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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/28/20

## SA1-2E Short Form

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                    | ACC      | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))  |
|----------------------|----------|--|
|                      |          |  |
|                      |          | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31   |
|                      |          | Barcode Data Filing Period (optional - see instructions)   |
| Accounting<br>Period |          |  |
|                      |          | Instructions:  |
| В                    |          | Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.   |
| Owner                |          | List any other name or names under which the owner conducts the business of the cable system.  |
|                      |          | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.                                |
|                      |          | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  |
|                      |          |  |
|                      |          | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |
|                      |          | MEDIACOM IOWA LLC  |
|                      |          | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)   |
|                      |          |  |
|                      |          | MAILING ADDRESS OF OWNER OF CABLE SYSTEM   |
|                      |          | ONE MEDIACOM WAY   |
|                      |          | (Number, street, rural route, apartment, or suite number)  |
|                      |          | MEDIACOM PARK, NY 10918<br>(City, town, state, zip)  |
|                      | INIOT    | 1  |
| С                    |          | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these<br>s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B |
| System               | 1        | IDENTIFICATION OF CABLE SYSTEM:  |
|                      |          | MEDIACOM IOWA LLC  |
|                      |          | MAILING ADDRESS OF CABLE SYSTEM:   |
|                      | 2        | 1504 Second Street S.E.  |
|                      | 2        | (Number, street, rural route, apartment, or suite number)  |
|                      |          | Waseca, MN 56093<br>(City, town, state, zip code)  |
|                      | -        |  |
|                      | e Contin | n 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (DII) regulated as this  |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| Name               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|--------------------|--|---|
| Name               | MEDIACOM IOWA LLC  | 27526   |
| D                  | Instructions: List each separate community served by the cable system. A "o<br>"a separate and distinct community or municipal entity (including unincorpor<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th | community" is the same as a "community unit" as defined in FCC rules:<br>arated communities within unincorporated areas and including single, |
|                    | as the "first community." Please use it as the first community on all future f   | ilings.   |
| Area<br>Served     | Note: Entities and properties such as hotels, apartments, condominiums, or identified city.  | mobile nome parks should be reported in parentneses below the   |
|                    |  |   |
| _                  | CITY OR TOWN   | STATE   |
| First<br>Community | Amana  | AI  |
|                    |  |   |
| Rows as Necessary  | /  |   |
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|                               | LEGAL NAME OF OWNER OF C   |  |  |  |              |                  |                  | FORM SA1                  |              |
|-------------------------------|--|--|--|--|--------------|------------------|------------------|---------------------------|--------------|
| Name                          |  | ADLE STSTEM                              | •  |  |              |                  |                  | 010                       | 2752         |
|                               |  |  |  |  |              |                  |                  |                           |              |
| Е                             | SECONDARY TRANSMISSION<br>In General: The information in s   |  |  |  |              | v transmission   | service of       | the cable                 |              |
|                               | system, that is, the retransmission  |  |  |  |              |                  |                  |                           |              |
| Secondary                     | about other services (including p  | , , ,                                    | ,  |  | ,            |                  | those exist      | ting on the               |              |
| Transmission<br>Service: Sub- | last day of the accounting period<br>Number of Subscribers: Both   |  |  |  |              |                  | blo svetor       | broken                    |              |
| scribers and                  | down by categories of secondar   | •  |  |  |              |                  |                  |                           |              |
| Rates                         | each category by counting the n  | umber of billing                         | gs in th   | at category (the   | number c     | of persons or or | ganizations      |                           |              |
