I	Cedar Rapids, IA lowa City, IA lowa City, IA lowa City, IA lowa City, IA Cedar Rapids, IA lowa City, IA lowa City, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS Worlds KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB (HD) (ThisTV) KWKB-DT2 Charge! KWWL/KWWL(HD) NBC	51.3 12 12.2 12.3 12.4 47 25 25.2 7	N E E E E I I I I N	Cedar Rapids, IA lowa City, IA lowa City, IA lowa City, IA lowa City, IA Cedar Rapids, IA lowa City, IA lowa City, IA Waterloo, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS Worlds KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB (HD) (ThisTV) KWKB-DT2 Charge! KWWL/KWWL(HD) NBC KWWL-DT2/KWWL-DT2 (CW)	51.3 12 12.2 12.3 12.4 47 25 25.2 7 7 7.2	N E E E E I I I I N I	Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Waterloo, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS Worlds KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB (HD) (ThisTV) KWKB-DT2 Charge! KWWL/KWWL(HD) NBC KWWL-DT2/KWWL-DT2 (CW)	51.3 12 12.2 12.3 12.4 47 25 25.2 7 7 7.2 7.3	N E E E E I I I I N I	Cedar Rapids, IA lowa City, IA lowa City, IA lowa City, IA lowa City, IA cedar Rapids, IA lowa City, IA lowa City, IA lowa City, IA Waterloo, IA Waterloo, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS Worlds KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB (HD) (ThisTV) KWKB-DT2 Charge! KWWL/KWWL(HD) NBC KWWL-DT2/KWWL-DT2 (CW)	51.3 12 12.2 12.3 12.4 47 25 25.2 7 7 7.2 7.3	N E E E E I I I I N I	Cedar Rapids, IA lowa City, IA lowa City, IA lowa City, IA lowa City, IA cedar Rapids, IA lowa City, IA lowa City, IA lowa City, IA Waterloo, IA Waterloo, IA
	KGAN-DT3 Comet KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS Worlds KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB (HD) (ThisTV) KWKB-DT2 Charge! KWWL/KWWL(HD) NBC KWWL-DT2/KWWL-DT2 (CW)	51.3 12 12.2 12.3 12.4 47 25 25.2 7 7 7.2 7.3	N E E E E I I I I N I	Cedar Rapids, IA lowa City, IA lowa City, IA lowa City, IA lowa City, IA Cedar Rapids, IA lowa City, IA lowa City, IA Waterloo, IA Waterloo, IA

EGAL NAME OF			/STEM:					SYSTEM I 275
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of o the static cion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/0				0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						L		

Accounting Perio	od: 2018/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM IOWA LLC	;					27547
	SUBSTITUTE CARRIAGI				 		
I I	In General: In space I, identi					ion that your cab	le system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in the pap	er SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> p	
Program Log	broadcast by a distant star	tion?				ا	
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ist complete the	program
	log in block 2.	,		,	, , , ,		P 3
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their mea	aning is
	clear. If you need more spa				vrogrom") the	t during the eco	ounting
	period, was broadcast by a			ision program ("substitute p ur cable svstem substituted			
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further info	ormation.
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lu	lcy" or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	r "Yes." Otherwise enter "N	٥"		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.		
				ne community to which the			; or, in
	the case of Mexican or Can			community with which the s			he month
	first. Example: for May 7 giv		when you byo				
				gram was carried by your o			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should	be
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	required
	to delete under FCC rules a						
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulations in	1
						N SUBSTITUTI	
	S					AGE OCCURR 6. TIMES	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	то
						_	
						_	
						_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name		S	YSTEM ID#
			27547
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 servic s amount, see	e),232.30
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 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.	\$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 \$527	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foo and			
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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER MEDIACOM IOWA LI				SYSTEM ID# 27547
M Channels	 to its subscribers, and (1. Enter the total number system carried televis 2. Enter the total number on which the cable sy 	(2) the cable system's er of channels on whi ion broadcast station er of activated channel stem carried televisio	s total number ich the cable is els on broadcast s	on which the cable system carried television broadcast static of activated channels during the accounting period.	29 70
N Individual to	INDIVIDUAL TO BE Co			MATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name Ken	neth J. Kohrs		Teleph	one 845-443-2762
	(Numb	e Mediacom Way ber, street, rural route, apa liacom Park, NY town, state, zip)	artment, or suite i	number)	
	Email	Copyrights@r	mediacomcc.	com Fax (optional)	
O Certification	I, the undersigned, here (Owner other (Agent of ow in line 1 o (Officer or p in line 1 o · I have examined the sta	eby certify that (Check than corporation or ner other than corpor f space B and that the artner) I am an officer f space B. atement of account and correct to the best of m	one, <i>but only o</i> partnership) I ration or partu owner is not a (if a corporation d hereby decla ny knowledge, i	ed and signed in accordance with Copyright Office regulatio one, of the boxes.) I am the owner of the cable system as identified in line 1 of spar nership) I am the duly authorized agent of the owner of the cab a corporation or partnership; or on) or a partner (if a partnership) of the legal entity identified as re under penalty of law that all statements of fact contained her information, and belief, and are made in good faith. /s/ Kenneth J. Kohrs	ce B; or le system as identified owner of the cable system
				ectronic signature on the line above to certify this statement. ture using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe Title: (Title o	Vice Pre	Kenneth J. Kohrs esident, Financial Reporting held in corporation or partnership)	
		Date:	8/22/201	8	

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 the 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 telephol 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 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 t 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 lav

inting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM IOWA LLC	2754
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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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.