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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

| FOR COPYRIGHT OFFICE USE ONLY | | | | | | |
|-------------------------------|----------------------|--|--|--|--|--|
| DATE RECEIVED | AMOUNT | | | | | |
| 08/29/2019 | \$ 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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | |
|------------|---|-------------------------|-----------------------------|----------------|--|--|--|--|
| Accounting | 2019/1 | | | | | | | |
| Period | | | | | | | | |
| B Owner | 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 corpo rate 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 submi a single statement of account and royalty fee payment covering the entire accounting perioa 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 | | | | | | | |
| | MCC Iowa, LLC (Burlington, IA) | | | | | | | |
| | | | | | | | | |
| | | | | 2786920191 | | | | |
| | | | | 27869 2019/1 | | | | |
| | | | | | | | | |
| | ONE MEDIACOM WAY | | | | | | | |
| | MEDIACOM PARK, NY 10918 | | | | | | | |
| | · | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of | | | | | | | |
| System | | tilo oyotoiii, ii diiii | ordin from the address give | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | |
| | 2 (Number, street, rural route, apartment, or suite number) | | | | | | | |
| | (City, town, state, zip code) | | | | | | | |
| | | | | | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst comm | nunity served below and rel | ist on page 1b | | | | |
| Area | with all communities. | | | | | | | |
| Served | CITY OR TOWN | STATE IA | | | | | | |
| First | | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | nnel line-ups in S | pace G. | | | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | | | | |
| Sample | Alda | MD | A | 1 | | | | |
| • | Alliance | MD | В | 2 | | | | |
| | Gering | MD | В | 3 | | | | |

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 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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

| ORM SA3E. PAGE 1b. | | | | | | | | |
|---|-------------------|------------|------------|------------------------|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | |
| MCC Iowa, LLC (Burlington, IA) | | | 27869 | | | | | |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. | | | | | | | | |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. | | | | | | | | |
| If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). | | | | | | | | |
| When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be | a subscriber grou | | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | _ | | | | |
| Burlington | IA | AA | 3 | First | | | | |
| Danville | IA | AA | 1 | Community | | | | |
| Des Moines County | IA | AA | 1 | | | | | |
| lowa Army Munitions Plant | IA | AA | 1 | | | | | |
| Middletown | IA | AA | 1 | | | | | |
| West Burlington | IA | AA | 1 | See instructions for | | | | |
| Columbus Junction | IA | AB | 2 | additional information | | | | |
| Columbus City | IA | AB | 2 | on alphabetization. | | | | |
| Fredonia | IA | AB | 2 | | | | | |
| Wapello | IA | AB | 2 | | | | | |
| Louisa | IA | AB | 2 | Add rows as necessary. | | | | |
| Morning Sun | IA. | AB | 2 | • | | | | |
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Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Burlington, IA)

SYSTEM ID#

27869

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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.

| BLO | OCK 1 | | BLOCK 2 | | |
|--|-----------------------|-------------|---------------------|-----------------------|-------|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| Residential: | COBCONIBLINO | TOTTE | OMEGGIN OF GENVIOL | COBCONIBENC | TOTIL |
| Service to first set | 5,683 | 29.95-57.94 | | | |
| Service to additional set(s) | | | | | |
| • FM radio (if separate rate) | | | | | |
| Motel, hotel | | | | | |
| Commercial | 10 | 29.95-57.94 | | | |
| Converter | | | | | |
| Residential | | | | | |
| Non-residential | | | | | |

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 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 | \$ 78.49 |
| 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 | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name MCC lowa, LLC (Burlington, IA) 27869 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) KGCW/KGCW HD 26 I No **BURLINGTON, IA** KIIN/KIIN(HD) PBS 12 Ε No Iowa City, IA See instructions for additional information KIIN-DT2 PBS KID Ε 12.2 No Iowa City, IA on alphabetization. KIIN-DT3 PBS Wo 12.3 Ε No Iowa City, IA KIIN-DT4 PBS Cre 12.4 Ε No Iowa City, IA KLJB/KLJB(HD) F 49 ı No Davenport, IA KWQC/KWQC(HD 36 Ν No Davenport, IA **KWQC-DT3 Cozi** 36.3 ı No Davenport, IA 15 KYOU (FOX) No Ottumwa, IA ı WHBF/WHBF(HD 4 Ν No Rock Island, IL Ν WQAD/WQAD(HD 38 No Moline, IL WQAD-DT2 Anter 38.2 No Moline, IL ı **WQAD-DT3 MyNe** 38.3 ı No Moline, IL **KWQC-DT4 Heroe** 36.4 ı No Davenport, IA **KGCW-DT2 This** 26.2 ı No **BURLINGTON, IA KGCW-DT3 Laff** 26.3 ı No **BURLINGTON, IA KGCW-DT4 Boun** 26.4 No **BURLINGTON, IA KLJB-DT2 MeTV** 49.2 No Davenport, IA

| | LEGAL NAME OF OWN | ER OF CARLE S | /STEM: | | | SYSTEM ID# | t | | |
|---|--|---------------------------------|-----------------------------|----------------------------|---|--|--|--|--|
| | MCC Iowa, LLC | | | | | 27869 | Namo | | |
| ΡI | RIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | | |
| 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example | | | | | | | | | |
| its | community of licens which your cable sy | e. For example stem carried the | e, WRC is Ch ne station. | annel 4 in Wash | nington, D.C. This | ion for broadcasting over-the-air in may be different from the channel | | | |
| 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. | | | | | | | | | |
| | | | CHANN | EL LINE-UP | AA Cont | | | | |
| 1. | CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
| W | /HBF-DT3 Grit | 4.3 | ı | No | | Rock Island, IL | | | |
| V | /HBFDT4 Bounc | 4.4 | I | No | | Rock Island, IL | See instructions for | | |
| | /QAD-DT4 Justic | 38.4 | | No | | Moline, IL | additional information on alphabetization. | | |
| | | | | | | | | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Burlington, IA)

