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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	ems (Short Form) actions are located of this workbook	2/28/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	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 cor	porate title
Owner	List any other name or names under which	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 so ing period.	ıbmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	35714
	LEGAL NAME OF OWNER/MAILING MCC Iowa, LLC (Belle Plaine, IA)	GADDRESS OF CABLE SYSTEM		
	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 n	umber)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
		ooo or trado nomeo used to idan	tifu the business and exerction of the	avatam unloss thass
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			2

 System
 1
 IDENTIFICATION OF CABLE SYSTEM:

 2
 MAILING ADDRESS OF CABLE SYSTEM:

 2
 (Number, street, rural route, apartment, or suite number)

 (City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Iowa, LLC (Belle Plaine, IA)	35714
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Belle Plaine	AI
Community	MARENGO	IA
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM IE 3571
	MCC lowa, LLC (Belle F	Plaine, IA)							557
_	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES				
E	In General: The information in s					y transmission	service of t	he cable	
. .	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (inc						those exist	ing on the	
Service: Sub-	Number of Subscribers: Bot	•				,	ble system	, broken	
scribers and	down by categories of secondar	y transmission	service	. In general, yo	ou can com	pute the numbe	er of subsc	ribers in	
Rates	each category by counting the n		,	0,0			,	charged	
	separately for the particular server Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-	-	•			-	-	
	category, but do not include disc	counts allowed	for adva	ance payment.					
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					0,	•		
	first set" and would be counted of								
	Block 2: If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a					-	,		
	sufficient.	,	5			I			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	GORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		482	40.49-51.54					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-51.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		s				
-	In General: Space F calls for ra					Il 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 a furnished at cost or (2) services								
	amount of the charge and the ur								
Other Than	-		,	plied. If any f	ales ale u	larged on a vari		0	
Other Than Secondary	enter only the letters "PP" in the	rate column.		-		-	ces listed.		
Secondary ransmissions:	Block 1: Give the standard ra	rate column. te charged by t		e system for ea	ach of the	applicable servi	noriad that	wore not	
Secondary	Block 1: Give the standard ra Block 2: List any services tha	rate column. te charged by t t your cable sys	stem fur	e system for ea nished or offei	ach of the sed during	applicable servi the accounting			
Secondary ransmissions:	Block 1: Give the standard ra	rate column. te charged by t t your cable sys separate charg	stem fur je was r	e system for ea nished or offer nade or establ	ach of the sed during	applicable servi the accounting			
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg ption and incluc	stem fur je was r de the ra	e system for ea nished or offer nade or establ	ach of the sed during	applicable servi the accounting		e form of a	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg otion and includ BLOC	stem fur je was r de the ra CK 1	e system for ea nished or offer nade or establ	ach of the s red during ished. List	applicable servi the accounting	vices in the		RAT
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE	stem fur je was r de the ra CK 1 CATEC	e system for ea nished or offer nade or establ ate for each.	ach of the sed during ished. List	applicable servi the accounting these other ser	vices in the	e form of a BLOCK 2	RAT
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE	stem fur ge was r de the ra CK 1 CATEG Installa	e system for ea nished or offer nade or establ ate for each. GORY OF SER	ach of the sed during ished. List	applicable servi the accounting these other ser	vices in the	BLOCK 2 BLOCK 2 DRY OF SERVICE	RAT
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE	stem fur ge was r de the ra CK 1 CATEG Installa • Mot	e system for ea nished or offer nade or establ ate for each. GORY OF SER ation: Non-res	ach of the sed during ished. List	applicable servi the accounting these other ser	vices in the	BLOCK 2 BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE PP	stem fur ge was r de the ra CK 1 CATEG Installa • Mot • Cor	e system for ea nished or offer nade or establ ate for each. GORY OF SER ation: Non-res	ach of the sed during ished. List	applicable servi the accounting these other ser	vices in the	BLOCK 2 BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE PP	stem fur je was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay	e system for ea nished or offer nade or establ ate for each. GORY OF SER ntion: Non-res rel, hotel nmercial	ach of the a red during ished. List VICE idential	applicable servi the accounting these other ser	vices in the	BLOCK 2 BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. te charged by t t your cable sys separate charg otion and incluc BLOC RATE PP	stem fur je was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	e