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 COPYRIGE	HT 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	8/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

Accounting Period 2019/1 Period 1 = January 1 - Juno 30 Period 2 = July 1 - December 31 Accounting Period Barcode Data Filing Period (optional - see instructions) B Barcode Data Filing Period (optional - see instructions) B Second State Filing Period (optional - see instructions) B Second State Filing Period (optional - see instructions) B Second State Filing Period (optional - see instructions) B Second State Filing Period (optional - see instructions) Concern Second State Filing Period (optional - see instructions) B Second State Filing Period (optional - see instructions) Concern Second State Filing Period (optional - see instructions) Concern Second State Filing Period (optional - see instructions) Second State Filing Period Period (optional - see instructions) Second State Filing Period Perio	A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period Barcode Data Filing Period (optional - see instructions) Accounting Period 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 corporatio Ust 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 should submit a single statement of account and royalty fee payment covering the entire accounting period. 27226 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 27226 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: dated, notion, apprending, or submenumer) MEDIACOM MAY NUMBER: a logit NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 DENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC 104 Second Street S.E. Number: steed, rular route, againment, results number) MEDIACOM IOWA LLC 2 104 Second Street S.E. Number: steed, rular route, againtent, route number) Weedee: MIN Stoed Street S.E. Nu			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period 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. B Owner Extended of the subsidiary, not that of the parent corporation. 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. 27526 Check here if this is the system's first filling. If not, enter the system's 10 number assigned by the Licensing Division. 27526 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM IOWA LLC 28000000000000000000000000000000000000				
Period Instructions: Give the full legal name 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. 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. 27526 Image: Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. 27526 Image: LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM IOWA LLC 27526 BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM (IF DIFFERENT) 000000000000000000000000000000000000			Barcode Data Filing Period (optional - see instructions)	
B 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. Ust 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. 27526 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 27526 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM IOWA LLC BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM MEDIACOM WAY MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY (During the count and payment, or suite number) MEDIACOM VAY (During the count and paper in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 1 DEVITE/CATION OF CABLE SYSTEM: 1 0 (Edu, town, state, ap) 1 MEDIACOM WAY (Data meet, number) MEDIACOM Space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 Dettrification of CABLE SYSTEM: 1 2 Dettrification or caule number) 1	-			
C System C MalLing ADDRESS OF CABLE SYSTEM: 1 DETTIFICATION OF DATION OF DATION OF DATION OF CABLE SYSTEM: 1 DETTIFICATION OF DATION OF DATION OF DATION OF	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	
single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM IOWA LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM IOWA LLC System 1 DENTIFICATION OF CABLE SYSTEM: 1 504 Second Street S.E. MAILING ADDRESS OF CABLE SYSTEM: 1 504 Second Street S.E. Tumber, street, rural route, apartment, or suite number) Waseca, MN 56093 Waseca, MN 56093	Owner		List any other name or names under which the owner conducts the business of the cable system.	
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.				
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC 2 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC 2 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC 2 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC 3 1 1 1 1 1 2 1 1 1 3 3 3 3 4 1			Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	27526
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC 2 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC 2 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC 2 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC 3 1 1 1 1 1 2 1 1 1 3 3 3 3 4 1				
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) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC MAILING ADDRESS OF CABLE SYSTEM: 1 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number) Waseca, MN 56093				
ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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: 1 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number) Waseca, MN 56093				
ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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: 1 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number) Waseca, MN 56093				
MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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: 12 1504 Second Street S.E. Waseca, MN 56093 Number, street, rural route, apartment, or suite number)			ONE MEDIACOM WAY	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 2 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) Waseca, MN 56093			MEDIACOM PARK, NY 10918	
Image: System names 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: 1		INCT	1 I	unlago thaga
1 MEDIACOM IOWA LLC MAILING ADDRESS OF CABLE SYSTEM: 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number) Waseca, MN 56093	С			
MEDIACOM IOWA LLC MAILING ADDRESS OF CABLE SYSTEM: 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number) Waseca, MN 56093	System	1	IDENTIFICATION OF CABLE SYSTEM:	
2 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number) Waseca, MN 56093		•	MEDIACOM IOWA LLC	
2 (Number, street, rural route, apartment, or suite number) Waseca, MN 56093			MAILING ADDRESS OF CABLE SYSTEM:	
Waseca, MN 56093		2		
		2		
[Utity, town, state, zip code]				
			(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 NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	MEDIACOM IOWA LLC	27526
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Amana	IA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	
Name	MEDIACOM IOWA LLC							2752
E	SECONDARY TRANSMISSION In General: The information in s			-	irv transmission s	ervice of t	he cable	
	system, that is, the retransmission							
Secondary	about other services (including p					hose exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					la evetam	broken	
scribers and	down by categories of secondary	•						
Rates	each category by counting the n	umber of billing	s in that catego	ry (the number	of persons or org	anizations		
	separately for the particular serv						a and the	
	Rate: Give the standard rate c unit in which it is generally billed							
	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		-		-			
	subscriber who pays extra for ca	ble service to a	additional sets w	ould be include	ed in the count un			
	first set" and would be counted o							
	Block 2: If your cable system I printed in block 1 (for example, ti							
	with the number of subscribers a							
	sufficient.							