SYSTEM ID#
Name

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 specifc 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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: 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. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| CHANNEL LINE-UP AB | | | | | | | | | | |
|--------------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|--|--|--|
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | | |
| KGCW/KGCW HD | 26 | I | No | | BURLINGTON, IA | | | | | |
| KIIN/KIIN(HD) PB | 12 | E | No | | lowa City, IA | | | | | |
| KIIN-DT2 PBS KIE | 12.2 | Е | No | | Iowa City, IA | | | | | |
| KIIN-DT3 PBS Wo | 12.3 | E | No | | lowa City, IA | | | | | |
| KIIN-DT4 PBS Cre | 12.4 | E | No | | lowa City, IA | | | | | |
| KLJB/KLJB(HD) F | 49 | I | No | | Davenport, IA | | | | | |
| KWQC/KWQC(HD | 36 | N | No | | Davenport, IA | | | | | |
| KWQC-DT3 Cozi | 36.3 | I | No | | Davenport, IA | | | | | |
| WHBF/WHBF(HD) | 4 | N | No | | Rock Island, IL | | | | | |
| WQAD/WQAD(HD | 38 | N | No | | Moline, IL | | | | | |
| WQAD-DT2 Anter | 38.2 | I | No | | Moline, IL | | | | | |
| WQAD-DT3 MyNe | 38.3 | l | No | | Moline, IL | | | | | |
| KWQC-DT4 Heroe | 36.4 | I | No | | Davenport, IA | | | | | |
| KGCW-DT2 This | 26.2 | I | No | | BURLINGTON, IA | | | | | |
| KGCW-DT3 Laff | 26.3 | I | No | | BURLINGTON, IA | | | | | |
| KGCW-DT4 Boun | 26.4 | I | No | | BURLINGTON, IA | | | | | |
| KLJB-DT2 MeTV | 49.2 | I | No | | Davenport, IA | | | | | |
| WHBF-DT3 Grit | 4.3 | l | No | | Rock Island, IL | | | | | |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3. | | | | | | _ | | | |
|---|-----------------|----------------|---------------------|----------------------|---|--------------------------|--|--|--|
| LEGAL NAME OF OWN | ER OF CABLE SY | /STEM: | | | SYSTEM ID# | Namo | | | |
| MCC Iowa, LLC | (Burlingto | n, IA) | | | 27869 | Nume | | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | DN . | | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) | | | | | | | | | |
| | | - | | | ed only on a part-time basis under | G | | | |
| | | | | • | tain network programs [sections | Drimon | | | |
| substitute program bas | . , . , | | • | r(e)(2) and (4))]; | and (2) certain stations carried on a | Primary Transmitters: | | | |
| | | | | s carried by your | cable system on a substitute program | Television | | | |
| basis under specifc FC | , , | , | | | | | | | |
| | | | t it in space I (th | e Special Statem | ent and Program Log)—if the | | | | |
| station was carried | , | | ation was carried | d hoth on a substi | tute basis and also on some other | | | | |
| | | | | | of the general instructions located | | | | |
| in the paper SA3 for | rm. | | | | | | | | |
| | | - | | | es such as HBO, ESPN, etc. Identify | | | | |
| | | | • | • | ation. For example, report multi- h stream separately; for example | | | | |
| WETA-simulcast). | | | . 20 . opo. tod | . (| ou cam coparatoly, ior chample | | | | |
| | | | - | | tion for broadcasting over-the-air in | | | | |
| its community of licens on which your cable sy | • | | annel 4 in Wash | ington, D.C. This | may be different from the channel | | | | |
| | | | ation is a netwo | ork station, an inde | ependent station, or a noncommercial | | | | |
| | | | | | cast), "I" (for independent), "I-M" | | | | |
| , | , | | | • | ommercial educational multicast). | | | | |
| For the meaning of the | | | | | he paper SA3 form. es". If not, enter "No". For an ex- | | | | |
| planation of local service | | | | • | | | | | |
| Column 5: If you ha | eve entered "Y | es" in column | 4, you must cor | mplete column 5, | stating the basis on which your | | | | |
| | | | | | tering "LAC" if your cable system | | | | |
| carried the distant stati | • | | | | capacity. y payment because it is the subject | | | | |
| | | | | | stem or an association representing | | | | |
| * | | | • | • . | ry transmitter, enter the designa- | | | | |
| ` ' ' | | | • | • | ther basis, enter "O." For a further | | | | |
| | | | | | ed in the paper SA3 form. y to which the station is licensed by the | | | | |
| | | | | | h which the station is identifed. | | | | |
| Note: If you are utilizin | g multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | | | | |
| | | CHANN | EL LINE-UP | AB Cont | | 1 | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION |] | | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | o. 200/mon or on/mon | | | | |
| 0.0.1 | NUMBER | STATION | , | (If Distant) | | | | | |
| WHBFDT4 Bounc | 4.4 | ı | No | , | Rock Island, IL | 1 | | | |
| WQAD-DT4 Justic | 38.4 | i | | | | 1 | | | |
| WQAD-D14 JuStic | 30.4 | | No | | Moline, IL | | | | |
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