|                               | separately for the particular server<br>Rate: Give the standard rate of  |  |  |  |              |                  |                  | ac and the                |              |
|                               | unit in which it is generally billed   | -  |  |  |              |                  |                  | -                         |              |
|                               | category, but do not include disc  | · ·                                      |  | ,  | · · <b>,</b> |                  |                  |                           |              |
|                               | Block 1: In the left-hand block  |  |  | -  |              | •                |                  |                           |              |
|                               | systems most commonly provide<br>that applies to your system. <b>Not</b>   |  |  |  |              |                  |                  |                           |              |
|                               | categories, that person or entity  |  |  | -  |              | -                |                  |                           |              |
|                               | subscriber who pays extra for ca   |  |  |  |              | d in the count u | nder "Servi      | ce to the                 |              |
|                               | first set" and would be counted of<br>Block 2: If your cable system  |  |  |  |              | service that are | different        | from those                |              |
|                               | printed in block 1 (for example, t   | -  |  | •  |              |                  |                  |                           |              |
|                               | with the number of subscribers a   |  |  |  |              | •                | ,.               |                           |              |
|                               | sufficient.  |  |  |  | <u> </u>     | <u> </u>         |                  |                           |              |
|                               | BLC  | DCK 1<br>NO. OF                          |  |  |              |                  | BLOCK            | K 2<br>NO. OF             |              |
|                               | CATEGORY OF SERVICE  | SUBSCRIB                                 |  | RATE   | CATE         | EGORY OF SEI     | RVICE            | SUBSCRIBERS               | RATI         |
|                               | Residential:   |  |  |  |              |                  |                  |                           |              |
|                               | Service to first set   |  | 96   | 84.48-184.48   |              |                  |                  |                           |              |
|                               | Service to additional set(s)   |  |  |  |              |                  |                  |                           |              |
|                               | • FM radio (if separate rate)  |  |  |  |              |                  |                  |                           |              |
|                               | Motel, hotel   |  | •  |  |              |                  |                  |                           |              |
|                               | Commercial<br>Converter  |  | U  | 84.48-184.48   |              |                  |                  |                           |              |
|                               | Residential  |  |  |  |              |                  |                  |                           |              |
|                               | Non-residential  |  |  |  |              |                  |                  |                           |              |
|                               |  |  |  |  |              |                  |                  |                           |              |
|                               | SERVICES OTHER THAN SEC  | ONDARY TRA                               | NSMIS  | SIONS: RATE  | S            |                  |                  |                           |              |
| F                             | In General: Space F calls for ra   | •  | ,  |  | •            | • •              |                  |                           |              |
| •                             | not covered in space E, that is, t<br>service for a single fee. There a  |  |  |  |              |                  |                  |                           |              |
| Services                      | furnished at cost or (2) services  | •  |  |  | •            |                  | 0 (              | ,                         |              |
| Other Than                    | amount of the charge and the ur  |  | usually  | / billed. If any ra  | tes are cł   | narged on a var  | iable per-p      | rogram basis,             |              |
| Secondary<br>ransmissions:    | enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard rate   |  | he cab   | le system for ea   | ch of the    | applicable servi | ces listed       |                           |              |
| Rates                         | <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><b>Block 2:</b> 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.  |  |  |  |              |                  |                  |                           |              |
