This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/29/2019	\$ ALLOCATION NUMBER				
	· I				

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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
, ,	ACCC	CONTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period/))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		MCC Iowa, LLC (Denison, IA)							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)							
		MEDIACOM PARK, NY 10918 (City, town, state, zip)							
С		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	P.O. Box 1177 (Number, street, rural route, apartment, or suite number)							
		Fort Dodge, IA 50501-1177 (City, town, state, zip code)							

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

	l	CVCTEM				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
	MCC Iowa, LLC (Denison, IA)	33				
	Instructions: List each separate community served by the cable system. A "commun					
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sin discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter k					
_						
	as the "first community." Please use it as the first community on all future filings.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the				
Served	identified city.					
	CITY OR TOWN	STATE				
First	Denison	IA				
Community	Crawford County	IA				
	HARLAN	IA				
Rows as Necessary	AVOCA	IA				

Accounting Period: 2019/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3342

## E

### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

MCC Iowa, LLC (Denison, IA)

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	937	40.49-51.54				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	1	40.49-51.54				
Converter						
Residential						
Non-residential						
		T				

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1					
RATE	CATEGORY OF SERVICE	RATE			
	Family Cable	80.49			
29.00					
15.00-29.00					
	29.00	29.00 15.00-29.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3342

4. LOCATION OF STATION

### MCC Iowa, LLC (Denison, IA)

1. CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION

# G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

KCCI(CBS) 8 Ames, IA KETV/KETV(HD) ABC 20 Omaha, NE KETV-DT2 Me TV 20.2 I-M Omaha, NE KHIN/KHIN(HD) PBS 35 Е Red Oak, IA KHIN-DT2 IPTV KIDS (HD) 35.2 E-M Red Oak, IA KHIN-DT3 PBS World 35.3 E-M Red Oak, IA KHIN-DT4 PBS Create 35.4 E-M Red Oak, IA KMTV/KMTV(HD) CBS 45 N Omaha, NE KMTV-DT2 Laff 45.2 I-M Omaha, NE 45.3 I-M KMTV-DT3 Escape Omaha, NE KPTM/KPTM(HD) FOX 43 Omaha, NE 43.2 I-M KPTM-DT2 My Net Omaha, NE KPTM-DT3 Estella TV 43.3 I-M Omaha, NE KXVO/KXVO-DT (HD) CW 38 ı Omaha, NE I-M KXVO-DT2 TBD 38.2 Omaha, NE KXVO-DT3 Charge! 38.3 I-M Omaha, NE WOI ABC 5 Ν Ames, IA WOWT/WOWT(HD) NBC 6 N Omaha, NE WOWT-DT2 Cozi TV 6.2 I-M Omaha, NE WOWT-DT3 Antenna TV 6.3 I-M Omaha, NE

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Denison, IA)

3342

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

			<u>,                                      </u>				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Period: 2019/1 FORM SA1-2E. PAGE						M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Denis	on, IA)						3342
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm	ify every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or a	uthorizations.	For a further
	1. SPECIAL STATEMEN				no gonorai inot	14040110 111 4	io papor crti	2 101111.
Special	During the accounting per				sis, any nonne	etwork televi	sion progran	า
Statement and Program Log	broadcast by a distant sta	•	·	•			YES	X NO
Frogram Log	Note: If your answer is "No"		rest of this nad	e blank If your answer is	: "Yes " vou m	ust complet		
	,	, leave the	rest or triis pag	e blank. Il your answer is	s res, you m	ust complet	e tile prograi	
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							tion n. nth ly
					\\\	EN SUBST	ITLITE	
	S	UBSTITUT	E PROGRAM	1		RIAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
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Accounting Period:	: <b>2019/1</b> FORM SA1-2E.	PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	M ID#
Name	MCC Iowa, LLC (Denison, IA)	3342
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00  Line 1. Royalty fee for accounting period	
		.00_
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	a la
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
		.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
		92
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	.02
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	.82
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!  See page i of the general instructions in the paper SA1-2 form for more information.	

