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	T 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

A ACCOUNTING PERIOD COVERED BY THIS STATEMEN	IT: (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		
B Instructions: Give the full legal name of the owner of the cable system. If the owner of the subsidiary, not that of the parent corporation.	is a subsidiary of another corporation, give the full corporate title	
Owner List any other name or names under which the owner conducts the busi	iness of the cable system.	
If there were different owners during the accounting period, only the ow single statement of account and royalty fee payment covering the entire		
Check here if this is the system's first filing. If not, enter the system's ID	number assigned by the Licensing Division.	8619
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE S	YSTEM	
MCC Iowa, LLC (Storm Lake, IA) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFF	ERENT)	
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)		
C INSTRUCTIONS: In line 1, give any business or trade names user names already appear in space B. In line 2, give the mailing addre		
System 1 IDENTIFICATION OF CABLE SYSTEM:		
MAILING ADDRESS OF CABLE SYSTEM:		
2 (Number: street, rural route, apartment, or suite number)		
Z (Number, street, rural route, apartment, or suite number)		
(City, town, state, zip code)		

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name		
	MCC Iowa, LLC (Storm Lake, IA)	86
D	Instructions: List each separate community served by the cable system. A "com" a separate and distinct community or municipal entity (including unincorporat	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filing	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	
F ¹ (CITY OR TOWN Storm Lake	IA STATE
First Community		
Community	Alta Buono Vieto County	
	Buena Vista County Lakeside	IA IA
d Rows as Necessary	CHEROKEE	
	Cherokee (Uo Cherokee)	
	Cherokee (Uo Cherokee)	

	LEGAL NAME OF OWNER OF CA								TEM ID
Name								513	861
	MCC lowa, LLC (Storm I	Lake, IA)							001
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	ince payment.	-				
	Block 1: In the left-hand block								
	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 c	once again und	er "Serv	ice to addition	al set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, the with the number of subscribers a								
	sufficient.		- ngnt-n	and block. A ti		e-word description			
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:		-				-		
	Service to first set		1,799	29.95-48.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	29.95-48.54					
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for rat					ll vour cable svs	tem's serv	ices that were	
F	not covered in space E, that is, the	•	,		•	• •			
	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	Dilleu. Il ally la	ales ale ci	largeu on a van	able per-pi	ografii basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ach of the a	applicable servio	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				ished. List	these other serv	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	WICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	TOTE		ation: Non-res		TUTE	ONTEO		
	• Pay cable	PP		tel, hotel			Family	Cable	78.4
	Pay cable—add'l channel	PP		nmercial					
	Fire protection			/ cable					†
	•Burglar protection		-	v cable-add'l cł	nannel				
	Installation: Residential		-	protection					
	First set	99.99		glar protection	1				
	Additional set(s)	15.00-29.00		services:					
	1					20.00			1
	 FM radio (if separate rate) 		• Rec	connect		29.00			
	FM radio (if separate rate) Converter	10.50		connect connect		29.00			
		10.50	• Dise			15.00-29.00			

ting Period: 2	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF MCC Iowa, LLC (Storn			SYSTEM ID# 8619
	PRIMARY TRANSMITTERS:	· ·		
G Primary psmitters: devision	In General: In space G, ider 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	http every television station (including in during the accounting period, <i>excep</i> in 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 es, 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 carried a concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	t (1) stations carried only on a part-ti the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr of each station. For U.S. stations, lis ian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCAU/KCAU(HD) ABC	9	Ν	Sioux City, IA
	KCCI CBS	8	Ν	Des Moines, IA
	KDSM FOX	16	I	Des Moines, IA
	KMEG/KMEG(HD) CBS	39	Ν	Sioux City, IA
	KMEG-DT2 TBD	39.2	N	Sioux City, IA
	KPTH/KPTH(HD) FOX	49	I	Sioux City, IA
	KPTH-DT2 MyNet	49.2	<u> </u>	Sioux City, IA
	KPTH-DT3 Charge!	49.3	I	Sioux City, IA
	KSFY ABC	13	Ν	SIOUX FALLS, SD
	KSIN/KSIN(HD) PBS	28	Е	Sioux City, IA
	KSIN-DT2 PBS KIDS (HD)	28.2	Е	Sioux City, IA
	KSIN-DT3 PBS WORLD	28.3	Е	Sioux City, IA
	KSIN-DT4 PBS Create	28.4	Е	Sioux City, IA
	KTIN/KTIN(HD) PBS	25	Е	Fort Dodge, IA
	KTIN-DT2 PBS KIDS (HD)	25.2	E	Fort Dodge, IA
	KTIN-DT3 PBS WORLD	25.3	E	Fort Dodge, IA
	KTIN-DT4 PBS Create	25.4	E	Fort Dodge, IA
	KTIV/KTIV(HD) NBC	41	Ν	Sioux City, IA
	KTIV-DT2/KTIV-DT2 (HD) (41.2	l	Sioux City, IA
	KTIV-DT3 MeTV	41.3	I	Sioux City, IA

