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

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ry Tra	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	2019/2	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optional	- see instructions)	
B Owner		title of the subsidiary, not that of the pare	ent corporation. h the owner conducts the business of accounting period, only the owner on se payment covering the entire accour	the last day of the accounting period should ting period.	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		MEDIACOM IOWA LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	ר)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite no	umber)		
		MEDIACOM PARK, NY 10918			
		(City, town, state, zip)			
С				ntify the business and operation of the system, if different from the addre	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MEDIACOM IOWA LLC			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	1504 Second Street S.E.			
	2	(Number, street, rural route, apartment, or suite no Waseca, MN 56093	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 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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM IOWA LLC	274
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rul
D	"a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including singl t will serve as a form of system identification hereafter kn
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Calmar	IA
Community	Ft. Atkinson	A
· · · · · · · · · · · · · · · · · · ·		
	Ossian	LA.
dd Rows as Necessary	Spillville	IA
	Elgin	IA
	Fayette	IA
	Fredereicksburg	IA
	New Hampton	IA
	Sumner	IA
	West Union	IA

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name		ABLE STSTEM	•					515	2745
Е	SECONDARY TRANSMISSION								
<u> </u>	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: Bot down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv	vice at the rate	indicate	ed—not the nun	nber of se	ts receiving ser	vice).	Ū	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc				ny standa	ird rate variation	ns within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion serv	ice that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca					•			
	first set" and would be counted of								
	<b>Block 2:</b> If your cable system printed in block 1 (for example, 1	-		•					
	with the number of subscribers a								
	sufficient.	,	5			I			
	BLO	OCK 1 NO. OF		1			BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		1,707	29.95-51.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		2	20.05.54.54					
	Converter		2	29.95-51.54					
	Residential								
	Non-residential								
									•
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		-	• •			
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	or facilities fur	nished	to nonsubscribe	rs. Rate i	nformation shou	uld include	both the	
Other Than	amount of the charge and the up		usuall	y billed. If any ra	ates are cl	narged on a var	iable per-p	program basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		the cab	le system for ea	ch of the	applicable serv	ices listed.		
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) descri		-		shed. List	these other se	rvices in th	e form of a	
		BLO	-			DATE	CATEO	BLOCK 2 ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:	RAIE		GORY OF SER		RATE	CATEG	URT OF SERVICE	RAT
	• Pay cable	PP		otel, hotel			Family	Cable	80.
	• Pay cable—add'l channel	PP	• Co	ommercial					
	Fire protection		• Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	• First set	99.99		rglar protection					
		15 00 20 00	Other	services:					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00							
	• FM radio (if separate rate)			econnect		29.00			
		10.50	• Dis	sconnect					
	• FM radio (if separate rate)		• Di: • Ou			29.00 15.00-29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	MEDIACOM IOWA LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary rransmitters: Television	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.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA						
	KCRG/KCRG (HD)-DT2 MyNe	9.2	I	Cedar Rapids, IA						
Rows as Necessary	KCRG-DT3 AntennaTV	9.3	I-M	Cedar Rapids, IA						
	KCRG-DT4 H&I	9.4	I-M	Cedar Rapids, IA						
	KCRG-DT5 Start TV	9.5	I-M	Cedar Rapids, IA						
	KFXA/KFXA(HD) FOX	27	I	Cedar Rapids, IA						
	KFXA-DT2 Charge!	27.2	I-M	Cedar Rapids, IA						
	KFXA-DT3 TBD	27.3	I-M	Cedar Rapids, IA						
	KFXA-DT4 Stadium	27.4	I-M	Cedar Rapids, IA						
	KFXB CTN	43	I	Dubuque, IA						
	KGAN/KGAN(HD) CBS	51	Ν	Cedar Rapids, IA						
	KGAN-DT2 getTV	51.2	N-M	Cedar Rapids, IA						
		•								
	KGAN-DT3 COMET	51.3	N-M	Cedar Rapids, IA						
	KGAN-DT3 COMET KPXR (ION)/KPXR (ION)(HD)	51.3 47	N-M I	Cedar Rapids, IA CEDAR RAPIDS, IA						
	KPXR (ION)/KPXR (ION)(HD)	47	I	CEDAR RAPIDS, IA						
	KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Escape	47 25	I	CEDAR RAPIDS, IA IOWA CITY, IA						
	KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Escape KWKB-DT2 Laff	47 25 25.2	I I I-M	CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA						
	KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Escape KWKB-DT2 Laff KWKB-DT3 Grit	47 25 25.2 25.3	I I I-M I-M	CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA						
	KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Escape KWKB-DT2 Laff KWKB-DT3 Grit KWKB-DT4 Bounce TV	47 25 25.2 25.3 25.4	i i i-M i-M	CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA						
	KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Escape KWKB-DT2 Laff KWKB-DT3 Grit KWKB-DT4 Bounce TV KWKB-DT5 Light TV	47 25 25.2 25.3 25.4 25.5 7	i i i-M i-M i-M	CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA						
	KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Escape KWKB-DT2 Laff KWKB-DT3 Grit KWKB-DT4 Bounce TV KWKB-DT5 Light TV KWWL/KWWL(HD) NBC	47 25 25.2 25.3 25.4 25.5 7	i i i-M i-M i-M i-M	CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA						
	KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Escape KWKB-DT2 Laff KWKB-DT3 Grit KWKB-DT4 Bounce TV KWKB-DT5 Light TV KWKB-DT5 Light TV KWWL/KWWL(HD) NBC KWWL-DT2 CW/KWWL-DT2 C	47 25 25.2 25.3 25.4 25.5 7 7 7.2	i i i-M i-M i-M i-M i-M	CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA Waterloo, IA						

