This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 08/29/2019 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2019/1 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.	35716
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Iowa, LLC (Hampton, 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D	MCC Iowa, LLC (Hampton, IA) Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated	communities within unincorporated areas and including single,
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Hampton	IA
Community	ROCKWELL	IA
	SHEFFIELD	IA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name	MCC Iowa, LLC (Hampto							515	3571
		л, к							
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				iy stanuai		s within a p		
	Block 1: In the left-hand block	in space E, the	e form l	ists the categor					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca	ble service to a	additior	al sets would b	e included				
	first set" and would be counted of Block 2: If your cable system I					convice that are	difforant fr	iom those	
	printed in block 1 (for example, the	-		•					
	with the number of subscribers a								
	sufficient.				1		DI OOI	( <b>0</b>	
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		698	40.49-50.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		1	40.49-50.54					
	Converter		•	40.49-30.34					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-							
F	In General: Space F calls for rat not covered in space E, that is, t								
-	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	or facilities furr	nished t	o nonsubscribe	rs. Rate in	formation shoul	d include b	ooth the	
Other Than	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary Transmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip	-			shed. List	these other serv	ices in the	form of a	
		BLO RATE				RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:	NATE		GORY OF SER ation: Non-res		NATE	CATEG	ORT OF SERVICE	NAT
	• Pay cable	PP		otel, hotel			Family	Cable	80.4
	• Pay cable—add'l channel	PP		mmercial			<u> </u>		
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	First set	99.99		rglar protection					
	Additional set(s)	15.00-29.00		services:					
	FM radio (if separate rate)	40.50		connect		29.00			
	Converter	10.50		sconnect		15 00-20 00			
				itlet relocation		15.00-29.00			

ccounting Period: 2	2019/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	MCC Iowa, LLC (Hamp			35716
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WH <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.1 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations of s call sign. <i>Do not</i> report origination I with a station according to its over-th he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lu- ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPP ue-air designation. For example, report evision station for broadcasting over the station, an independent station, or a to (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community with which the station is the community with which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAAL/KAAL (HD) (ABC)	6	N	AUSTIN, MN
	KAAL-DT2 ThisTV	6.2	I-M	AUSTIN, MN
Add Rows as Necessary	KCCI/KCCI (HD) (CBS)	8	N	Des Moines, IA
	KCCI-DT2 MeTV	8.2	I-M	Des Moines, IA
	KCCI-DT3 MyNet/Heroes&Ico	8.3	I-M	Des Moines, IA
	KCRG (ABC)	9	Ν	Cedar Rapid, IA
	KCWI/KCWI (HD) CW	23	I	Ames, IA
	KCWI-DT2 Escape	23.2	I-M	Ames, IA
	KCWI-DT3 Bounce TV	23.3	I-M	Ames, IA
	KCWI-DT4 Quest	23.4	I-M	Ames, IA
	KDMI TCT	19	I	Des Moines, IA
	KDSM/KDSM (HD) Fox	16	l	Des Moines, IA
	KDSM-DT2 Comet	16.2	I-M	Des Moines, IA
	KDSM-DT3 Charge!	16.3	I-M	Des Moines, IA
	KDSM-DT4 TBD	16.4	I-M	Des Moines, IA
	KFPX/KFPX (HD) ION	29	I	Newton, IA
	KFXA (FOX)	27	l	CEDAR RAPIDS
	KGAN (CBS)	51	N	CEDAR RAPIDS, IA
	KIMT/KIMT (HD) CBS	42	N	Mason City, IA
	KIMT-DT2 MyNet	42.2	I-M	Mason City, IA
	KIMT-DT4 Antenna TV	42.4	I-M	Mason City, IA
	KTTC CW(HD)	10.3	I	ROCHESTER, MN
	KTTC/KTTC (HD) (NBC)	10	N	ROCHESTER, MN
	KTTC-DT2 (CW)	10.2	I-M	ROCHESTER, MN