| FORM SA3E. PAGE 3. | | | | | | | |
|--|---|--|--|--|---|---|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | |
| MCC Iowa, LLC | (Burlingto | n, IA) | | | 27869 | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | |
| In General: In space of carried by your cable's FCC rules and regulath 76.59(d)(2) and (4), 76 substitute program bass Substitute Basis Substitute Pasis Pas | G, identify every eystem during the consistence of | y television strange accounting a June 24, 194, or 76.63 (rd d in the next prespect to any litions, or auth G—but do list litute basis. In the state of the state | period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: a tit in space I (the station was carried ute basis station cording to its own be reported in the station is a network), "N-M" (I educational), of egeneral instructions. | (1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your content of the special Statement of the second | | G Primary Transmitters: Television | |
| For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the | | | | | | | |
| Note: If you are utilizing | | | | • | which the station is identifed. channel line-up. | | |
| | <u> </u> | CHANN | EL LINE-UP | ΔC | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | b. Education of Station | | |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27869 MCC Iowa, LLC (Burlington, IA) PRIMARY TRANSMITTERS: RADIO Н 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5. | | | | | | | ACCOUNTING | PERIOD: 2019/1 |
|---|---|--|---|--|--|--|---------------------------|------------------------------|
| LEGAL NAME OF OWNER OF MCC lowa, LLC (Burlin | | EM: | | | | | SYSTEM ID# 27869 | Name |
| SUBSTITUTE CARRIAGE | : SPECIA | L STATEMEN | NT AND PROGRAM LOG | | | | | |
| In General: In space I, identi substitute basis during the ad explanation of the programm | ccounting pe | eriod, under spe | ecific present and former FC | C rules, regula | ations, or a | uthorizations | . For a further | Substitute |
| 1. SPECIAL STATEMENT | _ | | | | | | | Carriage: Special |
| During the accounting per broadcast by a distant state | tion? | | | | | Yes | X No | Statement and Program Log |
| Note: If your answer is "No log in block 2. | , leave the | rest of this pag | ge blank. If your answer is | Yes," you mu | ist complet | te the progra | am | |
| 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the progran Column 3: Give the call: Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | citute prograce, please a of every nor distant statis gulations, o tion. Do no Lucy" or "NE n was broad sign of the sadcast static adian static atth and day ye "5/7." es when the Example: a er "R" if the and regulatic ogramming | m on a separa attach additional network televion and that your authorization to use general of the control of t | al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period | rogram) that, d for the progeral instructio "basketball". o." m. station is licenstation is idenorogram. Use cable system. 5 p.m. to 6:2 mming that ye enter the letters | during the ramming on slocated List specificated by the stiffied). numerals, List the tir 8:30 p.m. sour system ter "P" if the | accounting f another st in the pape fic program e FCC or, ir with the mo mes accurat should be n was requir e listed pro | ation r onth ely | |
| s | SUBSTITUT | E PROGRAM | <u> </u> | | EN SUBST | | 7. REASON | |
| TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S | | 5. MONTH | 6. | TIMES | FOR DELETION | |
| | 163 01 110 | CALL SIGN | 4. STATIONS ECCATION | AND DAY | FROM | — то – | | |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Burlington, IA)

SYSTEM ID#

27869

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

| LEG | SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | Name | | | | | |
|--|--|--|--------------------------------|---|--|--|--|--|--|
| MC | C Iowa, LLC (Burlington, IA) | | 27869 | | | | | | |
| all a (as pag | ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts. | ondary transmission compute this amount | service , see 326,110.82 | K Gross Receipts | | | | | |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | | | |
| | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b $lpha$ 8 below. | e entered on line 1 c | of | | | | | | |
| - | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. | entered on line 2 in b | olock | | | | | | |
| ▶ If pa | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | uld be entered on lir | ie | | | | | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K | e is 1.064 percent of | | | | | | | |
| | Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | Ψ ., | 020,110.02 | | | | | | |
| | This is your minimum fee. | \$ | 14,109.82 | | | | | | |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule. | nn 4, you must chec | k | | | | | | |
| Block 3 | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | \$ | | | | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | | 0.00 | | | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | - | | | | | | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. | \$ | 14,109.82 | Cable systems | | | | | |
| | whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter 0.00 | | | | | | | | |
| | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | | | | | | | |
| | Line 4. FILING FEE | | | | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | 14,834.82 | appropriate form for submitting the additional fees. | | | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.) | See page (i) of the | | | | | | | |

| Mana | LEGAL NAME OF OWNER OF CABLE S | YSTEM: | SYSTEM ID# | | | | | | | |
|----------------------------|--|--|----------------------------|--|--|--|--|--|--|--|
| Name | MCC Iowa, LLC (Burlingto | on, IA) | 27869 | | | | | | | |
| | CHANNELS | | | | | | | | | |
| M | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations | | | | | | | | | |
| 1 | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | | | | | | | | | |
| Channels | | | | | | | | | | |
| | Enter the total number of c system carried television bro | hannels on which the cable backets stations | 27 | | | | | | | |
| | system carried television bit | oaucast stations | | | | | | | | |
| | 2. Enter the total number of a | ctivated channels | | | | | | | | |
| | • | carried television broadcast stations | 73 | | | | | | | |
| | and nonbroadcast services | | | | | | | | | |
| NI NI | INDIVIDUAL TO BE CONTA | CTED IS SUPPLIED INFORMATION IS NEEDED. (Identify on individual | | | | | | | | |
| N | we can contact about this sta | CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual tement of account.) | | | | | | | | |
| Individual to | | | | | | | | | | |
| Be Contacted | | .h | 0.45 440 0700 | | | | | | | |
| for Further Information | Name Kenneth J. Ko | Dhrs Telephone | 845-443-2762 | | | | | | | |
| | Address One Mediacon | m Way | | | | | | | | |
| | (Number, street, rural r | oute, apartment, or suite number) | | | | | | | | |
| | Mediacom Pa | rk, NY 10918 | | | | | | | | |
| | (City, town, state, zip) | | | | | | | | | |
| | Email Copyr | ights@mediacomcc.com Fax (optional) | | | | | | | | |
| | | | | | | | | | | |
| | CERTIFICATION (This stateme | ent of account must be certifed and signed in accordance with Copyright Office re | gulations. | | | | | | | |
| 0 | | | , | | | | | | | |
| Certifcation | • I, the undersigned, hereby cer | tify that (Check one, but only one, of the boxes.) | | | | | | | | |
| | _ | | | | | | | | | |
| | (Owner other than corpora | ation or partnership) I am the owner of the cable system as identifed in line 1 of space | e B; or | | | | | | | |
| | <u> </u> | | | | | | | | | |
| | | n corporation or partnership) I am the duly authorized agent of the owner of the cabl that the owner is not a corporation or partnership; or | e system as identified | | | | | | | |
| | (Officer or portner) Lam a | n officer (if a corporation) or a portner (if a portnership) of the legal optity identified as a | yunar of the cable quatem | | | | | | | |
| | in line 1 of space B. | n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o | wher of the cable system | | | | | | | |
| | . I have evenined the statemer | at of account and harshy declars under populty of law that all statements of fact contain | ned herein | | | | | | | |
| | | nt of account and hereby declare under penalty of law that all statements of fact contain to the best of my knowledge, information, and belief, and are made in good faith. | led Herein | | | | | | | |
| | [18 U.S.C., Section 1001(1986 | | | | | | | | | |
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| | X | /s/ Kenneth J. Kohrs | | | | | | | | |
| | | | | | | | | | | |
| | | electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your curso | r in the box and press the | | | | | | | |
| , | "F2" butt | ton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu | s compatibility settings. | | | | | | | |
| | Typed o | or printed name: Kenneth J. Kohrs | | | | | | | | |
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| , | | | | | | | | | | |
| | Title: | Vice President, Financial Reporting | | | | | | | | |
| | | (Title of official position held in corporation or partnership) | | | | | | | | |
| , | | A | | | | | | | | |
| , | Date: | August 16, 2019 | | | | | | | | |