|                               | brief (two- or three-word) descri  | BLOCK 1                                  |  |  |              |                  |                  |                           |              |
|                               | brief (two- or three-word) descri  | BLO                                      | CK 1   |  |              |                  |                  | BLOCK 2                   |              |
|                               | CATEGORY OF SERVICE  | BLO<br>RATE                              | CATE   | GORY OF SER  | -            | RATE             | CATEG            | BLOCK 2<br>DRY OF SERVICE | RATE         |
|                               | CATEGORY OF SERVICE<br>Continuing Services:  | RATE                                     | CATE<br>Install  | ation: Non-res   | -            | RATE             |                  | ORY OF SERVICE            |              |
|                               | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable   | RATE<br>PP                               | CATE<br>Install<br>• Mo  | ation: Non-res   | -            | RATE             | CATEGO<br>Family | ORY OF SERVICE            | RATE<br>84.9 |
|                               | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel  | RATE                                     | CATE<br>Install<br>• Mo<br>• Co  | ation: Non-res<br>otel, hotel<br>mmercial  | -            | RATE             |                  | ORY OF SERVICE            |              |
|                               | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection   | RATE<br>PP                               | CATE<br>Install<br>• Mo<br>• Co<br>• Pa  | ation: Non-res<br>otel, hotel<br>mmercial<br>y cable   | dential      | RATE             |                  | ORY OF SERVICE            |              |
|                               | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel  | RATE<br>PP                               | CATE<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa  | <b>ation: Non-res</b><br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l ch  | dential      | RATE             |                  | ORY OF SERVICE            |              |
|                               | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>•Burglar protection  | RATE<br>PP                               | CATE<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Fir                                   | ation: Non-res<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l ch<br>e protection   | dential      | RATE             |                  | ORY OF SERVICE            |              |
|                               | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential  | RATE<br>PP<br>PP                         | CATE<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Pa<br>• Fir<br>• Bu                           | ation: Non-res<br>ttel, hotel<br>mmercial<br>y cable<br>y cable-add'l ch<br>e protection<br>rglar protection                         | dential      | RATE             |                  | ORY OF SERVICE            |              |
|                               | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set   | RATE<br>PP<br>PP<br>99.99                | CATE<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Pa<br>• Fir<br>• Bu<br>Other                  | ation: Non-res<br>ttel, hotel<br>mmercial<br>y cable<br>y cable-add'l ch<br>e protection<br>rglar protection                         | dential      | RATE             |                  | ORY OF SERVICE            |              |
|                               | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                                    | RATE<br>PP<br>PP<br>99.99                | CATE<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Pa<br>• Fir<br>• Bu<br>Other<br>• Re          | ation: Non-res<br>ttel, hotel<br>mmercial<br>y cable<br>y cable-add'l ch<br>e protection<br>rglar protection<br>services:            | dential      |                  |                  | ORY OF SERVICE            |              |
|                               | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)   | RATE<br>PP<br>PP<br>99.99<br>15.00-49.00 | CATE<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Pa<br>• Fir<br>• Bu<br>Other<br>• Re<br>• Dis | ation: Non-res<br>ttel, hotel<br>mmercial<br>y cable<br>y cable-add'l ch<br>e protection<br>rglar protection<br>services:<br>connect | dential      |                  |                  | ORY OF SERVICE            |              |

|   | LEGAL NAME OF OWNER OF  | - CABLE SYSTEM:  |   | SYSTEM   |  |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|--|--|
| Name  | MEDIACOM IOWA LLC   |  |   | 27   |  |  |  |  |  |  |
|   |   | PRIMARY TRANSMITTERS: TELEVISION   |   |  |  |  |  |  |  |  |