				eveter
Name	LEGAL NAME OF OWNER OF			SYSTEN 27
	MEDIACOM IOWA LL			<u> </u>
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including t	•	,
0		m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the		
Primary		e)(2) and (4), or 76.63 (referring to 76.61		
ransmitters:	substitute program basis, a	is explained in the next paragraph.		
Television		: With respect to any distant stations ca ules, regulations, or authorizations:	rried by your cable system on a s	ubstitute program
	•	e in space G—but do list it in space I (th	e Special Statement and Program	n Loa)—if the
	station was carried only on		p 0	
		also in space I, if the station was carried		
		on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr		
		d with a station according to its over-the-	0	
	"WETA-2" as the same on	the form.	<b>.</b>	
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	vision station for broadcasting over	er the air in its community
		rc is channel 4 in Washington, D.C. a case whether the station is a network s	tation. an independent station, or	a noncommercial
		ering the letter "N" (for network), "N-M" (f		pendent), "I-M"
	(for independent multicast),	, "E" (for noncommercial educational), or	"E-M" (for noncommercial educa	pendent), "I-M"
	(for independent multicast). For the meaning of these te	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	"E-M" (for noncommercial educa ctions in the paper SA1-2 form.	pendent), "I-M" ational multicast).
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	, "E" (for noncommercial educational), or	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list f	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list i dian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio	pendent), "I-M" itional multicast). n is licensed by the on is identified.
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list f	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list i dian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio	pendent), "I-M" itional multicast). n is licensed by the on is identified.
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b>	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list i dian stations, if any, give the name of th <b>2. B'CAST CHANNEL NUMBER</b>	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio <b>3. TYPE OF STATION</b>	pendent), "I-M" titional multicast). In is licensed by the on is identified. 4. LOCATION OF STATION
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b> KYIN/KYIN(HD) PBS	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list f dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio <b>3. TYPE OF STATION</b> E	pendent), "I-M" itional multicast). In is licensed by the on is identified. 4. LOCATION OF STATION MASON CITY, IA
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b> KYIN/KYIN(HD) PBS KYIN-DT2 PBS KIDS (HD)	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list f dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 18.2	r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station e community with which the station <b>3. TYPE OF STATION</b> <u>E</u> <u>E-M</u>	pendent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION MASON CITY, IA MASON CITY, IA
	(for independent multicast), For the meaning of these te <b>Column 4</b> : Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b> KYIN/KYIN(HD) PBS KYIN-DT2 PBS KIDS (HD) KYIN-DT3 PBS World	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list it dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 18.2 18.3	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio 3. TYPE OF STATION E E-M E-M	pendent), "I-M" titional multicast). In is licensed by the on is identified. 4. LOCATION OF STATION MASON CITY, IA MASON CITY, IA
	(for independent multicast), For the meaning of these te <b>Column 4</b> : Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b> KYIN/KYIN(HD) PBS KYIN-DT2 PBS KIDS (HD) KYIN-DT3 PBS World	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list it dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 18.2 18.3	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio 3. TYPE OF STATION E E-M E-M	pendent), "I-M" titional multicast). In is licensed by the on is identified. 4. LOCATION OF STATION MASON CITY, IA MASON CITY, IA

EGAL NAME OF								SYSTEM
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on 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 b monitoring, to prmation about m. lentify the call tate whether the radio stat the radio stat this by placing ive 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 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 < 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 par ed by the cable s he station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0	) it can ertain st eneral ii 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	
UNCE UIGH		5,0				5,0		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM IOWA LLC	2						27458
	SUBSTITUTE CARRIAG							
	In General: In space I, ident				-	tion that va		tom corriad on 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 syste	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Statement and 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 i	must comp	lete 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	heir 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		consod by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the more	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							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und		s and regula	ations in	
		-			r 1			1
						N SUBSTI		
	S		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	-	TO	
							_	
							_	
								"
							_	
								"
							<u> </u>	
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	I					<b> </b>		

Accounting Period:	2019/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC			SYSTEM ID# 27458
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's a (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary transm / to compute this a	ission service amount, see \$ 44	
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 to • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less to See page (vi) of the general instructions located in the paper SA1-2 form for more information • USE DOCK 4, OPDODE DECEMPTOR OF \$407,400 DECEMPTO	han \$527,600 on.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	t you 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 lines 1 and	12		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r	nore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00	_	
	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	· · <u> </u>		
	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 (bu	it less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	440,389.35		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1 \$	176,589.35		
	4. Multiply line 3 by .01	\$	1,765.89	
	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	3	\$	3,084.89
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	3,084.89	
540	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	3,104.89
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form	-		ghts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O	F OWNER OF CABLE SYSTEM: IOWA LLC	SYSTEM ID# 27458
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ed television broadcast stations	37
		adcast services	74
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telephone 845	5-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email	Copyrights@mediacomcc.com Fax (optional)	
O Certification	I, the undersig     (Ow     X     (Age     (Of     I have examinare true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations)         Igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         Immer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Immer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Immer 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         fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B.         need the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         totion 1001(1986)]       X       /s/ Kenneth J. Kohrs         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	m as identified
		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
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
EDIACOM IOWA LLC	2745
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: <ul> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul> </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	а а а а
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 Assessmen
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 3 Multiply line 2 by the number of days late and enter the sum here	-
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Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274         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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274         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	
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