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					
2/28/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α		
_ ^	ACCOUN	ITING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	201	9/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		<u>- </u>
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
	Inst	ructions:
В		e the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate
Ь	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 th	ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit a
		le statement of account and royalty fee payment covering the entire accounting period.
	Che	ck here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM
	Med	diacom Iowa LLC (Cresco, IA)
	BU	SINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	МА	ILING ADDRESS OF OWNER OF CABLE SYSTEM
	ON	E MEDIACOM WAY
	(Nun	nber, street, rural route, apartment, or suite number)
		DIACOM PARK, NY 10918
		, town, state, zip)
С		TIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these eady appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	, IDE	NTIFICATION OF CABLE SYSTEM:
	1 Me	diacom Iowa LLC (Cresco, IA)
		LING ADDRESS OF CABLE SYSTEM:
	ON	E MEDIACOM WAY
		nber, street, rural route, apartment, or suite number)
		DIACOM PARK, NY 10918
	(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 suffciency of the fling, a determination that would be made by a court of law.

Name I			FORM SA1-2E. PAGE 1
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Cresco IA Lime Springs IA	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Cresco IA Lime Springs IA	Name		2745
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 known 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 home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Cresco IA Community Elma IA Lime Springs			
Area Served identified city. CITY OR TOWN STATE First Cresco IA Community Elma IA Lime Springs IA	D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	that you list will serve as a form of system identification hereafter known filings.
CITY OR TOWN STATE First Cresco IA Community Elma IA Lime Springs IA	Area		in mobile nome parks should be reported in parentheses below the
First Cresco IA Community Elma IA Lime Springs IA	Served	interitined city.	
First Cresco IA Community Elma IA Lime Springs IA			
First Cresco IA Community Elma IA Lime Springs IA		CITY OR TOWN	STATE
Community Elma IA Lime Springs IA	First		
Lime Springs IA			
	-		
	Add Powe as Necessary		
	du nows as Necessary		
		0.00.00.00.00.00.00.00.00.00.00.00.00.0	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mediacom Iowa LLC (Cresco, IA)

SYSTEM ID# 27457

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	729	29.95-51.54				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	2	29.95-51.54				
Converter						
Residential						
Non-residential						
		1		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				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	80.49
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
Additional set(s)	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		 Move to new address 			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27457

Mediacom Iowa LLC (Cresco, IA)
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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAAL ABC/KAAL ABC (HD)	36	N	Austin, MN
KAAL-DT2 ThisTV	36.2	I-M	Austin, MN
KCRG (ABC)	9	N	Cedar Rapids, IA
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)	10.1	l	Rochester, MN
KTTC/KTTC(HD) NBC	10	N	Rochester, MN
KTTC-DT2 (CW)	10.2	I-M	Rochester, MN
KTTC-DT3 Heros&Icons	10.3	I-M	Rochester, MN
KTTC-DT4 Court TV	10.4	I-M	Rochester, MN
KTTC-DT5 Justice Network	10.5	I-M	Rochester, MN
KXLT/KXLT(HD) FOX	46	l	Rochester, IA
KXLT-DT2 MeTV	46.2	I-M	Rochester, IA
KXLT-DT3 Laff	46.3	I-M	Rochester, IA
KXLT-DT4 Escape	46.4	I-M	Rochester, IA
KXLT-DT5 Quest	46.5	I-M	Rochester, IA
KYIN/KYIN(HD) PBS	18	E	Mason City, IA
KYIN-DT2 (PBS) KIDS (HD)	18.2	E-M	Mason City, IA
KYIN-DT3 (PBS) World	18.3	E-M	Mason City, IA
KYIN-DT4 (PBS) Create	18.4	E-M	Mason City, IA

Accounting Period: 2019/2 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27457 Mediacom Iowa LLC (Cresco, IA) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION 3. TYPE OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Iowa LLC (Cresco, IA)

27457

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.

H

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).