| G<br>Primary<br>Transmitters:<br>Television | In General: In space G, ider<br>carried by your cable system<br>FCC rules and regulations in<br>76.59(d)(2) and (4), 76.61(e<br>substitute program basis, as<br>Substitute Basis Stations:<br>basis under specific FCC rul<br>• Do not list the station here<br>station was carried only on a<br>• List the station here, and a<br>basis. For further information<br>Column 1: List each station<br>multicast stream associated<br>"WETA-2" as the same on th<br>Column 2: Give the channe<br>of license. For example, WF<br>Column 3: Indicate in each<br>educational station, by enter<br>(for independent multicast),<br>For the meaning of these ter<br>Column 4: Give the location | entify every television station (including<br>m during the accounting period, <i>except</i><br>in effect on June 24, 1981, permitting th<br>e)(2) and (4), or 76.63 (referring to 76.6<br>is explained in the next paragraph.<br>e: With respect to any distant stations ca-<br>ules, regulations, or authorizations:<br>e in space G—but do list it in space I (th<br>a substitute basis.<br>also in space I, if the station was carried<br>on concerning substitute basis stations,<br>n's call sign. <i>Do not</i> report origination p<br>d with a station according to its over-the<br>the form.<br>el number the FCC assigned to the tele<br>/RC is channel 4 in Washington, D.C.<br>n case whether the station is a network<br>ering the letter "N" (for network), "N-M" (<br>, "E" (for noncommercial educational), o<br>erms, see page (iv) of the general instru-<br>on of each station. For U.S. stations, list   | ot (1) stations carried only on a part-tin<br>the carriage of certain network program<br>61(e)(2) and (4))]; and (2) certain stati<br>carried by your cable system on a sub-<br>the Special Statement and Program L<br>ed both on a substitute basis and also<br>s, see page (v) of the general instruction<br>program services such as HBO, ESPI<br>ne-air designation. For example, report<br>evision station for broadcasting over the<br>station, an independent station, or a<br>(for network multicast), "I" (for independent<br>or "E-M" (for noncommercial education<br>ructions in the paper SA1-2 form.<br>st the community to which the station is | ime basis under<br>ams [sections<br>tions carried on a<br>postitute program<br>Log)—if the<br>p on some other<br>ions.<br>PN, etc. Identify each<br>ort multistream<br>the air in its community<br>a noncommercial<br>endent), "I-M"<br>onal multicast).<br>is licensed by the |  |  |  |  |  |  |
|   | FCC. For Mexican or Canad   | dian stations, if any, give the name of th | the community with which the station 3. TYPE OF STATION   | is identified. 4. LOCATION OF STATION  |  |  |  |  |  |  |
|   | KCRG/KCRG(HD) ABC   | 9  | N   | Cedar Rapids, IA   |  |  |  |  |  |  |
|   | KCRG/KCRG (HD)-DT2 MyNe   | 9.2  | I-M   | Cedar Rapids, IA   |  |  |  |  |  |  |
| Rows as Necessary                           | KCRG-DT3 Antenna  | 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   |  |  |  |  |  |  |
|   | KCRG-DT6 Circle   | 9.6  | 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   | 1   | DUBUQUE, IA  |  |  |  |  |  |  |
|   | KGAN/KGAN(HD) CBS   | 51   | N   | Cear Rapids, IA  |  |  |  |  |  |  |
|   | KGAN-DT2 getTV  | 51.2   | I-M   | Cear Rapids, IA  |  |  |  |  |  |  |
|   | KGAN-DT3 Comet  | 51.3   | I-M   | Cear Rapids, IA  |  |  |  |  |  |  |
|   | KGAN-DT4 DABL   | 51.4   | I-M   | Cear Rapids, IA  |  |  |  |  |  |  |
|   | KIIN/KIIN(HD) PBS   | 12   | E   | lowa City, IA  |  |  |  |  |  |  |
|   | KIIN-DT2 PBS Kids(HD)   | 12.2   | E-M   | Iowa City, IA  |  |  |  |  |  |  |
|   | KIIN-DT3 PBS World  | 12.3   | E-M   | lowa City, IA  |  |  |  |  |  |  |
|   | KIIN-DT4 PBS Create   | 12.4   | E-M   | lowa City, IA  |  |  |  |  |  |  |
|   | KPXR/KPXR(HD) ION   | 47   | I   | CEDAR RAPIDS, IA   |  |  |  |  |  |  |
|   | KWKB/KWKB(HD) Escape  | 25   | I   | IOWA CITY, IA  |  |  |  |  |  |  |
|   | KWKB-DT2 Laff   | 25.2   | I-M   | IOWA CITY, IA  |  |  |  |  |  |  |
|   |   |  |   |  |  |  |  |  |  |  |
|   | KWKB-DT3 Grit   | 25.3   | I-M   | IOWA CITY, IA  |  |  |  |  |  |  |

|              |  |  |  | 0.0771  |  |  |  |  |
|--------------|--|--|--|---|--|--|--|--|
| Name         | LEGAL NAME OF OWNER OF   |  |  | SYSTEM  |  |  |  |  |
|              | MEDIACOM IOWA LLC  |  |  | 27  |  |  |  |  |
|              | PRIMARY TRANSMITTERS:  | TELEVISION   |  |   |  |  |  |  |
| C            |  | ntify every television station (including  |  |   |  |  |  |  |
| G            |  | n during the accounting period, except   | .,   |   |  |  |  |  |
| Primary      | 0  | n effect on June 24, 1981, permitting th<br>)(2) and (4), or 76.63 (referring to 76.6  | 0 1 0  |   |  |  |  |  |
| ransmitters: |  | explained in the next paragraph.   | 1(e)(z) anu (4))], anu (z) certain s   |   |  |  |  |  |
| Television   |  | With respect to any distant stations ca  | arried by your cable system on a s   | substitute program  |  |  |  |  |
|              |  | es, regulations, or authorizations:  |  |   |  |  |  |  |
|              |  | in space G—but do list it in space I (th   | ne Special Statement and Program   | n Log)—if the   |  |  |  |  |
|              | station was carried <i>only</i> on a   |  | d hath an a substitute basis and a   | les en serve other  |  |  |  |  |
|              |  | Iso in space I, if the station was carried<br>n concerning substitute basis stations,  |  |   |  |  |  |  |
|              |  |  |  |   |  |  |  |  |
|              |  | <b>Column 1:</b> List each station's call sign. <i>Do not</i> 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 th   |  | -<br>  |   |  |  |  |  |
|              |  | I number the FCC assigned to the tele  | vision station for broadcasting over   | er the air in its community   |  |  |  |  |
|              |  | RC is channel 4 in Washington, D.C.<br>case whether the station is a network   | station an independent station of  |   |  |  |  |  |
|              | Column of majoute in ous.  |  |  |   |  |  |  |  |