	BLO	OCK 1 NO. OF				BLOCI	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		E CA	TEGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		114 40.49-5	0.54				
	Service to additional set(s)							
	• FM radio (if separate rate) Motel, hotel							
	Commercial		0 40.49-5	0.54				
	Converter		0	0.04				
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for rat	•	,		, ,			
-	not covered in space E, that is, the service for a single fee. There are							
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the un		usually billed. If	any rates are o	harged on a varia	able per-pi	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable system	for each of the	applicable servic	es listed		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a				t these other serv	rices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	le the rate for ea	ach.		1		
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY O		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: No			Family	Cabla	80.4
	Pay cable Pay cable—add'l channel	PP PP	 Motel, hotel Commercia 			Family	Capie	00.4
	Fay cable—add i channel Fire protection	FF	Pay cable	I				
	•Burglar protection		• Pay cable-a	dd'l channel				
	Installation: Residential		• Fire protect					
		99.99	Burglar prot					
	First set							
		15.00-29.00	Other services					
	Additional set(s) FM radio (if separate rate)	15.00-29.00	Reconnect		29.00			
	Additional set(s)	15.00-29.00			29.00			
	Additional set(s)FM radio (if separate rate)		Reconnect		29.00 15.00-29.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM IOWA LLO	0		275
	PRIMARY TRANSMITTERS:	TELEVISION		
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 information Column 1: List each station multicast stream associated "WETA-2" as the same on th 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 ter Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination I with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d 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 ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort 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
	KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
	KCRG/KCRG (HD)-DT2 MyNe		I-M	Cedar Rapids, IA
d Rows as Necessary	KCRG-DT3 Antenna	9.3	I-M	Cedar Rapids, IA
	KCRG-DT4 H&I	9.4	I-M	Cedar Rapids, IA
	KCRG-DT5 Start TV	9.5	I-M	Cedar Rapids, 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)	43	I	DUBUQUE, IA
	KGAN/KGAN(HD) CBS	51	N	Cear Rapids, IA
	KGAN-DT2 getTV	51.2	I-M	Cear Rapids, IA
	KGAN-DT3 Comet	51.3	I-M	Cear Rapids, IA
	KIIN/KIIN(HD) PBS	12	E	Iowa City, IA
	KIIN-DT2 PBS Kids(HD)	12.2	E-M	Iowa City, IA
	KIIN-DT3 PBS World	12.3	E-M	Iowa City, IA
	KIIN-DT4 PBS Create	12.4	E-M	Iowa City, IA
	KPXR/KPXR(HD) ION	47	<u>l</u>	CEDAR RAPIDS, IA
	KWKB/KWKB(HD) Escape	25	1	IOWA CITY, IA
	KWKB-DT2 Laff	25.2	I-M	IOWA CITY, IA
	KWWL/KWWL(HD) NBC	7	N	Waterloo, IA
	KWWL-DT2/KWWL-DT2 (HD)	7.2	I-M	Waterloo, IA
	KWWL-DT3 MeTV	7.3	I-M	Waterloo, IA
	KWWL-DT4 Court TV	7.4	I-M	Waterloo, IA

EGAL NAME OF			/STEM:					SYSTEM I 275
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in 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 the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s opyright Office regulations on the 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
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/D	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
							· · · · · · · · · · · · · · · · · · ·	

Name EXAL NAME OF OWNER OF CAULE STATEMENT SYSTEM UP Item DIACOM IOWA LLC 27526 Item DIACOM IOWA LLC 27526 SUBSITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOO In Generatic In space L learnty new province to inducing option, tondatality a disker staten, that your cable system carries on a space of the programming that accounting previot, under specifor prevent and torme FCD rules, regulations, or a turbur explanation of the programming that must be included in this tog, see page (y) of the general instructions in the page SA1-2 form. Statement and Program Log PECIAL STATEMENT CONCENTION SUBSITUTE CARRIAGE 2 1. Door of SISTITUTE PROGRAMS Column 13: Give the oal sign of the state of this page blank. If your answer is "Yes," you must complete the program or to a space of the originant station? Note: If your answer is "No", leave the real of this page blank. If your answer is "Yes," you must complete the program or to a space of additional program (Yaudi SILLE program) That, during the accounting period, was troadcast by a distant station and that your cable system substitute for the program (Yaudi SILLE program). Column 3: Give the call sign of the state on bacadcast region the substitute program. That, during the accounting period, was troadcast by a distant station was carried by your cable system the substitute program. To Column 3: Give the call sign of the state on a bacadcast region on a separate the substitute program. The comparise on a separate the substitute program. The comparise the tale of the program was called by your cable system to solution be constanting of an other state on a transport on the state on a bacadcastate on the state on a bacadcast region to the state on a	Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