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 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 telephor 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 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 OWNE | ER OF CABLE SYSTEM: | SYSTEM ID# | |
|---|--|---|---|
| | (Burlington, IA) | 27869 | Name |
| The Satellite Hor lowing sentence: "In determ service of scribers at For more information paper SA3 form. During the account made by satellite. X NO | ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by nining the total number of subscribers and the gross amounts paid to the cable system if providing secondary transmissions of primary broadcast transmitters, the system shall and amounts collected from subscribers receiving secondary transmissions pursuant to ation on when to exclude these amounts, see the note on page (vii) of the general instruction period did the cable system exclude any amounts of gross receipts for secondary action carriers to satellite dish owners? | for the basic Il not include sub- section 119." | Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address | Name Mailing Address | | |
| INTEREST AS | SSESSMENTS | | |
| You must comple | ete this worksheet for those royalty payments submitted as a result of a late payment on of interest assessment, see page (viii) of the general instructions in the paper SA3 f | | Q |
| Line 1 Enter the | e amount of late payment or underpayment | | Interest Assessment |
| Line 2 Multiply | line 1 by the interest rate* and enter the sum here | - days | |
| Line 3 Multiply | ine 2 by the number of days late and enter the sum here | x 0.00274 | |
| | space L, (page 7) | nterest charge) | |
| | interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further a Licensing Division at (202) 707-8150 or licensing@loc.gov. | ssistance please | |
| ** This is the | decimal equivalent of 1/365, which is the interest assessment for one day late. | | |
| - | filing this worksheet covering a statement of account already submitted to the Copyrige the owner, address, first community served, accounting period, and ID number as given | | |
| Owner Address | | | |
| First community Accounting perio | | | |

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 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 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.

ACCOUNTING PERIOD: 2019/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

| Independent: its type-value is | 1.00 |
|---|------|
| Network: its type-value is | 0.25 |
| Noncommercial educational: its type-value is | 0.25 |
| Note that the electric content of the test of the post- | |

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within ε television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located ir
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE
 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



| | Distant Stations Carried | | Identification | of Subscriber Groups | |
|---|--------------------------|-------|----------------|------------------------|------------------|
| | STATION | DSE | CITY | OUTSIDE LOCAL | GROSS RECEIPTS |
| n | A (independent) | 1.0 | | SERVICE AREA OF | FROM SUBSCRIBERS |
| | B (independent) | 1.0 | Santa Rosa | Stations A, B, C, D ,E | \$310,000.00 |
| | C (part-time) | 0.083 | Rapid City | Stations A and C | 100,000.00 |
| | D (part-time) | 0.139 | Bodega Bay | Stations A and C | 70,000.00 |
| | E (network) | 0.25 | Fairvale | Stations B, D, and E | 120,000.00 |
| | TOTAL DSFs | 2 472 | | TOTAL GROSS RECEIPTS | \$600,000,00 |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

| | | 40,0000 | | | |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| First Subscriber Group | | Second Subscriber Group | | Third Subscriber Group | |
| (Santa Rosa) | | (Rapid City and Bodega Bay) | | (Fairvale) | |
| Gross receipts | \$310,000.00 | Gross receipts | \$170,000.00 | Gross receipts | \$120,000.00 |
| DSEs | 2.472 | DSEs | 1.083 | DSEs | 1.389 |
| Base rate fee | \$6,497.20 | Base rate fee | \$1,907.71 | Base rate fee | \$1,604.03 |
| \$310,000 x .01064 x 1.0 = | 3,298.40 | \$170,000 x .01064 x 1.0 = | 1,808.80 | \$120,000 x .01064 x 1.0 = | 1,276.80 |
| \$310,000 x .00701 x 1.472 = | 3,198.80 | \$170,000 x .00701 x .083 = | 98.91 | \$120,000 x .00701 x .389 = | 327.23 |
| Base rate fee | \$6,497.20 | Base rate fee | \$1,907.71 | Base rate fee | \$1,604.03 |