|              | educational station, by enter  |  | , , ,  |   |  |  |  |  |
|              |  | "ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c   | for network multicast), "I" (for inde  | ependent), "I-M"  |  |  |  |  |
|              | (for independent multicast),<br>For the meaning of these ter   | ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c<br>ms, see page (iv) of the general instru   | for network multicast), "I" (for inde<br>or "E-M" (for noncommercial educa<br>actions in the paper SA1-2 form.   | ependent), "I-M"<br>ational multicast).   |  |  |  |  |
|              | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location   | ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c<br>rms, see page (iv) of the general instru<br>n of each station. For U.S. stations, list  | for network multicast), "I" (for inde<br>or "E-M" (for noncommercial educa<br>actions in the paper SA1-2 form.<br>the community to which the static  | ependent), "I-M"<br>ational multicast).<br>on is licensed by the  |  |  |  |  |
|              | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location   | ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c<br>ms, see page (iv) of the general instru   | for network multicast), "I" (for inde<br>or "E-M" (for noncommercial educa<br>actions in the paper SA1-2 form.<br>the community to which the static  | ependent), "I-M"<br>ational multicast).<br>on is licensed by the  |  |  |  |  |
|              | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location   | ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c<br>rms, see page (iv) of the general instru<br>n of each station. For U.S. stations, list  | for network multicast), "I" (for inde<br>or "E-M" (for noncommercial educa<br>actions in the paper SA1-2 form.<br>the community to which the static  | ependent), "I-M"<br>ational multicast).<br>on is licensed by the  |  |  |  |  |
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|              | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad  | ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c<br>rms, see page (iv) of the general instru<br>n of each station. For U.S. stations, list<br>lian stations, if any, give the name of th  | for network multicast), "I" (for inde<br>or "E-M" (for noncommercial educa<br>ictions in the paper SA1-2 form.<br>the community to which the static<br>ne community with which the static  | ependent), "I-M"<br>ational multicast).<br>on is licensed by the<br>on is identified.   |  |  |  |  |
|              | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad  | ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c<br>rms, see page (iv) of the general instru-<br>n of each station. For U.S. stations, list<br>lian stations, if any, give the name of th<br><b>2. B'CAST CHANNEL NUMBER</b>                      | for network multicast), "I" (for indep<br>or "E-M" (for noncommercial educa<br>ictions in the paper SA1-2 form.<br>the community to which the static<br>ne community with which the static<br><b>3. TYPE OF STATION</b>                      | ependent), "I-M"<br>ational multicast).<br>on is licensed by the<br>on is identified.<br><b>4. LOCATION OF STATION</b>  |  |  |  |  |
|              | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad<br><b>1. CALL SIGN</b><br>KWKB-DT5 Light TV  | ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c<br>"ms, see page (iv) of the general instru-<br>of each station. For U.S. stations, list<br>lian stations, if any, give the name of th<br>2. B'CAST CHANNEL NUMBER<br>25.5                       | for network multicast), "I" (for inde<br>or "E-M" (for noncommercial educa<br>ictions in the paper SA1-2 form.<br>the community to which the static<br>ne community with which the static<br><b>3. TYPE OF STATION</b><br>I-M                | ependent), "I-M"<br>ational multicast).<br>on is licensed by the<br>on is identified.<br>4. LOCATION OF STATION<br>IOWA CITY, IA  |  |  |  |  |
|              | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad<br><b>1. CALL SIGN</b><br>KWKB-DT5 Light TV<br>KWKB-DT6 Quest  | ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c<br>rms, see page (iv) of the general instru-<br>n of each station. For U.S. stations, list<br>lian stations, if any, give the name of th<br>2. B'CAST CHANNEL NUMBER<br>25.5<br>25.6             | for network multicast), "I" (for inde<br>or "E-M" (for noncommercial educa-<br>icitions in the paper SA1-2 form.<br>the community to which the station<br>the community with which the station<br><b>3. TYPE OF STATION</b><br>I-M<br>I-M    | ependent), "I-M"<br>ational multicast).<br>on is licensed by the<br>on is identified.<br>4. LOCATION OF STATION<br>IOWA CITY, IA<br>IOWA CITY, IA                                 |  |  |  |  |
|              | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad<br><b>1. CALL SIGN</b><br>KWKB-DT5 Light TV<br>KWKB-DT6 Quest<br>KWWL/KWWL(HD) NBC                           | ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c<br>rms, see page (iv) of the general instru-<br>n of each station. For U.S. stations, list<br>lian stations, if any, give the name of th<br>2. B'CAST CHANNEL NUMBER<br>25.5<br>25.6<br>7        | for network multicast), "I" (for indep<br>or "E-M" (for noncommercial educa<br>ictions in the paper SA1-2 form.<br>the community to which the static<br>ne community with which the static<br><b>3. TYPE OF STATION</b><br>I-M<br>I-M<br>N   | ependent), "I-M"<br>ational multicast).<br>on is licensed by the<br>on is identified.<br>4. LOCATION OF STATION<br>IOWA CITY, IA<br>IOWA CITY, IA<br>Waterloo, IA                 |  |  |  |  |