system for ea nished or offer nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel nmercial v cable	ach of the a red during ished. List VICE idential	applicable servi the accounting these other ser	vices in the	BLOCK 2 BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sys separate charg otion and includ BLOO RATE PP PP PP 99.99	stem fur ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	e system for ea nished or offer nade or establ ate for each. GORY OF SER ation: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection	ach of the sed during ished. List VICE idential	applicable servi the accounting these other ser	vices in the	BLOCK 2 BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sys separate charg otion and includ BLOO RATE PP PP	stem fur ge was r de the ra CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	e system for ea nished or offer nade or establ ate for each. BORY OF SER ition: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection services:	ach of the sed during ished. List VICE idential	applicable servi the accounting these other ser	vices in the	BLOCK 2 BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE PP PP PP 99.99 15.00-29.00	stem fur ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	e system for ea nished or offer nade or establ ate for each. GORY OF SER ation: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection services: connect	ach of the sed during ished. List VICE idential	applicable servi the accounting these other ser	vices in the	BLOCK 2 BLOCK 2 DRY OF SERVICE	
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	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Belle			35
	PRIMARY TRANSMITTERS:	· · ·		
G Primary Fransmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	of (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta	time basis under rams [sections ations carried on a
Television	basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station	lso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruc program services such as HBO, ES	Log)—if the so on some other tions. PN, etc. Identify each
	"WETA-2" as the same on the 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	with a station according to its over-the he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of the	evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	r the air in its community a noncommercial bendent), "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/KCRG (HD) ABC	9	N	Chicago, IL
	KCRG/KCRG (HD)-DT2 MyNe	9.2	I-M	Chicago, IL
Rows as Necessary	KCRG-DT3 Antenna TV	9.3	I-M	Chicago, IL
	KCRG-DT4 H&I	9.4	I-M	Chicago, IL
	KCRG-DT5 Start TV	9.5	I-M	Chicago, IL
	KFXA/KFXA (HD) FOX	27	I	Cedar Rapids, IA
	KFXA/KFXA (HD) FOX KFXA-DT2 Charge	27 27.2	I I-M	Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge	27.2	I-M	Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD	27.2 27.3	I-M I-M	Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium	27.2 27.3 27.4	I-M I-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN)	27.2 27.3 27.4 43	I-M I-M I-M I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN) KGAN/KGAN (HD) CBS	27.2 27.3 27.4 43 51	I-M I-M I-M I N	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN) KGAN/KGAN (HD) CBS KGAN-DT2 getTV	27.2 27.3 27.4 43 51 51.2	I-M I-M I-M I N I I N	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN) KGAN/KGAN (HD) CBS KGAN-DT2 getTV KGAN-DT3 Comet	27.2 27.3 27.4 43 51 51.2 51.3	I-M I-M I-M I I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN) KGAN/KGAN (HD) CBS KGAN-DT2 getTV KGAN-DT3 Comet KIIN/KIIN (HD) IPTV PBS	27.2 27.3 27.4 43 51 51.2 51.3 12	I-M I-M I-M I I N I-M I-M I-M E	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN) KGAN/KGAN (HD) CBS KGAN-DT2 getTV KGAN-DT3 Comet KIIN/KIIN (HD) IPTV PBS KIIN-DT2 PBS KIDS HD	27.2 27.3 27.4 43 51 51.2 51.3 12 12.2	I-M I-M I-M I I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN) KGAN/KGAN (HD) CBS KGAN-DT2 getTV KGAN-DT3 Comet KIIN/KIIN (HD) IPTV PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World	27.2 27.3 27.4 43 51 51.2 51.3 12 12.2 12.3	I-M I-M I-M I I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA
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	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN) KGAN/KGAN (HD) CBS KGAN-DT2 getTV KGAN-DT3 Comet KIIN/KIIN (HD) IPTV PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR (HD) ION	27.2 27.3 27.4 43 51 51.2 51.3 12 12.2 12.3 12.4 47	I-M I-M I-M I I N I-M I-M E E E-M E-M E-M I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN) KGAN/KGAN (HD) CBS KGAN-DT2 getTV KGAN-DT3 Comet KIIN/KIIN (HD) IPTV PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB (HD) Escape KWKB-DT2 Laff	27.2 27.3 27.4 43 51 51.2 51.3 12 12.2 12.3 12.4 47 25	I-M I-M I-M I I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN) KGAN/KGAN (HD) CBS KGAN-DT2 getTV KGAN-DT3 Comet KIIN/KIIN (HD) IPTV PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB (HD) Escape KWKB-DT2 Laff KWKB-DT3 Grit	27.2 27.3 27.4 43 51 51.2 51.3 12 12.2 12.3 12.4 47 47 25 25.2	I-M I-M I-M I I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA IOWA CITY, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB (CTN) KGAN/KGAN (HD) CBS KGAN-DT2 getTV KGAN-DT3 Comet KIIN/KIIN (HD) IPTV PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR (HD) ION KWKB/KWKB (HD) Escape KWKB-DT2 Laff	27.2 27.3 27.4 43 51 51.2 51.3 12 12.2 12.3 12.4 47 25 25.2 25.3	I-M I-M I-M I N I-M I-M E E-M E-M I-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA IOWA CITY, IA