LEGAL NAME OF MCC Iowa, I								SYSTEM ID 861
	t every radio	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process and and and and and and and and and and	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	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, rated intervals. Instructions in the.	Primary Transmitters: Radio
Mexican or Car		s, if any,	the community with which the	e station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						
	+							

Accounting Perio	od: 2018/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MCC Iowa, LLC (Storm	Lake, IA)				8619
	SUBSTITUTE CARRIAGI				G		
1	In General: In space I, identi		-		-	ion that your cable sy	stem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special	 During the accounting per 				s. anv nonne	twork television proar	am
Statement and	broadcast by a distant sta	-	···· , ···	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, - ,	YES	X
Program Log	5					-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete the prog	ram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meaning) is
	clear. If you need more spa			ision program ("substitute	program") tha	it during the accounti	ina
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further informat	tion.
	Do not use general categor		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy"	or
	"NBA Basketball: 76ers vs.		least live onto	r "Vos " Othonwiso optor "N	lo."		
				r "Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC or,	in
	the case of Mexican or Can	adian static	ons, if any, the o	community with which the	station is ider	ntified).	
			when your sys	tem carried the substitute	program. Use	numerals, with the m	nonth
	first. Example: for May 7 giv		substituto pro	gram was carried by your	cable system	List the times accur	atoly
	to the nearest five minutes.						atery
	stated as "6:00–6:30 p.m."		i program oann		10 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a						ogram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
						_	
1							

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			\$	SYSTEM ID#
	MCC Iowa, LLC (Storm Lake, IA)				8619
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's s tion of how	secondary trans to compute this	mission servi s amount, sec \$ 42	ice
	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) but less t informatio	han \$527,600 on.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	ı
	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 li	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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				<u>.</u>
	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	7 and 8	· · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	¢	425,750.83		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		161,950.83		
	4. Multiply line 3 by .01			1,619.51	
	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			¢	2,938.51
				Ψ	2,330.31
	FILING FEE AND TOTAL REMITTANCE DU	JĒ			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,938.51	-
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			\$	2,958.51
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: C (Storm Lake, IA)				SYSTEM ID# 8619
M Channels	to its subscribe	rs, and (2) the cable system's t al number of channels on which	total number of ch the cable	which the cable system carried tel	counting period.	27
	2. Enter the tot on which the	al number of activated channels cable system carried television	els n broadcast stat		[75
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accourt		TION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)	rtment, or suite nur	nber)		
	Email	Copyrights@m	nediacomcc.cc	om	Fax (optional)	
O Certification	I, the undersign (Owr (Age in (Offi in I have examine are true, complet	ned, hereby certify that (Check or ner other than corporation or part nt of owner other than corpora n line 1 of space B and that the o icer or partner) I am an officer (in n line 1 of space B. ed the statement of account and I	one, <i>but only one</i> partnership) I an ation or partner owner is not a co (if a corporation) hereby declare	m the owner of the cable system as rship) I am the duly authorized ager	identified in line 1 of space B; at of the owner of the cable sy legal entity identified as owne ents of fact contained herein	stem as identified
		Typed or printed	Enter an elect Enter signatur	' Kenneth J. Kohrs ronic signature on the line above to c re using an "/s/ signature" (e.g., /s/ Jo enneth J. Kohrs		
		Title:	Vice Pres	ident, Financial Reporting	9	
		Date:			8/21/2018	

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inting Period: 2018/1	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
lowa, LLC (Storm Lake, IA)	
 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 	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
X	
X	
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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