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

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ctions	are located	2/28/2020	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCO		BY THIS STATEMENT: (YY	/YY/(Period))	
		2019/2	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 th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner		List any other name or names under whic	h the owner conducts the business of th	ne cable system.	
		If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should s ing period.	ubmit a
		Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	14290
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		MCC Iowa, LLC (Preston, IA)			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT))	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		ONE MEDIACOM WAY	umbor)		
		(Number, street, rural route, apartment, or suite r MEDIACOM PARK, NY 10918	(under)		
		(City, town, state, zip)			
С				ntify the business and operation of the esystem, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	k:		
	2	(Number, street, rural route, apartment, or suite r	umber)		
		(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 (Preston, IA)	14290
	Instructions: List each separate community served by the cable system. A "commun	
Р	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	
	as the "first community." Please use it as the first community on all future filings.	······································
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Preston	A
Community	Miles	IA
	Goose Lake	A
d Rows as Necessary	Charlotte	IA
,	Clinton	IA
	Rural Jackson County	IA

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM IC 1429
	MCC Iowa, LLC (Presto	n, IA)							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	, , ,			,				
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n					•			
Rates	separately for the particular serv		0	•••		•	•	charged	
	Rate: Give the standard rate of	-							
	unit in which it is generally billed	• •		,	any standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondarv transmi	ssion servi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca				• •	•••	•		
	first set" and would be counted of								
	Block 2: If your cable system	has rate categ	ories fo	or secondary tra	nsmission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-	nand block. A t	NO- or thre	e-wora aescrip	tion of the s	service is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	000001110			0,111			0020011122110	
	 Service to first set 		253	29.95-50.54					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-50.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				s				
-	In General: Space F calls for ra					ll your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There al furnished at cost or (2) services	•			0		0.		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that			•				were not	
Rates	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:		Instal	ation: Non-res	idential				
	• Pay cable	PP	• Mo	otel, hotel			Family	TV	80.4
	• Pay cable—add'l channel	PP	_	ommercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	nannel				
	Installation: Residential	00.00		e protection					
	First set	99.99		rglar protection					
	Additional set(s) EM radio (if concrete rate)	15.00-29.00	•			20.00			
	 FM radio (if separate rate) Converter 	10.50		connect sconnect		29.00			
	CONVENEE	10.50	וט י	SCOTTIECL			1		
			• • •	Itlet relocation		15 00,29 00			
				utlet relocation	222	15.00-29.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Prest	on, IA)		14
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul	tify every television station (including a during the accounting period, <i>excep</i> effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76, explained in the next paragraph. With respect to any distant stations c es, regulations, or authorizations:	t (1) stations carried only on a part- he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a st	-time basis under grams [sections tations carried on a ubstitute program
	station was carried <i>only</i> on a • List the station here, and all basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location	lso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	d both on a substitute basis and al , see page (v) of the general instruc orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the statio	so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n 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
	KGAN CBS	51	N	Cedar Rapids, IA Cedar Rapids, IA
dd Dowr ar Nasarra	KGCW/KGCW(HD) CW	51 41	N	BURLINGTON, IA
dd Rows as Necessary	KGCW-DT2 THIS TV	41	ı I-M	BURLINGTON, IA
	KGCW-DT3 Laff	41.3	I-M	BURLINGTON, IA
	KGCW-DT4 Bounce TV	41.4	I-M	BURLINGTON, IA
	KIIN/KIIN(HD) IPTV PBS	12	E	Iowa City, IA
	KIIN-DT2 IPTV PBS Kids(HD)	12.2	E-M	Iowa City, IA
	KIIN-DT3 IPTV PBS World	12.3	E-M	Iowa City, IA
	KIIN-DT4 IPTV PBS Create	12.4	E-M	Iowa City, IA
	KLJB/KLJB(HD) FOX	49	I	Davenport, IA
	KLJB-DT2 MeTV	49.2	I-M	Davenport, IA
	KWQC/KWQC(HD) NBC	36	N	Davenport, IA
	KWQC-DT3 COZI	36.3	I-M	Davenport, IA
	KWQC-DT4 H&I	36.4	I-M	Davenport, IA
	KWQC-DT5 Start TV	36.5	I-M	Davenport, IA
	WHBF/WHBF(HD) CBS	4	N	Rock Island, IL
			I-M	Rock Island, IL
	WHBF-DT3 Grit	4.3		
				Rock Island, IL
	WHBF-DT4 Escape	4.4	I-M	Rock Island, IL
	WHBF-DT4 Escape WMWC/WMWC (HD) TBN	<u>4.4</u> 8	I-M	Davenport, IA
	WHBF-DT4 Escape WMWC/WMWC (HD) TBN WMWC-DT2 Hillsongs	4.4 8 8.2	I-M I I-M	Davenport, IA Davenport, IA
	WHBF-DT4 Escape WMWC/WMWC (HD) TBN WMWC-DT2 Hillsongs WMWC-DT3 JUCE TV	4.4 8 8.2 8.3	I-M I I-M I-M	Davenport, IA Davenport, IA Davenport, IA
	WHBF-DT4 Escape WMWC/WMWC (HD) TBN WMWC-DT2 Hillsongs WMWC-DT3 JUCE TV WMWC-DT4 Enlace USA	4.4 8 8.2 8.3 8.4	I	Davenport, IA Davenport, IA Davenport, IA Davenport, IA
	WHBF-DT4 Escape WMWC/WMWC (HD) TBN WMWC-DT2 Hillsongs WMWC-DT3 JUCE TV WMWC-DT4 Enlace USA WQAD/WQAD(HD) ABC	4.4 8 8.2 8.3 8.4 38	I-M I I-M I-M I-M N	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Moline, IL
	WHBF-DT4 Escape WMWC/WMWC (HD) TBN WMWC-DT2 Hillsongs WMWC-DT3 JUCE TV WMWC-DT4 Enlace USA	4.4 8 8.2 8.3 8.4 38 38.2	I I I-M I-M I-M N I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA
	WHBF-DT4 Escape WMWC/WMWC (HD) TBN WMWC-DT2 Hillsongs WMWC-DT3 JUCE TV WMWC-DT4 Enlace USA WQAD/WQAD(HD) ABC	4.4 8 8.2 8.3 8.4 38	I-M I I-M I-M I-M N	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Moline, IL
	WHBF-DT4 Escape WMWC/WMWC (HD) TBN WMWC-DT2 Hillsongs WMWC-DT3 JUCE TV WMWC-DT4 Enlace USA WQAD/WQAD(HD) ABC WQAD-DT2 ANTENNA	4.4 8 8.2 8.3 8.4 38 38.2	I I I-M I-M I-M N I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Moline, IL Moline, IL
	WHBF-DT4 Escape WMWC/WMWC (HD) TBN WMWC-DT2 Hillsongs WMWC-DT3 JUCE TV WMWC-DT4 Enlace USA WQAD/WQAD(HD) ABC WQAD-DT2 ANTENNA WQAD-DT3/WQAD-DT3 (HD)	4.4 8 8.2 8.3 8.4 38 38.2 38.2 38.3	I-M I I-M I-M I-M I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA Davenport, IA Moline, IL Moline, IL