Substitute Substit			CABLE SYS	TEM:					SYSTEM ID#
In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be includeed in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must 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, sorgam. ("BustStitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the program") that, during the accounting period, was broadcast by a distant station. Sorgam. ("BustStitute program ") that, during the accounting period, was broadcast by a distant station and the station for the program") that, during the accounting period, was broadcast by a distant station. If we need the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the state and side of the program was substitute program. Column 6: State the times when the substitute program was carried by system Carlied by a give forgram was substitute of orgra	Name	MEDIACOM IOWA LLC	;						27526
In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be includeed in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must 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, sorgam. ("BustStitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the program") that, during the accounting period, was broadcast by a distant station. Sorgam. ("BustStitute program ") that, during the accounting period, was broadcast by a distant station and the station for the program") that, during the accounting period, was broadcast by a distant station. If we need the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the state and side of the program was substitute program. Column 6: State the times when the substitute program was carried by system Carlied by a give forgram was substitute of orgra		SUBSTITUTE CARRIAG	E: SPECIA			 }			
Substitute substitute basis during the accounting period, under specific present and former FCC fules, regulations, or authorizations. For a further 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 • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must 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 aned more space, please add additional rows to the tables. Column 1: Give the file of every nonnetwork television program "substitute for the programming of another station under cartin FCC rules, regulations, 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." Teers vs. Bulls." Column 3: Give the call sign of the station stored cast give the station is identified). Column 3: Give the call sign of the station stored cast give more arried by your cable system. List the times accurately to the the ease of Mexican or Canadian stations, if any, the community with which the station is identified). Column 4: Give the month and day when your system carried by your cable system. List the times accurately to the dearest five minutes. Example: a program carried by a system from 60:11:5 pm. to 6:28	I I						ion that you	ır cable syste	em carried on a
Carriage: Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must 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: T6ers 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 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Give the month and day when your system carried the substitute program. 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 was substituted for programming that	-	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or au	uthorizations.	For a further
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • Yes × No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOC 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. Column 1: Give the call sign of the station broadcasting the substitute program. 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations is location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations and they was 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 3: Give the heatere TR" if the listed program was substitute						general instr	uctions in th	e paper SA1	-2 form.