|              | (for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canad<br><b>1. CALL SIGN</b><br>KWKB-DT5 Light TV<br>KWKB-DT6 Quest<br>KWWL/KWWL(HD) NBC<br>KWWL-DT2/KWWL-DT2 (HD) | ing the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), c<br>rms, see page (iv) of the general instru-<br>n of each station. For U.S. stations, list<br>lian stations, if any, give the name of th<br>2. B'CAST CHANNEL NUMBER<br>25.5<br>25.6<br>7<br>7.2 | for network multicast), "I" (for inde<br>or "E-M" (for noncommercial educa<br>inctions in the paper SA1-2 form.<br>the community to which the static<br>ne community with which the static<br><b>3. TYPE OF STATION</b><br>I-M<br>I-M<br>I-M | ependent), "I-M"<br>ational multicast).<br>on is licensed by the<br>on is identified.<br>4. LOCATION OF STATION<br>IOWA CITY, IA<br>IOWA CITY, IA<br>Waterloo, IA<br>Waterloo, IA |  |  |  |  |

|  | IOWA LLC   |   | YSTEM:   |   |  |  |   | SYSTEM  <br>275                  |
|--|--|---|--|---|--|--|---|----------------------------------|
|  | every radio s  | station ca  | arried on a separate and discre<br>nerally receivable by your cab  |   |  |  |   | н                                |
| eceivable if (1)<br>on the basis of a<br>For detailed info<br>paper SA1-2 for<br>Column 1: lo<br>Column 2: S<br>Column 3: lf<br>isignal, indicate<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation about<br>m.<br>lentify the call<br>tate whether to<br>the radio stat<br>this by placing<br>vive the station | y the sys<br>be recein<br>at the Co<br>sign of e<br>the static<br>ion's sign<br>g a check<br>n's location | I-Band FM Carriage: Under C<br>stem whenever it is received a<br>ved at the headend, with the s<br>opyright Office regulations on t<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>k mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>this point, see par<br>ed by the cable s<br>le station is licens | adend, and (2<br>enna, during c<br>ge (v) of the g<br>ystem as a se<br>sed by the FC | ) it can<br>ertain st<br>eneral ii<br>parate a | be expected,<br>ated intervals.<br>Instructions in the. | Primary<br>Transmitters<br>Radio |
| CALL SIGN  | AM or FM   | S/D   | LOCATION OF STATION  | CALL SIGN   | AM or FM   | S/D  | LOCATION OF STATION                                     |                                  |
| UNEL UIGIN   |  | 3,0   | LOOATION OF STATION  |   |  | 5,0  | LOOATION OF STATION                                     |                                  |
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| Accounting Perio             | od: 2020/1   |               |                   |                               |                  |               | FOR            | M SA1-2E. PAGE 5.         |
|------------------------------|--|---------------|-------------------|-------------------------------|------------------|---------------|----------------|---------------------------|
| Nama                         | LEGAL NAME OF OWNER OF   | CABLE SYS     | STEM:             |                               |                  |               |                | SYSTEM ID#                |
| Name                         | MEDIACOM IOWA LLC  | 2             |                   |                               |                  |               |                | 27526                     |
|                              | SUBSTITUTE CARRIAG   |               |                   |                               | <u>.</u>         |               |                |                           |
| 1                            |  |               |                   |                               | -                | 4 41          |                |                           |
| •                            | In General: In space I, ident<br>substitute basis during the a |               |                   |                               |                  |               |                |                           |
| Substitute                   | explanation of the programm                                    |               |                   |                               |                  |               |                |                           |
| Carriage:                    | 1. SPECIAL STATEMEN  |               |                   |                               | 0                |               | • •            |                           |
| Special                      | <ul> <li>During the accounting per</li> </ul>                  | -             |                   |                               | isis. anv noni   | network tel   | evision proa   | ram                       |
| Statement and<br>Program Log | broadcast by a distant sta                                     |               | ,                 | <i>,</i>                      | , ,              | Г             | YES            | × NO                      |
| Program Log                  | -  |               |                   |                               |                  | L             | -              |                           |
|                              | 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 proo  | gram                      |