ounting Period	: 2019/2			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II			
Name	MCC Iowa, LLC (Pres	ton, IA)		1429			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>excep</i>	t (1) stations carried only on a part-time	ne basis under			
Primary Fransmitters:	76.59(d)(2) and (4), 76.61(e	in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.0 s explained in the next paragraph.	0 1 0				
Television	Substitute Basis Stations	: With respect to any distant stations of	arried by your cable system on a subs	stitute program			
		ules, regulations, or authorizations: e in space G—but do list it in space I (i a substitute basis	the Special Statement and Program Lo	og)—if the			
	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.						
		n's call sign. <i>Do not</i> report origination		· · · · · · · · · · · · · · · · · · ·			
	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.						
	"WE IA-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, W	RC 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						
		ering the letter "N" (for network), "N-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 Cana	dian stations, if any, give the name of	the community with which the station i	s identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

EGAL NAME OF			тотем.					SYSTEM 142
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C stem whenever it is received a ived 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 his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated 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	
0.122 01011	7 411 61 1 111	0,2		0.122 01011	7 01 1 111	0,0		
						·		
						·		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Prest	on, IA)						14290
	SUBSTITUTE CARRIAG							
	In General: In space I, ident	-	-			tion that wa	un aabla ava	to us a suria days a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	During the accounting per	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
i rogram zog	-				- "/"		-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you l	must comp	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if t	neir meanin	n is
	clear. If you need more spa				o wherever p	0001010, 11 1		9 10
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					, -	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi							. (.) .
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car		1. 10 p.m. to t		. Should be	
				n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und		s and regula	auons in	
					r 1			1
						N SUBSTI		
	S	1	E PROGRAM			AGE OCC		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		IMES — TO	
							_	
							_	
								
								"
							_	
								"
							_	
							_	
							_	
							_	
								1
								+
							_	
1				<u> </u>		 		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	MCC Iowa, LLC (Preston, IA)		14290
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	1,069.39 ss receipts)
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: C (Preston, IA)				SYSTEM ID# 14290
M Channels	to its subscriber 1. Enter the tota system carried	s, and (2) the cable system's t al number of channels on which	total numbe	is on which the cable system carried to ber of activated channels during the ac	ccounting period.	38
		able system carried television		st stations		46
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		PRMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 8	345-443-2762
	Address	One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)	tment, or suite			
	Email	Copyrights@m	ediacomc	cc.com	Fax (optional)	
O Certification	I, the undersign (Own X (Ager in (Office in the undersign	ned, hereby certify that (Check of er other than corporation or p nt of owner other than corpor- line 1 of space B and that the of cer or partner) I am an officer (line 1 of space B. ed the statement of account and te, and correct to the best of my	one, <i>but on!</i> partnership ration or pa owner is no (if a corpora d hereby de	rtified and signed in accordance with (<i>nly one</i> , of the boxes.) ip) I am the owner of the cable system partnership) I am the duly authorized ag ot a corporation or partnership; or ration) or a partner (if a partnership) of eclare under penalty of law that all state ge, information, and belief, and are mad	as identified in line 1 of space B gent of the owner of the cable sy the legal entity identified as own ements of fact contained herein	ystem as identified
				/s/ Kenneth J. Kohrs electronic signature on the line above to mature using an "/s/ signature" (e.g., /s/		
		Typed or printed	d name:	Kenneth J. Kohrs		
		Title: (Title of o		President, Financial Reportion or partnership)	ng	
		Date:			2/18/2020	

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 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 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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
C Iowa, LLC (Preston, IA)	1429
 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 Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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	
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