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 COPYRIGH	HT OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	8/29/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y)	(YY/(Period))	

~	ACCO	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title 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 (Maquoketa, 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	INSTR names	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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		
	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#
Name	MCC Iowa, LLC (Maquoketa, IA)	4888
D Area	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Served	identified city.	
	CITY OR TOWN	STATE
First	Maquoketa	IA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM						FORM SA1	TEM ID
Name	MCC Iowa, LLC (Maquol							010	488
		Keta, IAj							
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-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the ne								
nuco	separately for the particular serv							onargea	
	Rate: Give the standard rate c								
	unit in which it is generally billed				ny standar	d rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block	in space F the	for adv	ance payment. ists the categori	ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted or					in the count un	der Servic		
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	e right-ł	nand block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	(2	
		NO. OF		D.175				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
			773	40 40 51 54					
	 Service to first set Service to additional set(s) 		113	40.49-51.54					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	40.49-51.54					
	Converter		-	40.43-31.34					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services		,		0		0.,		
Other Than	amount of the charge and the un	it in which it is							
Secondary	enter only the letters "PP" in the					undisable servi	a listad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip	tion and includ	le the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	VICE	RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:		Install	ation: Non-resi	idential				
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	80.4
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.99		rglar protection					
	Additional set(s)	15.00-29.00		services:		00.00			
	• FM radio (if separate rate)	40.50		connect		29.00			
	Converter	10.50		sconnect					
				itlet relocation		15.00-29.00			

	LEGAL NAME OF OWNER OF			SYSTEM
Name	MCC Iowa, LLC (Magu			48
	PRIMARY TRANSMITTERS:	, 1		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC 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 Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial educati uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG ABC	9	N	Cedar Rapids, IA
	KFXB CTN	40		Dubuque, IA
Down on Monorcom	KFAB CIN	40 51	N	Cedar Rapids, IA
Rows as Necessary				
	KGCW/KGCW(HD) CW	41		BURLINGTON, IA
	KGCW-DT2 This TV	41.2	I-M	BURLINGTON, IA
	KIIN/KIIN(HD) IPTV PBS	12	E	lowa City, IA
	KIIN-DT2 IPTV KIDS (HD)	12.2	I-M	lowa City, IA
	KIIN-DT3 IPTV PBS Worlds	12.3	E-M	lowa City, IA
	KIIN-DT4 IPTV PBS Create			
		12.4	E-M	lowa City, IA
	KLJB/KLJB(HD) FOX	12.4 49	E-M	lowa City, IA Davenport, IA
	KLJB/KLJB(HD) FOX	49	I	Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV	49 49.3	I	Davenport, IA Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC	49 49.3 36	i M N	Davenport, IA Davenport, IA Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC KWQC-DT3 COZI TV	49 49.3 36 36.3	I I-M N I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC KWQC-DT3 COZI TV KWQC-DT4 H&I	49 49.3 36 36.3 36.4	I I-M N I-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC KWQC-DT3 COZI TV KWQC-DT4 H&I WHBF/WHBF(HD) CBS	49 49.3 36 36.3 36.4 4 8	I I-M N I-M I-M N	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Rock Island, IL
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC KWQC-DT3 COZI TV KWQC-DT4 H&I WHBF/WHBF(HD) CBS WMWC/WMWC (HD) TBN	49 49.3 36 36.3 36.4 4 8	I I-M N I-M I-M I I	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Rock Island, IL Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC KWQC-DT3 COZI TV KWQC-DT4 H&I WHBF/WHBF(HD) CBS WMWC/WMWC (HD) TBN WMWC-DT2 HILLSONG CHANNE	49 49.3 36 36.3 36.4 4 8 8 8.2	I I-M N I-M I-M I I I I I I I I	Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC KWQC-DT3 COZI TV KWQC-DT4 H&I WHBF/WHBF(HD) CBS WMWC/WMWC (HD) TBN WMWC-DT2 HILLSONG CHANNE WMWC-DT3 JUCE TV/Smile of a	49 49.3 36 36.3 36.4 4 8 8 8.2 8.3	I I-M N I-M I-M I I I I I I I M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Davenport, IA Rock Island, IL Davenport, IA Davenport, IA Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC KWQC-DT3 COZI TV KWQC-DT4 H&I WHBF/WHBF(HD) CBS WMWC/WMWC (HD) TBN WMWC-DT2 HILLSONG CHANNE WMWC-DT3 JUCE TV/Smile of a WMWC-DT4 ENLANCE USA	49 49.3 36 36.3 36.4 4 4 8 8 8.2 8.3 8.4	I 	Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC KWQC-DT3 COZI TV KWQC-DT4 H&I WHBF/WHBF(HD) CBS WMWC/DT4 HLLSONG CHANNE WMWC-DT2 HILLSONG CHANNE WMWC-DT3 JUCE TV/Smile of a WMWC-DT4 ENLANCE USA	49 49.3 36 36.3 36.4 4 8 8 8.2 8.3 8.4 8.5	I I-M N I-M I-M I I I I I I I I I I I I I	Davenport, IA Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC KWQC-DT3 COZI TV KWQC-DT3 COZI TV KWQC-DT4 H&I WHBF/WHBF(HD) CBS WMWC/WMWC (HD) TBN WMWC-DT2 HILLSONG CHANNE WMWC-DT3 JUCE TV/Smile of a WMWC-DT3 JUCE TV/Smile of a WMWC-DT4 ENLANCE USA	49 49.3 36 36.3 36.4 4 8 8 8.2 8.3 8.4 8.5 38	I 	Davenport, IA Davenport, IA
	KLJB/KLJB(HD) FOX KLJB-DT2 MeTV KWQC/KWQC(HD) NBC KWQC-DT3 COZI TV KWQC-DT4 H&I WHBF/WHBF(HD) CBS WMWC/DT4 H&I WMWC-DT2 HILLSONG CHANNE WMWC-DT2 HILLSONG CHANNE WMWC-DT3 JUCE TV/Smile of a WMWC-DT4 ENLANCE USA WMWC-DT5 TBN SALSA WQAD/WQAD(HD) ABC	49 49.3 36 36.3 36.4 4 8 8 8.2 8.3 8.4 8.5 38 38.2 38.2	I I-M N I-M I-M I I I I I I I I I I I I I	Davenport, IA Davenport, IA