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2019/1

| DSE SCHEDULE. PAG | E 11. (CONTINUED) | | | | | | | | |
|----------------------|---|--|-----------------------------------|-------------------|----------------------------|---|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CABL | E SYSTEM: | | | S | STEM ID# | | | |
| I | MCC Iowa, LLC (Burling | iton, IA) | | | | 27869 | | | |
| | SUM OF DSEs OF CATEGOR | • | NS. | | | | | | |
| | Add the DSEs of each station | | | | | | | | |
| | | Enter the sum here and in line 1 of part 5 of this schedule. | | | | | | | |
| | | · | | | 0.00 | | | | |
| 2 | Instructions: | *** | | . tal ire . a.b i | h. I. I | | | | |
| 4 | In the column headed "Call S | sign": list the ca | all signs of all distant stations | s identified by t | the letter "O" in column 5 | | | | |
| Computation | of space G (page 3). In the column headed "DSE" | '· for each inden | endent station, give the DSF | = as "1 0"· for | each network or noncom- | | | | |
| of DSEs for | mercial educational station, give | e the DSF as " | 25 " | _ 43 1.0 , 101 | Caciffictwork of Horicom | | | | |
| Category "O" | moretai eudeaneriai etaneri, gi | | CATEGORY "O" STATION | JS: DSEs | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| Stations | CALL SIGN | DSL | CALL SIGIN | DSL | CALL SIGN | DSL | | | |
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| Name | | DWNER OF CABLE SYSTEM: LC (Burlington, IA) | | | | | , | SYSTEM ID# 27869 | | |
|---|--|--|---|--|---|--|--|---------------------|--|--|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 1: Lis Column 2 figure should 6 Column 3 Column 4 be carried out Column 5 give the type- Column 6 | Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form | | | | | | | | |
| Capacity | | C | ATEGORY | LAC STATIONS: | COMPUTAT | ION OF DSEs | | | | |
| | 1. CALL SIGN | 2. NUMBE OF HOL CARRIE SYSTEM | R JRS ED BY | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS OI CARRIAC VALUE | 5. TYP | | SE | | |
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| | | | ÷ | : | | x | = | | | |
| | Add the DSEs | of CATEGORY LAC Sof each station. Im here and in line 2 of page 2. | | edule, | | 0.0 | 0 | | | |
| Computation of DSEs for Substitute-Basis Stations | Was carried tions in efferations in efferations in efferations are space I). Column 2: at your option. Column 3: Column 4: | e the call sign of each start of the call sign of each start on October 19, 1976 (one or more live, nonnetwork). This figure should correst carter the number of days Divide the figure in column this is the station's DSE | itution for a pro- as shown by th- ork programs du number of live, spond with the i is in the calenda in 2 by the figur (For more informats) | gram that your systen e letter "P" in column ring that optional carr nonnetwork program nformation in space I. r year: 365, except in e in column 3, and gimation on rounding, s | n was permitted 7 of space I); an iage (as shown by s carried in subs a leap year. ve the result in c ee page (viii) of | to delete under FCC rud to delete under FCC rud the word "Yes" in colum stitution for programs th olumn 4. Round to no le the general instructions | les and regular- n 2 of at were deleted ess than the third | orm). | | |
| | | | | BASIS STATION | | | | | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBE OF DAYS IN YEAR | S | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | | | |
| | | ÷ | | = | | | ÷ | = | | |
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| | Add the DSEs | of SUBSTITUTE-BASI of each station. Im here and in line 3 of pa | | edule, | | 0.0 | 0 | - | | |
| 5 | | ER OF DSEs: Give the am s applicable to your systen | | poxes in parts 2, 3, and | 4 of this schedul | e and add them to provi | de the tota | | | |
| Total Number | 1. Number of | f DSEs from part 2● | | | | > | 0.00 | | | |
| of DSEs | | f DSEs from part 3 ● | | | | - | 0.00 | | | |
| | 3. Number o | f DSEs from part 4 ● | | | | > | 0.00 | | | |
| | TOTAL NUMBE | R OF DSEs | | | | | <u> </u> | 0.00 | | |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

| MCC lowa, LL | | | | | | | S | YSTEM ID# 27869 | Name |
|--|---|--|--|--|--|--|-----------------------|--------------------|--|
| Instructions: Blod In block A: • If your answer if schedule. • If your answer if | "Yes," leave the re | emainder of p | | 7 of the DSE sche | edule blank a | nd complete p | art 8, (page 16) of | f the | 6 |
| | | | BLOCK A: T | ELEVISION M. | ARKETS | | | | Computation of 3.75 Fee |
| _ | 1981? | schedule—[C below. | OO NOT COMI | PLETE THE REMA | AINDER OF | PART 6 AND 7 | | gulations in | 3.731 66 |
| | | BLO | CK B: CARR | IAGE OF PERI | MITTED DS | SEs | | | - |
| Column 1: CALL SIGN | under FCC rules | and regulations and regulations | ons prior to Jui dule. (Note: Th | part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.) | urther explan | ation of permit | ted stations, see t | he | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC rd A Stations carrie 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fo E Carried pursus *F A station pre | ed pursuant to as defined all educations of station (76. or DSE schedant to individually carried JHF station w | elations cited be to the FCC mand in 76.5(kk) (76.565) (see paragulule). Use water of Fed on a part-ting grade-Botton in the following from the fo | ne or substitute ba contour, [76.59(d)(| ese in effect of 6.57, 76.59(b) e)(1), 76.63(a) referring betitution of goes is prior to Justin estimate the statement of the | on June 24, 196 b), 76.61(b)(c), a) referring to g to 76.61(d) grandfathered | 76.63(a) referring | | |
| Column 3: | | e stations ide | ntified by the I | parts 2, 3, and 4 etter "F" in column | | | worksheet on pag | e 14 of | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
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| | | В | LOCK C: CO | MPUTATION OF | - 3.75 FEE | | | | - |
| Line 1: Enter the | | | | | | | • | - | |
| Line 2: Enter the | sum of permitte | d DSEs fro | m block B abo | ove | | | | | |
| Line 3: Subtract (If zero, I | | | | r of DSEs subjec 7 of this schedu | | rate. | | 0.00 | |
| Line 4: Enter gro | ess receipts from | space K (p | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially |
| Line 5: Multiply li | ine 4 by 0.0375 | and enter s | um here | | | | × | | permited/ partially nonpermitted |
| Line 6: Enter tota | al number of DSI | Es from line | 3 | | | | · | <u>-</u> | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply li | ine 6 by line 5 ar | nd enter her | e and on line | 2, block 3, spac | e L (page 7) |) | | 0.00 | |

