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					
8/29/2019	\$ 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

A	ACC	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 IOWA LLC (Aplington, 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)							
	INSTE	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 MAILING ADDRESS OF CABLE SYSTEM:							
		ONE MEDIACOM WAY							
	2 (Number, street, rural route, apartment, or suite number)								
		MEDIACOM PARK, NY 10918 (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 fling, a determination that would be made by a court of law.

	LEGAL MANE OF COMMED OF CARLE OVOTEM	FORM SA1-2E. PAG SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	MEDIACOM IOWA LLC (Aplington, IA)	16
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	list will serve as a form of system identification hereafter kno
	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	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	APLINGTON	IA
Community	PARKERSBURG	IA
	DIKE	IA
	NEW HARTFORD	
Rows as Necessary	NEW TAKIFUKU	iA

Accounting Period: 2019/1 FORM SA1-2E. PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1696

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

MEDIACOM IOWA LLC (Aplington, IA)

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.

OCK 1	BLOCK 2			
NO. OF	DATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
SUBSCRIBERS	IVAIL	CATEGORY OF SERVICE SUBSCRIBERS TRATE		
769	40.49-50.54			
0	40.49-50.54			
	NO. OF SUBSCRIBERS 769	NO. OF SUBSCRIBERS RATE 769 40.49-50.54 0 40.49-50.54		

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			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	80.49
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.99	Burglar protection			
Additional set(s)	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		Move to new address			

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1696

MEDIACOM IOWA LLC (Aplington, IA)

G

Primary Transmitters: Television

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
KCRG/KCRG(HD)ABC	9	N	CEDAR RAPIDS, IA
KCRG-DT2 MyNet/ HD	9.2	I-M	CEDAR RAPIDS, IA
KCRG-DT3 Antenna	9.3	I-M	CEDAR RAPIDS, IA
KDIN/KDIN(HD) PBS	11	E	DES MOINES, IA
KDIN-DT2 PBS Kids(HD)	11.2	E-M	DES MOINES, IA
KDIN-DT3 PBS World	11.3	E-M	DES MOINES, IA
KDIN-DT4 PBS Create	11.4	E-M	DES MOINES, IA
KFXA/KFXA(HD) FOX	27	I	CEDAR RAPIDS, IA
KFXA-DT2 Charge	27.2	I-M	CEDAR RAPIDS, IA
KFXA-DT3 TBD	27.3	I-M	CEDAR RAPIDS, IA
KFXA-DT4 Stadium	27.4	I-M	CEDAR RAPIDS, IA
KFXB CTN	40	I	DUBUQUE, IA
KGAN/KGAN(HD) CBS	51	N	CEDAR RAPIDS, IA
KGAN-DT2 get TV	51.2	I-M	CEDAR RAPIDS, IA
KGAN-DT3 COMET	51.3	I-M	CEDAR RAPIDS, IA
KPXR/KPXR(HD) ION	47	I	CEDAR RAPIDS, IA
KWKB/KWKB(HD) Escape	25	l	IOWA CITY, IA
KWKB-DT2 Laff	25.2	I-M	IOWA CITY, IA
KWWL/KWWL NBC (HD)	7	N	WATERLOO, IA
KWWL-DT2/KWWL-DT2 (HD) CW	7.2	I-M	WATERLOO, IA
KWWL-DT3 Me TV	7.3	I-M	WATERLOO, IA
KCRG-DT4 H&I	9.4	I-M	CEDAR RAPIDS, IA
KCRG-DT5 Start TV	9.5	I-M	CEDAR RAPIDS, IA
KWWL-DT4 Court TV	7.4	I-M	WATERLOO, IA
KWWL-DT5 Justice Network	7.5	I-M	WATERLOO, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM IOWA LLC (Aplington, IA)