ccounting Period:	2019/1			FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Maqu	uoketa, IA)		48
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	t (1) stations carried only on a part-	-time basis under
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast),	e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination prior d with a station according to its over-the- the form. lel number the FCC assigned to the telew. VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (fo, "E" (for noncommercial educational), or	(for network multicast), "I" (for indeport	ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M"
	Column 4: Give the location FCC. For Mexican or Canad	erms, see page (iv) of the general instruction of each station. For U.S. stations, list is adian stations, if any, give the name of th	the community to which the station he community with which the station	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGCW-DT3 Laff	41.3	I-M	BURLINGTON, IA
	KGCW-DT4 Bounce TV	41.4	I-M	BURLINGTON, IA
	WHBF-DT3 Grit	4.3	I-M	Rock Island, IL
	WHBF-DT4 Escape	4.4	I-M	Rock Island, IL
	WQAD-DT4 Justice Network	38.4	I-M	Moline, IL

MCC Iowa, L	OWNER OF C							SYSTEM I 48
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: Co	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 the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Maqu	oketa, IA))					4888
	SUBSTITUTE CARRIAGI				3			
1	In General: In space I, identi		-		-	ion that your	and a susta	m corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per					twork tolovic	ion program	2
Statement and	•	•	r cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant star	lion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa							
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori	es like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Lov	/e Lucv" or	1.
	"NBA Basketball: 76ers vs.				,			
				"Yes." Otherwise enter "N				
				sting the substitute progra			500 ·	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		inion your eye		orogram. eee	namoralo, r		
			substitute pro	gram was carried by your o	cable system.	List the time	es accurate	ly
	to the nearest five minutes.	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m."							al
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							an
	effect on October 19, 1976.		,	•		0		
						N SUBSTI		
	S		E PROGRAN			AGE OCCL		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. II FROM -	IMES – TO	5111.000
						_	_	
								·
						-	_	
						-	_	
						-	_	
						-	_	
						-	_	
1	1		1					1

Accounting Period:	2019/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Maquoketa, IA)			S	¥STEM ID# 4888
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and tall amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	stem's se of how f	econdary trans to compute thi	mission servies amount, see	7,042.21
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00 Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				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 ((but mo	re than \$137,	100)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		197,042.21	-	
	3. Subtract line 2 from line 1		66,757.79	-	
	Enter the amount of gross receipts from space K			97,042.21	
	5. Enter the amount from line 3	-		66,757.79	
		-			
	 6. Subtract line 5 from line 4	-			651.42
	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				651.42
				Ψ	031.42
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	ess 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,	-			
	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)		\$	651.42	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · <u>·</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	671.42
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 for		-		ghts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Maquoketa, IA)	SYSTEM ID# 4888
M 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	39
	on which the cable system carried television broadcast stations and nonbroadcast services	69
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 8	345-443-2762
	Address Address Address Address CNumber, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (Crity, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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; of x (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or 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. 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)] 	tem as identified
	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) Date:	

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 telephol 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 fling, a determination that would be made by a court of lav

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
C Iowa, LLC (Maquoketa, IA)	488
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	_
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.