ounting Period:	2019/2			FORM SA1-2E. PA
Nomo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Belle	Plaine, IA)		35
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	t (1) stations carried only on a par	t-time basis under
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e) substitute program basis, as)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain s	tations carried on a
Television	basis under specific FCC rul • Do <i>not</i> list the station here	With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (th		
	station was carried <i>only</i> on a		11.0	·
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th		see page (v) of the general instru program services such as HBO, E e-air designation. For example, re	ctions. SPN, etc. Identify each port multistream
	of license. For example, WF Column 3: Indicate in each	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, o	r a noncommercial
	(for independent multicast),	ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c rms, see page (iv) of the general instru	or "E-M" (for noncommercial educa	. ,
	Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the static	-
	FCC. For Mexican or Canad	lian stations, if any, give the name of tl	he community with which the state	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KWWL-DT2 CW/ KWWL-DT2	7.2	I-M	Waterloo, IA
	KWWL-DT3 MeTV	7.3	I-M	Waterloo, IA
	KWWL-DT4 Court TV	7.4	I-M	Waterloo, IA
	KWWL-DT5 Justice Network	7.5	I-M	Waterloo, IA

MCC Iowa, L	OWNER OF (SYSTEM I 357
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of l 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 to the Co sign of o the static ion's sign 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 th	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Aexican or Can	Adian stations		the community with which the	CALL SIGN		6/D	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Belle	Plaine, IA	A)					35714
	SUBSTITUTE CARRIAG				G			
		-	-			tion that you	r ooblo ovo	tom carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			isis any noni	network telev	ision nroa	ram
Statement and				fi ourry, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th	e ECC er	in
	the case of Mexican or Car							
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	n was <i>rea</i> u	ired
	to delete under FCC rules							
	was substituted for program							9.5
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5	1	E PROGRAM			AGE OCCL 6. TII		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM –	- TO	
		100 01 110	0/122 01011		7410 0711			
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							-	
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							- 	
							-	
						_	-	
							- 	
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Belle Plaine, IA)	S	YSTEM ID# 35714
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	5,760.52 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 \$137,100 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	-	
	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 For and			
Filing Fee and Total Remittance Due	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: LC (Belle Plaine, IA)	SYSTEM ID# 35714
M Channels	 to its subscribe Enter the tot system carrie Enter the tot on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stati ers, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	ons 37 70
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telepi	hone 845-443-2762
	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 (Owr (Age ir (Off ir ir I have examinare true, completed	N (This statement of account must be certified and signed in accordance with Copyright Office regulationed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Ther other than corporation or partnership) I am the owner of the cable system as identified in line 1 of set of owner other than corporation or partnership) I am the duly authorized agent of the owner of the owner of the space B and that the owner is not a corporation or partnership; or Thicer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	pace B; or cable system as identified as owner 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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
C Iowa, LLC (Belle Plaine, IA)	3571
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? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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