				SYSTEM				
Name	LEGAL NAME OF OWNER OF			313121				
	MCC Iowa, LLC (Hamp							
	PRIMARY TRANSMITTERS:							
G		ntify every television station (including						
G	,, ,	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th						
Primary		e)(2) and (4), or 76.63 (referring to 76.6						
ransmitters:	substitute program basis, as	s explained in the next paragraph.						
Television		With respect to any distant stations ca	arried by your cable system on a sul	bstitute program				
		les, regulations, or authorizations: e in space G—but do list it in space I (tl	he Special Statement and Program	l og)—if the				
	station was carried only on		ne opena otatement and i rogram					
	List the station here, and a	also in space I, if the station was carried						
	basis. For further information	n concerning substitute basis stations,	see page (v) of the general instruct	ions.				
		n's call sign. <i>Do not</i> report origination p I with a station according to its over-the						
	"WETA-2" as the same on the	0		n multisi cam				
	Column 2: Give the channe	el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community				
		RC is channel 4 in Washington, D.C.						
		case whether the station is a network	•					
		ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), c						
		1						
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
		n of each station. For U.S. stations, list dian stations, if any, give the name of tl						
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	he community with which the station	is identified.				
	FCC. For Mexican or Canad	dian stations, if any, give the name of the stations of the stations of the stationary of the statement of t	he community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION				
	FCC. For Mexican or Canad	dian stations, if any, give the name of the stations of the stations of the stationary of the stationa	he community with which the station 3. TYPE OF STATION I-M	A LOCATION OF STATION				
	FCC. For Mexican or Canad 1. CALL SIGN KXLT-DT2 MeTv KXLT/KXLT (HD) (FOX)	dian stations, if any, give the name of the stations of the station of the statio	he community with which the station 3. TYPE OF STATION I-M I	A is identified. 4. LOCATION OF STATION ROCHESTER, MN ROCHESTER, MN				
	FCC. For Mexican or Canad 1. CALL SIGN KXLT-DT2 MeTv KXLT/KXLT (HD) (FOX) KYIN/KYIN (HD) IPTV PBS	dian stations, if any, give the name of the stations of the stations of the stationary of the state of the stationary of the stationary of the state	he community with which the station 3. TYPE OF STATION I-M I E	A is identified. 4. LOCATION OF STATION ROCHESTER, MN ROCHESTER, MN MASON CITY, IA				
	FCC. For Mexican or Canad 1. CALL SIGN KXLT-DT2 MeTv KXLT/KXLT (HD) (FOX) KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD	dian stations, if any, give the name of the stations of the stations of the station of the stationary	he community with which the station 3. TYPE OF STATION I-M I E E E-M	A is identified. 4. LOCATION OF STATION ROCHESTER, MN ROCHESTER, MN MASON CITY, IA MASON CITY, IA				
	FCC. For Mexican or Canad 1. CALL SIGN KXLT-DT2 MeTv KXLT/KXLT (HD) (FOX) KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World	dian stations, if any, give the name of the stations of the station of the statio	he community with which the station  3. TYPE OF STATION  I.  E  E.M  E-M  E-M	A is identified. 4. LOCATION OF STATION ROCHESTER, MN ROCHESTER, MN MASON CITY, IA MASON CITY, IA MASON CITY, IA				
	FCC. For Mexican or Canad 1. CALL SIGN KXLT-DT2 MeTv KXLT/KXLT (HD) (FOX) KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World KYIN-DT4 PBS Create	dian stations, if any, give the name of the stations, if any, give the name of the state of the	he community with which the station 3. TYPE OF STATION I-M I E E-M E-M E-M	A is identified. 4. LOCATION OF STATION ROCHESTER, MN ROCHESTER, MN MASON CITY, IA MASON CITY, IA MASON CITY, IA				
	FCC. For Mexican or Canad 1. CALL SIGN KXLT-DT2 MeTv KXLT/KXLT (HD) (FOX) KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World KYIN-DT4 PBS Create WHO/WHO (HD) (NBC)	dian stations, if any, give the name of the stations of the station of the statio	he community with which the station 3. TYPE OF STATION I. E. E-M E-M E-M N	A is identified. 4. LOCATION OF STATION ROCHESTER, MN ROCHESTER, MN MASON CITY, IA MASON CITY, IA MASON CITY, IA MASON CITY, IA MASON CITY, IA				
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	FCC. For Mexican or Canad 1. CALL SIGN KXLT-DT2 MeTv KXLT/KXLT (HD) (FOX) KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World KYIN-DT4 PBS Create WHO/WHO (HD) (NBC) WHO-DT2 Weatherplus WHO-DT3 Antenna	dian stations, if any, give the name of the stations, if any, give the name of the state of the	he community with which the station 3. TYPE OF STATION I.M E. E-M E-M E-M I. I. I. I. I. I. I. I. I. I.	A is identified. 4. LOCATION OF STATION ROCHESTER, MN MASON CITY, IA MASON CITY, IA MASON CITY, IA MASON CITY, IA Des Moines, IA Des Moines, IA				
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-	2019/1			
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 3571
	MCC Iowa, LLC (Ham			
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.1 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carried n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form. al number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute the Special Statement and Program Low ed both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPN re-air designation. For example, report evision station for broadcasting over the station, an independent station, or a ful (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTTC-DT4 Court TV	10.4	I-M	Rochester, MN
	KTTC-DT5 Justice Network	10.5	I-M	Rochester, MN
Rows as Necessary	KXLT-DT3 Laff	46.3	I-M	Rochester, MN
Rows as necessary	KXLT-DT4 Escape	46.4	I-M	Rochester, MN
			I-M	
	KXLT-DT5 Quest	46.5		Rochester, MN