| | OWNER OF CABLE LC (Burlington, | | | | | | | YSTEM ID# 27869 | Name |
|-----------------|---------------------------------|---|-----------------|--------------------|---|-----------------|--------------------|--------------------|-------------------------|
| | | BLOCK | A: TELEVIS | ION MARKETS | S (CONTIN | UED) | | | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | | | | | | | | | Computation of 3.75 Fee |
| | | | | | | | | | 0.70700 |
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| Name | MCC lowa, LLC | | | | | | | | S | 487EM ID# 27869 |
|---|---|-----------------|--------------------------------|-------------------|------|---|--------------|-------------------|-----------|--------------------|
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. | | | | | | | | | |
| | | PERMITT | ED DSE FOR STA | TIONS CARRI | ED | ON A PART-TIME AN | ID SUBSTI | TUTE BASIS | | |
| | 1. CALL SIGN | 2. PRIC | | COUNTING ERIOD | | 4. BASIS OF CARRIAGE | | RESENT DSE | 6. P | ERMITTED DSE |
| | | | | - | | | | | | |
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| 7 Computation of the | 1 | "Yes," comple | ete blocks B and C | • | · pa | art 8 of the DSE sched | ule. | | | |
| Syndicated | | | BLOC | K A: MAJOR | TI | ELEVISION MARK | ET | | | |
| Exclusivity | | | | | | | | | | |
| Surcharge | l <u> </u> | • | | or television mar | ke | et as defned by section 7 | 6.5 of FCC | rules in effect J | une 24, | 1981? |
| | X Yes—Complete | : blocks B and | IC. | | | No—Proceed to | part 8 | | | |
| | BLOCK B: Ca | arriage of VHI | F/Grade B Contour | Stations | | BLOCK | C: Compu | tation of Exem | pt DSEs | 3 |
| | Is any station listed in commercial VHF stati or in part, over the ca | ion that places | | | | Was any station listed nity served by the cab to former FCC rule 76 | le system p | | | |
| | Yes—List each s X No—Enter zero a | | th its appropriate per part 8. | mitted DSE | | Yes—List each st X No—Enter zero a | | | ate permi | tted DSE |
| | CALL SIGN | DSE | CALL SIGN | DSE | | CALL SIGN | DSE | CALL SIG | iN | DSE |
| | CALL SIGN DSE CALL SIGN DSE CALL SIGN | | | | | | | | | |
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| | | | | | | | | | | |
| | | | TOTAL DSEs | 0.00 | | | | TOTAL DS | Es | 0.00 |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: MCC lowa, LLC (Burlington, IA) | SYSTEM ID# 27869 | Name |
|---------------|--|---------------------|--------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 1,326,110.82 | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | 0.00 | Computation |
| | B. Enter the total number of exempt DSEs from block C of part 7 | 0.00 | of the Syndicated |
| | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8. | 0.00 | Exclusivity Surcharge |
| • Is an | y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below. | | |
| | SECTION 3: TOP 50 TELEVISION MARKET | | |
| Section 3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? \(\text{\text{X}} \) No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS | QE. | |
| | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | JL | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | _ | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. | | |
| Section | | | |
| 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _\$ | | |
| | C. Multiply line B by 3.000 and enter here | | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$ | | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here | | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | | |
| | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? | | |
| Section 4a | Yes—Complete part 9 of this schedule. X No—Complete the applicable section below. | | |
| | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | SE | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |

| | LEGAL NAN | ME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|---|---|---|------------|
| Name | | MCC Iowa, LLC (Burlington, IA) | 27869 |
| Computation of the Syndicated Exclusivity Surcharge | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. | |
| 8 Computation of Base Rate Fee | 6 was 6 In blo If you If you blank What i | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pachecked "Yes," use the total number of DSEs from part 5. block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. It answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. It answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel | low |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | |
| | • Did v | our cable system retransmit the signals of any partially distant television stations during the accounting period? | |
| | _ | Yes—Complete part 9 of this schedule. No—Complete the following sections. | |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | |
| | Section | | |
| | 1 | Enter the amount of gross receipts from space K (page 7) ▶\$ | |
| | Section 2 | Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). | |
| | Section 3 | If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) | _ |
| | | Base Rate Fee | 0.00 |
| | | - | |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/1

| | AME OF OWNER OF CABLE SYSTEM: lowa, LLC (Burlington, IA) | SYSTEM ID# 27869 | Name |
|----------------------------|--|---------------------|---|
| Section | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | | |
| 4 | A. Enter 0.01064 of gross receipts (the amount in section 1) **Section 1.** **Enter 0.01064 of gross receipts** **The proof of the | _ | 8 |
| | B. Enter 0.00701 of gross receipts (the amount in section 1) \$ | | Computation of |
| | C. Multiply line B by 3.000 and enter here | _ | Base Rate Fee |
| | D. Enter 0.00330 of gross receipts (the amount in section 1) \$ | | |
| | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here | | |
| | G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ \$ | 0.00 | |
| instead | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels. | • | 0 |
| Space In Gen receipt | | e, to exclude | Computation of Base Rate Fee |
| station DSEs | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | the number of | and Syndicated Exclusivity Surcharge |
| also co | If any portion of your cable system is located within the top 100 television market and the station is not exempt in pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only. | | for Partially Distant Stations, and |
| Step 1 | Didentify a Subscriber Group for Partially Distant Stations: For each community served, determine the local service area of each wholly distant and each partially distant stat to that community. | tion you | for Partially Permitted Stations |
| outside | For each wholly distant and each partially distant station you carried, determine which of your subscribers were lost the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.) | | |
| subscr | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant, ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide. | | |
| Comp | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst | tem's subscriber | |
| In each Identi Give | I section: fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group. | of the | |
| | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in if this schedule; or, | n parts 2, 3, | |
| 2) any | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule. | lock B, | |
| • | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | |
| | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form. | nstructions | |
| page. | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the for that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form. | at is, the total | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27869 MCC Iowa, LLC (Burlington, IA) Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNI MCC Iowa, LLC (E | | | | | | S | YSTEM ID# 27869 | Name |
|--|-------------|------------------|--------------|-------------------------|--------------|------------------|--------------------|-------------------|
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| | FIRST | SUBSCRIBER GRO | JP | | SECOND | SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | | | | ther Communities | | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ 274 | ,973.72 | Gross Receipts Secon | d Group | \$ 1' | 18,451.60 | |
| | | | | | | | | |
| Base Rate Fee First G | - | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | |
| | | SUBSCRIBER GRO | JP | <u> </u> | FOURTH | SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | Burling | iton | | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ 932 | 2,685.50 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | | | _ | | |
| | | | criber group | as shown in the boxes a | bove. | ¢ | 0.00 | |
| Enter here and in blocl | κ ο, ime 1, | space L (page /) | | | | \$ | 0.00 | |

