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

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ht at:

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbo 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	3/1/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyrigh Office Licensing Division a Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	(YV/(Period))	

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Percede Date Filing Devied (antisted, and instructions)
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		Instructions:
В		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 (Cresco, IA)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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 Iowa LLC (Cresco, IA)
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
	-	MEDIACOM PARK, NY 10918
		(City, town, state, zip code)
r		

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Mediacom Iowa LLC (Cresco, IA)	27457
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile l identified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Cresco	IA
Community	Elma	IA
	Lime Springs	IA
Add Rows as Necessary	Osage	IA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	Mediacom Iowa LLC (Cr	resco, IA)							2745
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND RA	TES				
–	In General: The information in s								
Cocondom/	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period								
Service: Sub-	Number of Subscribers: Both						ole system	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	. (Example: "\$2	20/mth"). Summarize a					
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as	a subscriber in	each appl	icable category	. Example:	a residential	
	subscriber who pays extra for ca					in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.								
	BLO	OCK 1 NO. OF		1			BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		839	29.95-51.54					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		2	29.95-51.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		3				
-	In General: Space F calls for rat					l your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•	-		-		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-3 ,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res					
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	78.4
	Pay cable—add'l channel	PP	• Co	ommercial					
	Fire protection		•Pa	y cable]
	 Burglar protection 		• Pa	iy cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.99	• Bu	rglar protection					
	 Additional set(s) 	15.00-29.00	Other	services:					
	 FM radio (if separate rate) 			econnect		29.00			
	Converter	10.50	• Dis	sconnect					
			• Oi	itlet relocation		15.00-29.00			

counting Period: 2	2018/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Mediacom Iowa LLC (· ·		27457
G Primary Transmitters: Television	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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify 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 les, regulations, or authorizations: in space G—but do list it in space I (if a substitute basis. Iso in space I, if the station was carrien in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-ti he 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, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ims [sections itions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial 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
	KAAL ABC/KAAL ABC (HD)	36	N	Austin, MN
	KAAL-DT2 ThisTV	36.2	Ν	Austin, MN
d Rows as Necessary	KCRG (ABC)	9	Ν	Cedar Rapids, IA
	KGAN (CBS)	51	N	Cedar Rapids, IA
	KIMT/KIMT(HD) CBS	42	N	Mason City, IA
	KIMT-DT2 MyNet	42.2	N	Mason City, IA
	KIMT-DT4 Antenna TV	42.4	N	Mason City, IA
	KTTC CW (HD)	10.1	I	Rochester, MN
	KTTC/KTTC(HD) NBC	10	N	Rochester, MN
	KTTC-DT2 (CW)	10.2	I	Rochester, MN
	KTTC-DT3 Heros&lcons	10.3	I	Rochester, MN
	KXLT/KXLT(HD) FOX	46	<u>I</u>	Rochester, IA
	KXLT-DT2 MeTV	46.2	I	Rochester, IA
	KYIN/KYIN(HD) PBS	18	E	Mason City, IA
	KYIN-DT2 (PBS) KIDS (HD)	18.2	E	Mason City, IA
			E	
	KYIN-DT3 (PBS) World	18.3	L	Mason City, IA
	KYIN-DT3 (PBS) World KYIN-DT4 (PBS) Create	18.3 18.4	E	Mason City, IA Mason City, IA

Accounting P							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
Mediacom Io		resco,	IA)					27457
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 mna, during co ge (v) of the g	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2018/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Mediacom Iowa LLC (C	Cresco, IA))					27457
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv noni	network televis	<i>ion program.</i> broadcast by	a distant stati	on, that your o	able svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must	be included in	this log, see page (v) of the	e general instru	uctions in the p	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting period 	od, did your	cable system	carry, on a substitute basi	s, any nonnet	work televisio	n program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log	Note: If your anowar is "No"	loovo tho r	act of this pag	a blank. If your anowar in '			-	
	Note: If your answer is "No'	, leave the h	est of this pag	e blank. Il your answer is	res, you mu	ist complete ti	ne program	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their n	neaning is	
	clear. If you need more spa						liouning io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							l.
	"NBA Basketball: 76ers vs.						2409 01	
				"Yes." Otherwise enter "N				
				sting the substitute progra		nand by the F	CC or in	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			th the mon	th
	first. Example: for May 7 giv	re "5/7."			-			
				gram was carried by your				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sno	uld be	
		er "R" if the li	isted program	was substituted for progra	mming that y	our system wa	as required	d
	to delete under FCC rules a	nd regulation	ns in effect du	ring the accounting period	; enter the let	ter "P" if the lis	sted progra	
	was substituted for program	ming that yo	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTITI	JTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCU	RRED	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. TIN FROM —	IES TO	DELETION
							_	
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/2			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	Mediacom Iowa LLC (Cresco, IA)				27457
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipting the statement in space P concerning the statement in sp	em's see of how to	condary trans compute this	mission servic s amount, see	8, 542.23
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more infor 	less tha	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100	0 OR LE	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e that you	u must pay for	this six-month	
	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 lines 1	l and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b				
	1. Base amount under statutory formula \$		263,800.00		
	2. Enter amount of gross receipts from space K		98,542.23		
	3. Subtract line 2 from line 1		65,257.77		
	4. Enter the amount of gross receipts from space K	<u></u>	\$1	98,542.23	
	5. Enter the amount from line 3		\$	65,257.77	
	6. Subtract line 5 from line 4		\$1	33,284.46	
	7. Multiply line 6 by .005 (enter figure here)			\$	666.42
	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		\$	666.42
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	0 (but le	ess than \$527	(,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>_</u>	\$	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, a	and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	····· <u> </u>	\$	666.42	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \ldots	····· <u>–</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	686.42
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for		-		jhts!

Accounting Period:	: 2018/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: va LLC (Cresco, IA)		SYSTEM ID 27457
M Channels	to its subscribe	rs, and (2) the cable system's total num al number of channels on which the cab	els on which the cable system carried television broadcast stations nber of activated channels during the accounting period. ble	22
	on which the	al number of activated channels cable system carried television broadca cast services	ast stations	. 74
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INF(about this statement of account.)	ORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Kenneth J. Kohrs	Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or s	uite number)	
		Mediacom Park, NY 10918 (City, town, state, zip)		
	Email	Copyrights@mediacom	ncc.com Fax (optional)	
0	CERTIFICATIO	I (This statement of account must be co	ertified and signed in accordance with Copyright Office regulations)	
Certification		er other than corporation or partnersh	<i>nly one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space E	3; or
	i	n line 1 of space B and that the owner is n		-
	I have examine	n line 1 of space B. Id the statement of account and hereby do te, and correct to the best of my knowled	ration) or a partner (if a partnership) of the legal entity identified as owr eclare under penalty of law that all statements of fact contained herein lge, information, and belief, and are made in good faith.	er of the cable system
			/s/ Kenneth J. Kohrs n electronic signature on the line above to certify this statement. ignature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed name:	Kenneth J. Kohrs	
			President, Financial Reporting	
		Date:	2/21/2019	

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unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
iacom Iowa LLC (Cresco, IA)	274
 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	
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 Assessmen
	-
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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