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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER 3/1/2019

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	27458
		T	
		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	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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. PAG
Name	MEDIACOM IOWA LLC	274
	Instructions: List each separate community served by the cable system. A "communi	LIA
D	"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 lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Calmar	IA
Community	Ft. Atkinson	AI IA
	Ossian	IA
ld Rows as Necessary	Spillville	IA
	Elgin	IA
	Fayette	A
	Fredereicksburg	IA
	New Hampton	IA
	Sumner	IA IA
	West Union	
	West Union	IA

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name		ABLE SYSTEM:						313	2745
	MEDIACOM IOWA LLC								2140
Е	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both						,	,	
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							ge and the	
	unit in which it is generally billed				ny standai	rd rate variations	s within a p	particular rate	
	category, but do not include disc				ion of one	andan (tranamia	aion oon <i>i</i> i	a that apple	
	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					l in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1 NO. OF	:				BLOCH	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,918	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	SIONS: RATES	3				
F	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, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro pot	
Nales	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip	-							
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	Pay cable	PP	• Mc	otel, hotel			Family	Cable	78.4
	Pay cable—add'l channel	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	 Burglar protection 		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fin	e protection					
	First set	99.99		rglar protection					
	 Additional set(s) 	15.00-29.00		services:					
	• FM radio (if separate rate)			connect		29.00			
	Converter	10.50		sconnect					
			· · · ·			45 00 00 00			
				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			27458
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 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 the Column 2: Give the channel 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 76.1 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 (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 tel RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), the forms, see page (iv) of the general instr n of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tir he carriage of certain network program S1(e)(2) and (4))]; and (2) certain stati earried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a ful (for network multicast), "I" (for independent station, an independent station, or a ful (for network multicast), "I" (for independent t the community to which the station is the community with which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t 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
Rows as Necessary	KCRG-DT3 AntennaTV	9.3	N	Cedar Rapids, IA
	KFXA/KFXA(HD) FOX	27	I	Cedar Rapids, IA
	KFXA-DT2 Charge!	27.2	I	Cedar Rapids, IA
	KFXA-DT3 TBD	27.3	I	Cedar Rapids, IA
	KFXA-DT4 Stadium	27.4	I	Cedar Rapids, IA
	KFXB CTN	43	Ι	Dubuque, IA
	KGAN/KGAN(HD) CBS	51	N	Cedar Rapids, IA
	KGAN-DT2 getTV	51.2	N	Cedar Rapids, IA
	KGAN-DT3 COMET	51.3	N	Cedar Rapids, IA
	KPXR (ION)/KPXR (ION)(HD)	47	I	CEDAR RAPIDS, IA
	KWKB/KWKB(HD) ThisTV	25	Ι	IOWA CITY, IA
	KWKB-DT2 Light TV	25.2	I	IOWA CITY, IA
	KWWL/KWWL(HD) NBC	7	N	Waterloo, IA
	KWWL-DT2 CW/KWWL-DT2 (7.2	I	Waterloo, IA
	KWWL-DT3 MeTV	7.3	I	Waterloo, IA
	KYIN/KYIN(HD) PBS	18	Е	MASON CITY, IA
	KYIN-DT2 PBS KIDS (HD)	18.2	Е	MASON CITY, IA
	KYIN-DT3 PBS World	18.3	Е	MASON CITY, IA
	KYIN-DT4 PBS Create	18.4	Е	MASON CITY, IA

EGAL NAME OF			(SIEM:					SYSTEM I 274
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive 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 C tem whenever it is received a ved 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. 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 general i eparate	be expected, rated 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	

Accounting Perio	od: 2018/2						FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM IOWA LLC	;						27458
	SUBSTITUTE CARRIAG			NT AND PROGRAM LOC	3			
I I	In General: In space I, identi					ion that your ca	ble 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 pa	aper SA1-2	form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork television		
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the	e program	
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				vherever pos	sible, if their me	eaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute p	program") that	t, during the ac	counting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substituted	for the prog	ramming of and	other static	on
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		vies of baske	toall. List specific program		ample, i Love L	Lucy Of	
				r "Yes." Otherwise enter "N				
				sting the substitute programe community to which the		need by the EC	°C or in	
	the case of Mexican or Can						,C 01, 11	
	Column 5: Give the mor	th and day		tem carried the substitute p			the month	n
	first. Example: for May 7 giv		aubatituta pro	gram was carried by your c	able avetom	List the times of	acouratoly	
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."				•	·		
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.		·			-		
					WHE	N SUBSTITU	TE	
	s	UBSTITUT	E PROGRAM			AGE OCCUR		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4. STATION'S LOCATION	5. MONTH	6. TIME FROM —		DELETION
		Yes or No	CALL SIGN	4. STATION SLOCATION	AND DAY	FROM —	то	

Accounting Period:	2018/2			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC			S	8YSTEM ID# 27458
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatic 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 re	ystem's s	econdary trans to compute this	mission servi s amount, see \$ 45	of
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 t • Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 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 line	es 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	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				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	451,756.25		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	187,956.25		
	4. Multiply line 3 by .01		\$	1,879.56	
	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, 8	5, and 6 .	· · · · · · · · · · · · · · ·	\$	3,198.56
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · · · ·	\$	3,198.56	
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			\$	3,218.56
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	: 2018/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: DWA LLC				SYSTEM ID# 27458
M Channels	to its subscribe		total number o	n which the cable system carried television broof activated channels during the accounting provide the second time provide the		29
	2. Enter the tota on which the o	al number of activated channe cable system carried television	els n broadcast st	ations		74
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of accou		IATION IS NEEDED (Identify an individual to v	whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 845-4	443-2762
	Address	One Mediacom Way (Number, street, rural route, apa		umber)		
		Mediacom Park, NY (City, town, state, zip)	' 10918			
	Email	Copyrights@n	nediacomcc.c	com Fax (opti	ional)	
	CERTIFICATION	I (This statement of account n	must be certifie	ed and signed in accordance with Copyright O	ffice regulations)	
O Certification	• I, the undersigr	ned, hereby certify that (Check o	one, but only or	ne, of the boxes.)		
	(Own	er other than corporation or	partnership)	am the owner of the cable system as identified in	n line 1 of space B; or	
		nt of owner other than corpor		ership) I am the duly authorized agent of the ow corporation or partnership; or	vner of the cable system as	s identified
		cer or partner) I am an officer n line 1 of space B.	(if a corporation	n) or a partner (if a partnership) of the legal entity	y identified as owner of the	e cable system
		ete, and correct to the best of m		e under penalty of law that all statements of fact nformation, and belief, and are made in good fait		
			X /s	s/ Kenneth J. Kohrs		
				ctronic signature on the line above to certify this s ure using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or printe	ed name: 📕	Kenneth J. Kohrs		
		Title: (Title of		sident, 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 ID
DIACOM IOWA LLC	2745
 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 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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen - /s -
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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