|                              | log in block 2.  |               |                   |                               |                  |               |                |                           |
|                              | 2. LOG OF SUBSTITUTI   |               |                   |                               |                  |               |                |                           |
|                              | In General: List each subs<br>clear. If you need more spa      |               |                   |                               | s wnerever p     | ossidie, it t | neir meaning   | g is                      |
|                              |  |               |                   | vision program ("substitut    | e program") t    | hat. durina   | the account    | tina                      |
|                              | period, was broadcast by a                                     | distant sta   | tion and that y   | our cable system substitu     | ted for the pr   | ogramming     | of another     | station                   |
|                              | under certain FCC rules, re                                    |               |                   |                               |                  |               |                |                           |
|                              | Do not use general categor                                     |               | ovies" or "bask   | etball." List specific progra | am titles, for e | example, "I   | Love Lucy"     | or                        |
|                              | "NBA Basketball: 76ers vs.                                     |               | dcast live ent    | er "Yes." Otherwise enter     | "No "            |               |                |                           |
|                              |  |               |                   | casting the substitute prog   |                  |               |                |                           |
|                              | Column 4: Give the broa  | adcast stati  | on's location (   | the community to which th     | e station is li  |               | the FCC or,    | in                        |
|                              | the case of Mexican or Car                                     |               |                   |                               |                  |               |                |                           |
|                              |  |               | when your sy      | stem carried the substitut    | e program. U     | se numera     | ls, with the r | nonth                     |
|                              | first. Example: for May 7 gi                                   |               | e substitute nr   | ogram was carried by you      | r cahle syste    | m List the    | times accur    | ately                     |
|                              | to the nearest five minutes.                                   |               |                   |                               |                  |               |                | atory                     |
|                              | stated as "6:00-6:30 p.m."                                     |               |                   |                               | ·                |               |                |                           |
|                              |  |               |                   | n was substituted for prog    |                  |               |                |                           |
|                              | to delete under FCC rules                                      |               |                   |                               |                  |               |                | ogram                     |
|                              | was substituted for programe<br>ffect on October 19, 1976      |               | your system w     | as permitted to delete und    | ter FCC rules    | s and regula  | ations in      |                           |
|                              |  |               |                   |                               |                  |               |                |                           |
|                              |  |               |                   |                               | WHE              | N SUBSTI      | TUTE           |                           |
|                              | S  | UBSTITUT      | E PROGRAM         | 1                             | CARRI            | AGE OCC       |                | 7. REASON FOR<br>DELETION |
|                              | 1. TITLE OF PROGRAM  | 2. LIVE?      | 3. STATION'S      |                               | 5. MONTH         | -             | TIMES          | DELETION                  |
|                              |  | Yes or No     | CALL SIGN         | 4. STATION'S LOCATION         | AND DAY          | FROM          | — то           |                           |
|                              |  |               |                   |                               |                  |               |                |                           |
|                              |  |               |                   |                               |                  |               | _              |                           |
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| Accounting Period:            | 2020/1   | FORM SA                       | 1-2E. PAGE 6.                   |