1696

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
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Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	MEDIACOM IOWA LLC	(Aplingto	on, IA)					1696
	SUBSTITUTE CARRIAGE	E. SDECIA	I STATEME	NT AND BROCKAMI)G			
Substitute	In General: In space I, identi substitute basis during the a	fy every nor	nnetwork televis	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	thorizations.	For a further
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and Program Log	t and hand death but a distant station?							
r rogram Log								
		, icave tric	rest or triis pag	je blank. II your answer is	, ico, you iii	ust complete	the program	
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program							
	was substituted for program effect on October 19, 1976.	iiiiiig tilat y	our system wa	s permitted to defete und	ei i oo iules a	and regulation	1113 111	
								1
	SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO						7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
	1. THEE OF TROOTONIA	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
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MEDIACOM IOWA LLC (Aplington, IA)				_	YSTEM ID		
					169		
(as identified in space E) during the accounting pe page (vii) of the general instructions located in the Gross receipts from subscribers for secondary	stem by subscribers for the riod. For a further explana paper SA1-2 form. y transmission service(s)	e system's ation of how	secondary trans w to compute thi	smission servic is amount, see	e		
				\$ 164 (Amount of gro	4,533.00 oss receipts)		
nstructions: 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 spac Use block 2 if the amount of gross receipts in spac Use block 3 if the amount of gross receipts in spac	ce K is more than \$137,10 ce K is more than \$263,80	0 but less	than \$527,600	\$263,800			
BLOCK 1: GR	OSS RECEIPTS OF \$13	7,100 OR	LESS				
Instructions: As a cable system with gross receipts of accounting period is \$52.00	f \$137,100 or less, the roya	ty fee that	you 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 2 TOTAL POYALTY FEE DAYABLE FOR ACC	COUNTING BEDIOD Add I	inos 1 and	2				
Base amount under statutory formula		\$	263,800.00	_			
2. Enter amount of gross receipts from space K		\$	164,533.00	_			
3. Subtract line 2 from line 1		\$	99,267.00	_			
4. Enter the amount of gross receipts from space \ensuremath{K} .			\$	164,533.00			
5. Enter the amount from line 3			. \$	99,267.00			
6. Subtract line 5 from line 4			\$	65,266.00			
7. Multiply line 6 by .005 (enter figure here)				\$	326.33		
8. Interest charge. Enter the amount from line 4, spa	ce 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 \$527,600)							
Enter the amount of gross receipts from space K .							
Base amount under statutory formula		\$	263,800.00	_			
3. Subtract line 2 from line 1				<u>-</u>			
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, spa	ce Q, page 8		·	0.00			
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT	NTING PERIOD. Add lines	4, 5, and 6					
FILING FEE AND T	OTAL REMITTANCE DI	JE					
Royalty Fee Payable for Accounting Period (from B	Block 1, 2, or 3, above)		\$	326.33			
2. Filing Fee (See the instructions for more information	on on filing fee calculations)		\$	20.00			
3. TOTAL AMOUNT DUE FOR ACCOUNTING PER	IOD. Add lines 2 and 3			\$	346.33		
			_		hts!		
	all amounts (gross receipts) paid to your cable sys (as identified in space E) during the accounting pe page (vii) of the general instructions located in the Gross receipts from subscribers for secondar during the accounting period	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 (vil) 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 concerning gross. 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 more than \$137,10 use block 3 if the amount of gross receipts in space K is more than \$137,10 use block 3 if the amount of gross receipts in space K is more than \$137,10 use block 3 if the amount of gross receipts in space K is more than \$137,10 use block 3 if the amount of gross receipts in space K is more than \$137,10 use block 3 if the amount of gross receipts in space K is more than \$137,10 use block 3 if the amount of gross receipts in space K is more than \$137,10 use page (vi) of the general instructions located in the paper \$3-12 form for more paper (vi) of the general instructions can be gross receipts of \$137,100 or less, the royal 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 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line 1. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26 I. Enter the amount of gross receipts from space K BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26 I. Enter the amount of gross receipts from space K Interest charge. Enter the amount from line 4, space Q, page 8 Interest charge. Enter the amount from line 4, space Q, page 8 Interest charge. Enter the amount from line 4, space Q, page 8 Interest charge. Enter the amount from line 4, space Q, page 8 Interest charge. Enter	all amounts (gross réceipts) paid to your cable system by subscribers for the systems (as identified in space E) during the accounting period. For a further explanation of hopage (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. Describer of the property of the concerning gross receipts. Describer to compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 fit the amount of gross receipts in space K is more than \$137,100 but less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less use bage (vii) of the general instructions located in the paper SA1-2 form for more informations. As a cable system with gross receipts of \$137,100 or less, the royalty fee that 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. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but not be a specific property). Best amount under statutory formula. \$ 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 of gross receipts from space K. \$ 6. Enter the amount of gross receipts from space K. \$ 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 1) and 1 a	all amounts (gross receipls) paid to your cable system by subscribers for the system's secondary train (as identified in space E) during the accounting period. For a further explanation of how to compute this page (viii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. **POPYRIGHT ROYALTY FEE** **BITUCTIONS: To compute the royalty fee you owe: **Complete block 1 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 or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 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 or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 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 or equal to Use block 3 if the amount of gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$25,00. 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 \$25,00. Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 Enter the amount of gross receipts from space K \$ 164,533.00 3. Subtract line 2 from line 4 4. Enter the amount from line 4, space Q, page 8 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) 1. Enter the amount or gross receipts from space K 2. Base amount under statutory for	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space [5] during the accounting period. For a further explanation of how to compute this amount, see page (ivi) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MPORTARY 17 VOU must complete a statement in space P concerning gross receipts. **DOPYRIGHT ROYALTY FEE** **BITURATIONS: To compute the royalty fee you owe: Complete block 1, block 2, or block southers are paper (ivi) of the secondary of th		