Nama I	Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Manual Canada   Section	Name						SYSTEM ID# 3342
we can contact about this statement of account.)  Individual to Bo Contacted for Further Information  Address  One Mediacom Way  Number, street, trual route, southment, or sude number)  Mediacom Park, NY 10918  Certification  Fax (optional)  Fax (optional)  Certification  Fax (optional)  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Fax (optional)  Fax (optional)  Fax (optional)  Fax (optional)  Certifications  Certification  Certification  Certification  Fax (optional)  Fax (optional)  Fax (optional)  Certifications  Certification  Certification  Certification  Fax (optional)  Fax (optional)  Fax (optional)  Certifications  Certification  Certification  Fax (optional)  Fax (optional)  Fax (optional)  Certification  Certification  Certification advances with Copyright Office regulations  Certification advances with Copyright Office regulations  Certification advances of the boxes.)  Certification advances of the boxes.)  Certification advances of the boxes.  Certification advances of the boxes of the		Instructions: Yo to its subscribers  1. Enter the total system carried  2. Enter the total on which the car	number of channels on which television broadcast stations. number of activated channels able system carried television by	al number of activated he cable	d channels during the a	ccounting period.	
Address  One Mediacom Way  Valunter, greet, und rods, sperment, or salte number)  Mediacom Park, NY 10918  (City, two, stells, City)  Email  Copyrights@mediacomcc.com  Fax (optional)  Certification  Certification  Certification  Certification  Comparison or partnership   am the owner of the cable system as identified in line 1 of space B; or  (Owner other than corporation or partnership)   am the owner of the cable system as identified in line 1 of space B; or  (Officer or partner) am an officer (if a corporation) or partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statement.  Enter signature using an "y/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Wice President, Financial Reporting  (Title of official position held in corporation or partnership).	Individual to				NEEDED (Identify an in	dividual to whom	
Mediacom Park, NY 10918   Gity, town, state, zeb)	for Further	Name	Kenneth J. Kohrs			Telephone	845-443-2762
Mediacom Park, NY 10918  (City, town, state, zip)  Email  Copyrights@mediacomcc.com  Fax (optional)  Certification  In the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or  (Officer or partner) I am an officer (if a corporation) or a partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B;  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [It U.S.C., Section 1001(1886)]  X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Vice President, Financial Reporting  (Title of official position head in corporation or partnership)		Address		ent. or suite number)			
Certification  Cowner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or  X			Mediacom Park, NY 1	,			
• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statement. Enter signature using an "ls/ signature" (e.g., /s/ John Smith)  Typed or printed name: Kenneth J. Kohrs  Title: Vice President, Financial Reporting  (Title of official position held in corporation or partnership)		Email		liacomcc.com		Fax (optional)	
Certification  In the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Kenneth J. Kohrs  Title:  Vice President, Financial Reporting  (Title of official position held in corporation or partnership)		CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)					
X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Kenneth J. Kohrs  Title:  Vice President, Financial Reporting  (Title of official position held in corporation or partnership)	_	• I, the undersigne	d, hereby certify that (Check one	, <i>but only on</i> e , of the b	oxes.)		
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Kenneth J. Kohrs  Title:  Vice President, Financial Reporting  (Title of official position held in corporation or partnership)		(Owner	r other than corporation or pa	t <b>nership)</b> I am the own	ner of the cable system a	s identified in line 1 of space B;	or
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: Kenneth J. Kohrs  Title: Vice President, Financial Reporting  (Title of official position held in corporation or partnership)						ent of the owner of the cable sy	stem as identified
Title:  Vice President, Financial Reporting  (Title of official position held in corporation or partnership)  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]   X		(Office	er or partner) I am an officer (if			ne legal entity identified as owne	er of the cable system
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: Kenneth J. Kohrs  Title: Vice President, Financial Reporting  (Title of official position held in corporation or partnership)		I have examined are true, complete	the statement of account and he e, and correct to the best of my k		•		
Typed or printed name:  Kenneth J. Kohrs  Title:  Vice President, Financial Reporting  (Title of official position held in corporation or partnership)				X /s/ Kenne	eth J. Kohrs	_	
Title: Vice President, Financial Reporting  (Title of official position held in corporation or partnership)							
(Title of official position held in corporation or partnership)			Typed or printed	ame: Kenneth	J. Kohrs		
Date: 08/13/2019						ng	
			Date:			08/13/2019	

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

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CC Iowa, LLC (Denison, IA)	3342
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name  Mailing Address  Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number  First community served  Accounting period	

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