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 Perio	nd: 2019/2						F∩PI	M SA1-2E. PAGE 5
accounting Fell	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#
Name	Mediacom Iowa LLC (Cresco, I	A)					27457
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGING General: In space I, identify substitute basis during the affective explanation of the programm. 1. SPECIAL STATEMEN: During the accounting perbroadcast by a distant state of the programm. Note: If your answer is "Noting in block 2. LOG OF SUBSTITUTING General: List each subsclear. If you need more space.	ify every no accounting paining that mu T CONCERTION, did you tion? ", leave the E PROGRA titute prograce, please	nnetwork televineriod, under spist be included in RNING SUBS ur cable system a rest of this paramon a separadd additional	ision program, broadcast by secific present and former F in this log, see page (v) of t TITUTE CARRIAGE on carry, on a substitute based blank. If your answer is ate line. Use abbreviations rows to the tables.	a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r	ulations, of structions network to must compossible, if	r authorization in the paper Selevision progression progression progression progression progression progression progression from their meaning their meaning stression progression progres	ram X NO gram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broothe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	distant state gulations, or ies like "mo Bulls." m was broat sign of the adcast statinadian statinadia	tion and that your authorization ovies" or "bask deast live, enter station broade on's location (toons, if any, the or when your system a program carroll stated program ions in effect d	ns. See page (v) of the ge etball." List specific prograter "Yes." Otherwise enter the asting the substitute prograthe community to which the community with which the stem carried the substitute or carried by you ried by a system from 6:01 in was substituted for proguring the accounting period.	ted for the proneral instruct am titles, for ending the formal titles, for end titles,	censed by entified). se numer m. List the cist section p. t your system of the cist and regular sections and regular sections.	og of another urther informa "I Love Lucy" by the FCC or, als, with the retimes accur m. should be tem was requif the listed prulations in	station tion. or in month ately
	· c	I IDOTITI IT	E DDOCDAM			N SUBS		7. REASON FOR
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S		5. MONTH		CURRED TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
								"
							_	
							_	
								"
								"

2019/2			FORM S	A1-2E. PAGE
LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Iowa LLC (Cresco, IA)			S	YSTEM II 274
all amounts (gross receipts) paid to your cable system by subscribers for the sys (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.	stem's sec	condary transm compute this	sission service amount, see	1,269.35 oss receipts)
 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but 	it less tha	n \$527,600	263,800	
BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	ESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for	this six-mon	
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 line	s 1 and 2		· · <u> </u>	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (but mo	re than \$137,1	00)	
·		·	-	
			-	
3. Subtract line 2 from line 1	\$	72,530.65	-	
4. Enter the amount of gross receipts from space K		\$	191,269.35	
			72,530.65	
7. Multiply line 6 by .005 (enter figure here)			\$	593.69
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 a	ınd 8		\$	593.69
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but le	ess than \$527	,600)	
Enter the amount of gross receipts from space K				
<u> </u>			-	
·			-	
_			-	
		\$	1,319.00	
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
Royalty due on the first \$263,800 of gross receipts (under statutory formula) Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
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	5, and 6		0.00	
Royalty due on the first \$263,800 of gross receipts (under statutory formula) Interest charge. Enter the amount from line 4, space Q, page 8	5, and 6		0.00	
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	5, and 6		0.00	
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	5, and 6	\$	0.00	
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	5, and 6	\$	593.69	613.69
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all 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 from subscribers for secondary transmission service(s) during the accounting period. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To such a manual 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 br. Use block 3 if the amount of gross receipts in space K is more than \$263,800 br. BLOCK 1: GROSS RECEIPTS OF \$137, Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty 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 . Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS 1. Base amount under statutory formula 2. Enter the amount of gross receipts from space K . 3. Subtract line 2 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 . 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,60 1. Enter the amount of gross receipts from space K . 2. Base amount under statutory formula . 3. Subtract line 2 from line 1 .	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom lowa LLC (Cresco, IA) GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's sec (as identified in space E) during the accounting period. For a further explanation of how to 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. 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 tha 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 L Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo 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. 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 1. Base amount under statutory formula \$ 2. Enter amount of gross receipts from space K 5. Enter the amount 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but line) 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1.	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom lowa LLC (Cresco, IA) 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 page (iii) 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is more than \$283,800 but less than or equal to \$2. Use block 2 if the amount of gross receipts in space K is more than \$283,800 but less than \$27,600 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 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. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100 or less than a second than a second to gross receipts from space K \$191,269.35 3. Subtract line 2 from line 1 \$72,530.65 4. Enter the amount of gross receipts from space K \$ 5. Enter the amount 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 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,100 less than \$527,1	LIEGAL NAME OF OWNER OF CARLE SYSTEM. Mediacom lows LLC (Cresco, IA) 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 2) 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. MPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: **COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: **COPIED TO COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: **Use block 2 if the amount of gross receipts in space K is \$137,100 or less **Use block 3 if the amount of gross receipts in space K is more than \$237,100 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 \$41.2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-mon 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 Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$72,530.65 4. Enter the amount of gross receipts from space K \$191,269.35 5. Enter the amount of gross receipts from space K \$191,269.35 6. Subtract line 2 from line 1 \$72,530.65 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom lowa LLC (Cresco, IA)	SYSTEM ID# 27457
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.	27
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	74
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	Address One Mediacom Way	845-443-2762
	(Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, 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, 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 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow 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 hereir 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)]	system as identified oner of the cable system
	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)	
	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.

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ediacom Iowa LLC (Cresco, IA)	27457
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 (interest charge)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . 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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