Statement and Program Log During the decoding period, but you cable system carry, on a substitute basis, but not not not not not not not not not no	-								
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must 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: T6ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community with 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 6: 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 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S			-	r cable system	carry, on a substitute basis	s, any nonnet	twork televi	sion progran	
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: The program was broadcast live, enter "Yes." Otherwise enter "No." 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 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 was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the liste	Program Log	broadcast by a distant sta	tion?					YES	NO
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: Site the times when the substitute program was carried by your cable system. List the times accurately to the enerest 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 to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete unde		Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the prograi	m
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. T6res vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." 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 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 "57." 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 permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system									
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 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 "57." 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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE OCCURRED 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S					ta lina. I laa abbraviatiana y	uborovor poo	aibla if thai		
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 to 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 to delete under FCC rules and regulations in effect on October 19, 1976. UBSTITUTE PROGRAM 2. LIVE? 3. STATION'S WHEN SUBSTITUTE CARRIAGE OCCURRED TO DELETION <th></th> <th></th> <th></th> <th></th> <th></th> <th>vnerever pos</th> <th>Sidle, II thei</th> <th>ir meaning is</th> <th>i</th>						vnerever pos	Sidle, II thei	ir meaning is	i
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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. Under Corper PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		Column 1: Give the title	of every no	nnetwork telev	sion program ("substitute p				
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 5: 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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect on October 19, 1976. UBSTITUTE PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION									
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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. UBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOR DELETION 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES									1.
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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect on October 19, 1976. UBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED TO COLUMNED 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		"NBA Basketball: 76ers vs.	Bulls."					-	
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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system in effect on October 19, 1976. UBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOR DELETION 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES									
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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. Image: text of the text of the text of the text of the text of text of the text of text of text of the text of the text of text o		Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		e FCC or, in	
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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. Understand WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH								with the mor	ath
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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES				when your sys		nografii. Use	numerais,		101
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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S		Column 6: State the time	es when the						ly
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 programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOR DELETION 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES			Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be	
was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES			er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES									am
WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES				our system wa	s permitted to delete under	FCC rules a	nd regulatio	ons in	
SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR DELETION 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		,							
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION		s	UBSTITUT	E PROGRAM	I				7. REASON FOR
Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM — TO		1. TITLE OF PROGRAM				5. MONTH	6. 1	TIMES	DELETION
Image: second			Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
Image: second								<u> </u>	
Image: second									
Image: second									
Image: second								<u> </u>	
								<u> </u>	
								<u>—</u>	
Image: second									

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC	S	STEM ID# 27526
			21526
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	, 327.80
	COPYRIGHT ROYALTY FEE		
Copyright	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: DWA LLC				SYSTEM ID# 27526
M Channels	to its subscriber1. Enter the tota system carrier2. Enter the tota on which the other	You must give (1) the number of rs, and (2) the cable system's tot al number of channels on which to d television broadcast stations al number of activated channels cable system carried television b cast services	tal number of ac the cable 	ctivated channels during the a	accounting period.	35 44
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account.		ON IS NEEDED (Identify an i	individual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartme Mediacom Park, NY 10 (City, town, state, zip)		er)		
	Email	Copyrights@mec	diacomcc.com		Fax (optional)	
O Certification	I, the undersign (Own X (Agen ir (Offi ir · I have examine	I (This statement of account must red, hereby certify that (Check one er other than corporation or par at of owner other than corporation line 1 of space B and that the ow cer or partner) I am an officer (if a line 1 of space B. d the statement of account and he te, and correct to the best of my ke ion 1001(1986)]	e, but only one, c tnership) I am t on or partnersh ner is not a corp a corporation) or ereby declare un	of the boxes.) the owner of the cable system a hip) I am the duly authorized agoration or partnership; or a partner (if a partnership) of t der penalty of law that all state	as identified in line 1 of space B gent of the owner of the cable sy the legal entity identified as own ments of fact contained herein	rstem as identified
			Enter an electron	Kenneth J. Kohrs nic signature on the line above t Ising an "/s/ signature" (e.g., /s		
		Typed or printed r	name: Ken	neth J. Kohrs		
				ent, Financial Reporti	ing	
		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 t 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 lave

unting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM IOWA LLC	2752
 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	
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	
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	
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	
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	
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	
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	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.