-				evetem
Name	LEGAL NAME OF OWNER OF			SYSTEM
	MCC Iowa, LLC (Hamp	oton, IA)		357
	PRIMARY TRANSMITTERS:	TELEVISION		
~	In General: In space G, ide	ntify every television station (including	g translator stations and low power tele	evision stations)
G	carried by your cable system	n during the accounting period, except	ot (1) stations carried only on a part-tim	ne basis under
			the carriage of certain network program	
Primary			61(e)(2) and (4))]; and (2) certain static	ons carried on a
ransmitters:		s explained in the next paragraph.	arriad by your apple system on a syle	titute are green
Television		les, regulations, or authorizations:	carried by your cable system on a subs	
			the Special Statement and Program Lo	ng)—if the
	station was carried <i>only</i> on			
	• List the station here, and a	llso in space I, if the station was carrie	ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN	
		5	e-air designation. For example, report	tmultistream
	"WETA-2" as the same on the		evision station for broadcasting over th	a air in ite communitu
		RC is channel 4 in Washington, D.C.	evision station for broadcasting over th	
			station, an independent station, or a n	oncommercial
			(for network multicast), "I" (for indepen	
			or "E-M" (for noncommercial education	
		rms, see page (iv) of the general instr		
	For the meaning of these ter <b>Column 4:</b> Give the location	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis		licensed by the
	For the meaning of these ter <b>Column 4:</b> Give the location	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	uctions in the paper SA1-2 form. It the community to which the station is	licensed by the
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station is the community with which the station is	licensed by the s identified.
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station is the community with which the station is	licensed by the s identified.
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station is the community with which the station is	licensed by the s identified.
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station is the community with which the station is	licensed by the s identified.
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station is the community with which the station is	licensed by the s identified.
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station is the community with which the station is	licensed by the s identified.
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station is the community with which the station is	licensed by the s identified.
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station is the community with which the station is	licensed by the s identified.
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station is the community with which the station is	licensed by the s identified.
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station is the community with which the station is	licensed by the s identified.
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EGAL NAME OF								SYSTEM I 357
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of or detailed info aper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

Accounting Perio	d: 2019/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	MCC Iowa, LLC (Hamp	ton, IA)						35716
	SUBSTITUTE CARRIAGE	: SPECIAI			G			
	In General: In space I, identi		-		-	ion that your (	able syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must	be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	During the accounting peri				s, any nonnel	twork televisio	on program	1
Statement and	broadcast by a distant stat	-	,				YES	X NO
Program Log	-						-	
	Note: If your answer is "No'	, leave the re	est of this pag	e blank. If your answer is	"Yes," you mu	ist complete t	he progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their r	neaning is	
	clear. If you need more space <b>Column 1:</b> Give the title			sion program ("substitute	program") tha	t during the a	accounting	
	period, was broadcast by a							ion
	under certain FCC rules, re	gulations, or	authorizations	s. See page (v) of the gene	eral instruction	ns for further i	nformation	
	Do not use general categori		ies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs.		act live onto	"Voc." Othonwise optor "N	lo."			
				"Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can							
			when your syst	tem carried the substitute	program. Use	numerals, wi	th the mon	th
	first. Example: for May 7 giv		substituto prov	gram was carried by your	cablo system	List the time		V
	to the nearest five minutes.							у
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ining that yo	ur system wa	s permitted to delete unde	I FUU TUIES a	nu regulation	5 11 1	
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	TO	BEELINGR
						_		
						_		
							-	
						_		
		-						
						_		
		-						
						_		
		-						
		-						

Accounting Period:	2019/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	MCC Iowa, LLC (Hampton, IA)			35716
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipting	m's secondary trans how to compute th	smission servie is amount, see	9,924.24
	COPYRIGHT ROYALTY FEE			
L 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 I Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more information	ess than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you must pay for	r this six-month	
	Line 1. Royalty fee for accounting period		·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1	and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	ut more than \$137	,100)	
	1. Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K	159,924.24	_	
	3. Subtract line 2 from line 1	103,875.76	_	
	4. Enter the amount of gross receipts from space K	\$	159,924.24	
	5. Enter the amount from line 3	\$	103,875.76	
	6. Subtract line 5 from line 4	\$	56,048.48	
	7. Multiply line 6 by .005 (enter figure here)		\$	280.24
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	3	\$	280.24
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula		-	
	3. Subtract line 2 from line 1		-	
	4. Multiply line 3 by .01		-	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, ar			
			·	
	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)	<u>\$</u>	280.24	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<b>\$</b>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	300.24
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			ghts!

-	: 2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Hampton, IA)	SYSTEM ID# 35716
<b>M</b> Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations	54
	and nonbroadcast services	08
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
l	Email Copyrights@mediacomcc.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>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)]</li> </ul>	stem as identified
	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)	

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

unting Period: 2019/1	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Clowa, LLC (Hampton, IA)	357
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO	P Special Stateme Concerning Gros Receipts Exclusi
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
	Q Interest Assessm
	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	<u> </u>
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