Name LEGAL NAME OF COVERED FOR CAPITED SYSTEM IN 1698	Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Management Channels Channel	Name				
we can contact about this statement of account.) We contacted for Further Information Address One Mediacom Way (Number, street, roal rate, payment, or such number) Mediacom Park, NY 10918 Certification Fax (optional) Fax (optional) Fax (optional) Certification Fax (optional) Certification Fax (optional) Certification Fax (optional) Certification Certification Fax (optional) Fax (optional) Certification Fax (optional) Certification Fax (optional) Fax (optional) Certification Fax (optional) Fax (optional) Certification (Owner other than corporation or partnership) I am the covered with Capyright Office regulations) (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partnership I am an officer (if a corporation) or a partner if the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partnership I am an officer (if a corporation) or a partner if the duly authorized agent of the owner of the cable system in line 1 of space B. I have examined a statement of account and hereby declare under penalty of law that all statements of fact contained herein are flux, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. X/s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "Ns signature" (e.g., Ns John Smith) Title: Vice President, Financial Reporting ('lite of offic		Instructions: Yo to its subscribers 1. Enter the total system carried to the subscriber of the total on which the carried to the system carried to the sy	, and (2) the cable system's tot number of channels on which t television broadcast stations number of activated channels ble system carried television b	al number of activated channels during the accounting period. the cable roadcast stations	
Name Information Address One Mediacom Way (Number, street, run's rote, supariment, or sufe number) Mediacom Park, NY 10918 (City, town, state, ap) Email Copyrights@mediacomoc.com Fax (optional) Certification - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Ower other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partnersh I am an officer (if a corporation) or a partnership; or (Officer or partnersh I am an officer (if a corporation) or a partnership; or I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Typed or printed name: X /s / Kenneth J. Kohrs Title: Vice President, Financial Reporting (The of official position held in corporation or partnership)	Individual to				
Mediacom Park, NY 10918 (City, town, state, zep) Email Copyrights@mediacomcc.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B. - I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Kenneth J. Kohrs Finter an electronic signature on the line above to certify this statement. Enter signature using an *fs/ signature* (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership).	for Further	Name	Kenneth J. Kohrs	Telephone 84	5-443-2762
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(Title of official position held in corporation or partnership)			Typed or printed r	Mame: Kenneth J. Kohrs	
Date: 08/13/2019					
			Date:	08/13/2019	

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 telephon 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 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

counting Period: 2019/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM IOWA LLC (Aplington, IA)	1696
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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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