| | ABLE SYSTEM: ton, IA) | | | | S | YSTEM ID# 27869 | Name |
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| | A: COMPUTATION C | | TE FEES FOR EAC | | | | |
| | H SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | COMMUNITY/ AREA 0 | | | Computation |
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| otal DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | · | | | |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVEN | H SUBSCRIBER GRO | OUP | | EIGHTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Total DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| | | 0.00 | Total DSEs | | | 0.00 | |
| Fotal DSEs Gross Receipts Third Group | \$ | 0.00 | Total DSEs Gross Receipts Fou | rth Group | \$ | 0.00 | |

| | 27869 | | | | | n, IA) | | MCC lowa, LLC (B |
|------------------|-------------|-----------------|-----------------|--|---|--------------------|-----------------|----------------------------------|
| | | IBER GROUP | SUBSCRI | TE FEES FOR EACH | BASE RA | COMPUTATION OF | LOCK A: (| BI |
| 9 | | SUBSCRIBER GROU | TENTH | | | SUBSCRIBER GROU | NINTH | |
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| | JP | | | | UP | | | E |
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| | JP 0 | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA | UP 0 | SUBSCRIBER GROU | LEVENTH | E COMMUNITY/ AREA |
| | JP 0 | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA | UP 0 | SUBSCRIBER GROU | LEVENTH | E COMMUNITY/ AREA |
| | JP 0 | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA | UP 0 | SUBSCRIBER GROU | LEVENTH | E COMMUNITY/ AREA |
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| | JP 0 | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA | UP 0 | SUBSCRIBER GROU | LEVENTH | E COMMUNITY/ AREA |
| | JP 0 DSE | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GROU | LEVENTH | CALL SIGN |
| | DSE O.00 | SUBSCRIBER GROU | DSE | COMMUNITY/ AREA CALL SIGN Total DSEs | DSE | CALL SIGN | DSE | CALL SIGN CALL SIGN Total DSEs |
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| LEGAL NAME OF OWNE | | | | | | S | YSTEM ID# 27869 | Name |
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| В | | | | TE FEES FOR EACH | | | | |
| | | SUBSCRIBER GROU | | | | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | rmy MP; Danville; | | COMMUNITY/ AREA | | | Computation | |
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| Total DSEs | | - | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | <u>\$</u> 274, | 973.72 | Gross Receipts Secon | d Group | \$ 1 | 18,451.60 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GROU | JP | | FOURTH | SUBSCRIBER GROU | JP | |
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| Total DSEs | | | 0.00 | Total DSEs | I | | 0.00 | |
| Gross Receipts Third (| -roup | ¢ 022 | 685.50 | Gross Receipts Fourth | Group | • | 0.00 | |
| oross Receipts Trilla (| JIOUP | φ 3 32, | 000.00 | Gross Receipts Fourth | Эгоир | Ψ | 0.00 | |
| Base Rate Fee Third C | Group | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes a | ibove. | \$ | 0.00 | |

| Name | 27869 | S | | | • | | | LEGAL NAME OF OWNE MCC Iowa, LLC (B | |
|---------------------------|-------------------|-----------------|---------|----------------------------------|-------------|----------------|-----------------|--------------------------------------|--|
| | | | | TE FEES FOR EACH | | | | BL | |
| 9 | | SUBSCRIBER GROU | SIXTH | COMMUNITY ADDA | JP 0 | SUBSCRIBER GRO | FIFTH | COMMANDATIVE A DE A | |
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ACCOUNTING PERIOD: 2019/1

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MCC lowa, LLC (Burlington, IA) 27869 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2019/1

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MCC lowa, LLC (Burlington, IA) 27869 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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| COMMUNITY/ AREA | CALL SIGN | 0 DSE | COMMUNITY/ ARE CALL SIGN Total DSEs | DSE | CALL SIGN | DSE | |

| LEGAL NAME OF OWNE | | | | | | S | YSTEM ID# 27869 | Name |
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| В | LOCK A: (| COMPUTATION OF | | ATE FEES FOR EAC | | | | |
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| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | iroup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| SEVEN | ITY-FIFTH | SUBSCRIBER GRO | UP | SEVI | ENTY-SIXTH | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | 4 | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| LEGAL NAME OF OW MCC lowa, LLC | | | | | | S | YSTEM ID# 27869 | Name |
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| | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EAG | CH SUBSCR | RIBER GROUP | | |
| SEVENT | Y-SEVENTH | SUBSCRIBER GRO | DUP | SEVE | NTY-EIGHTH | SUBSCRIBER GROU | JP | 0 |
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| Fatal DCFa | | | 0.00 | Total DCFs | | 11 | 0.00 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVE | NTY-NINTH | SUBSCRIBER GRO | OUP | | EIGHTIETH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | 4 | | 0 | COMMUNITY/ ARE | | | | |
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| Γotal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Rose Bote Foe Thir | d Croup | | 0.00 | Rese Pete Fee Fou | rth Croup | | 0.00 | |
| Base Rate Fee Third | . Эгоир | \$ | 0.00 | Base Rate Fee Fou | тат Стоир | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| MCC lowa, LLC (| | | | | | S | YSTEM ID# 27869 | Name |
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| | | COMPUTATION OF SUBSCRIBER GROU | | ATE FEES FOR EACH | | RIBER GROUP SUBSCRIBER GROU | UP | • |
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| Total DSEs | | | 0.00 | Total DSEs | | Н | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| | O. 0 up | | | | О. Сир | <u>*</u> | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Second | nd Group | \$ | 0.00 | |
| EIGH COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | EIGHT COMMUNITY/ AREA | | SUBSCRIBER GROU | UP 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| 2.000 Roosiplo Tillia | 2. u p | T | | J. 555 P. GOOSIPIO P OUIT | 0.0 up | * | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | riber group | as shown in the boxes | above. | \$ | | |

| MCC lowa, LLC | | | | | | S | YSTEM ID# 27869 | Name |
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| | | COMPUTATION OF SUBSCRIBER GRO | | ATE FEES FOR EACH | | RIBER GROUP I SUBSCRIBER GROI | UP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
| EIGHT | Y-SEVENTH | SUBSCRIBER GRO | JP | EIGH | ITY-EIGHTH | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | A | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourt | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 |
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| NINE | TY-FIRST | SUBSCRIBER GRO | JP | NINE | TY-SECOND | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ··········· | | 0 | |
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| Gross Receipts Third (| ∍roup | \$ | 0.00 | Gross Receipts Four | ui Group | \$ | 0.00 | |
| Base Rate Fee Third 0 | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| MCC lowa, LLC | | | | | | S | 27869 | Name |
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| NII | | COMPUTATION OF SUBSCRIBER GRO | | ATE FEES FOR EAC | | RIBER GROUP I SUBSCRIBER GRO | UP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Gross Receipts Thir | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
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| Base Rate Fee Thir | d Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| | | | criber group | as shown in the boxes | s above. | | | |
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| MCC Iowa, LLC (Burlingt | BLE SYSTEM: on, IA) | | | | S | YSTEM ID# 27869 | Name |
|--|------------------------|---------------|--------------------|-----------|-----------------|--------------------|----------------|
| BLOCK A | COMPUTATION OF | F BASE RA | TE FEES FOR EAC | CH SUBSCR | RIBER GROUP | | |
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| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NINETY-NINT | H SUBSCRIBER GRO | UP | ONE I | HUNDREDTH | SUBSCRIBER GROU | JP | |
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| Total DSEs Gross Receipts Third Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |

| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | lame |
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| ONE HUNDRED FIRST SUBSCRIBER GROUP ONE HUNDRED SECOND SUBSCRIBER GROUP | 0 |
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| ceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 | |
| e Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 | |
| ONE HUNDRED THIRD SUBSCRIBER GROUP ONE HUNDRED FOURTH SUBSCRIBER GROUP | |
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| ceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 | |
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| LEGAL NAME OF OWN MCC lowa, LLC (I | | | | | | S | YSTEM ID# 27869 | Name |
|---|------------|----------------|---------------|---------------------------------------|------------|-------------------|--------------------|---------------------|
| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | RED FIFTH | SUBSCRIBER GRO | UP | ONE HUN | DRED SIXTH | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED | SEVENTH | SUBSCRIBER GRO | UP | ONE HUND | RED EIGHTH | I SUBSCRIBER GROU | JP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWN MCC lowa, LLC (| | | | | | S | YSTEM ID# 27869 | Name |
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| E | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDF | RED NINTH | SUBSCRIBER GRO | DUP | ONE HUND | DRED TENTH | SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Γotal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED I | ELEVENTH | SUBSCRIBER GRO | DUP | ONE HUNDRE | D TWELVTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | |
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| Total DSEs | • | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third Base Rate Fee: Add the Enter here and in block | the base ra | te fees for each subs | | | | \$ | 0.00 | |

| MCC lowa, LLC (| | | | | | S | YSTEM ID# 27869 | Name |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | criber group | as shown in the boxes | above. | \$ | | |

| MCC lowa, LLC (I | | | | | | S | YSTEM ID# 27869 | Name |
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| Е | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED N | INTEENTH | SUBSCRIBER GRO | UP | ONE HUNDRED | TWENTIETH | SUBSCRIBER GROU | JP | |
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| par in part in | - 1 | | | | : P | <u>-</u> | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t Enter here and in bloc | | | criber group | as shown in the boxe | es above. | \$ | | |

| MCC lowa, LLC | | | | | | S | YSTEM ID# 27869 | Name |
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| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN MCC lowa, LLC (| | | | | | S | YSTEM ID# 27869 | Name |
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| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | NTY-FIFTH | SUBSCRIBER GROU | | H | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| Total DSEs | | _ | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NE HUNDRED TWENT | Y-SEVENTH | SUBSCRIBER GROU | P | ONE HUNDRED TW | ENTY-EIGHTH | SUBSCRIBER GROUP |) | |
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| on, IA) 27869 | | | | | | dilligio | MCC Iowa, LLC (E |
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| COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | 11 | | | | |
| SUBSCRIBER GROUP ONE HUNDRED THIRTIETH SUBSCRIBER GROUP | SUBSCRIBER GROUP | THIRTIETH | | | SUBSCRIBER GROUP | ITY-NINTH | |
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| LEGAL NAME OF OWNE MCC lowa, LLC (B | | | | | | S | YSTEM ID# 27869 | Name |
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| MCC lowa, LLC (| | | | | | S | YSTEM ID# 27869 | Name |
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| LEGAL NAME OF OWN MCC lowa, LLC (| | | | | | S | YSTEM ID# 27869 | Name |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Name | YSTEM ID# 27869 | | | | | | | MCC lowa, LLC (B |
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| Name | YSTEM ID# 27869 | | | | | | | MCC lowa, LLC (B |
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| Name | YSTEM ID# 27869 | | | | | | | MCC lowa, LLC (B |
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| Name | YSTEM ID# 27869 | S` | | | | | | MCC lowa, LLC (B |
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ACCOUNTING PERIOD: 2019/1

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MCC lowa, LLC (Burlington, IA) 27869 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MCC lowa, LLC (Burlington, IA) 27869 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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