|-------------------------------|--|-------------------------------|---------------------------------|
| Name                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>MEDIACOM IOWA LLC  | S                             | YSTEM ID#<br>27526              |
| K<br>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.<br>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<br>amount, see | <b>3,938.08</b><br>ss receipts) |
| L<br>Copyright<br>Royalty Fee | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2<br>• Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600<br>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<br>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         \$         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   |                               |                                 |
|                               | 5. Enter the amount from line 3  |                               |                                 |
|                               | 6. Subtract line 5 from line 4   |                               |                                 |
|                               | 7. Multiply line 6 by .005 (enter figure here)   |                               |                                 |
|                               | 8. Interest charge. Enter the amount from line 4, space Q, page 8  |                               | 0.00                            |
|                               | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  |                               |                                 |
|                               | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)   | 600)                          |                                 |
|                               | 1. Enter the amount of gross receipts from space K   |                               |                                 |
|                               | 2. Base amount under statutory formula \$ 263,800.00   |                               |                                 |
|                               | 3. Subtract line 2 from line 1   |                               |                                 |
|                               | 4. Multiply line 3 by .01  |                               |                                 |
|                               | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)  | 1,319.00                      |                                 |
|                               | 6. Interest charge. Enter the amount from line 4, space Q, page 8  | 0.00                          |                                 |
|                               | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  |                               |                                 |
|                               | FILING FEE AND TOTAL REMITTANCE DUE  |                               |                                 |
| Filing Fee and                |  |                               |                                 |
| Total Remittance<br>Due       | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  | 52.00                         |                                 |
|                               | 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<br>See page i of the general instructions in the paper SA1-2 form for more informat   |                               | nts!                            |

| Accounting Period:                                | 2020/1  | FORM SA1-2E. PAGE  |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>MEDIACOM IOWA LLC   | SYSTEM ID<br>2752  |
| M<br>Channels                                     | CHANNELS Instructions: You must give (1) the number of channels on wh to its subscribers, and (2) the cable system's total number of an 1. Enter the total number of channels on which the cable system carried television broadcast stations   | ctivated channels during the accounting period.  |
| N<br>Individual to<br>Be Contacted<br>for Further | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATI<br>we can contact about this statement of account.)<br>Name Kenneth J. Kohrs  | ION IS NEEDED (Identify an individual to whom Telephone <b>845-443-2762</b>  |
| Information                                       | Address One Mediacom Way<br>(Number, street, rural route, apartment, or suite number  |  |
|   | Mediacom Park, NY 10918           (City, town, state, zip)           Email         Copyrights@mediacomcc.com  | Fax (optional)   |
| O<br>Certification                                | X       (Agent of owner other than corporation or partners<br>in line 1 of space B and that the owner is not a corporation) of<br>in line 1 of space B.         • I have examined the statement of account and hereby declare u<br>are true, complete, and correct to the best of my knowledge, infor<br>[18 U.S.C., Section 1001(1986)]         • If a U.S.C., Section 1001(1986)] | of the boxes.)<br>I the owner of the cable system as identified in line 1 of space B; or<br><b>ship</b> ) I am the duly authorized agent of the owner of the cable system as identified<br>poration or partnership; or<br>or a partner (if a partnership) of the legal entity identified as owner of the cable system<br>under penalty of law that all statements of fact contained herein |
|   |   | Ineth J. Kohrs<br>Ient, Financial Reporting<br>n corporation or partnership)   |
|   | Date:   | 8/11/2020  |

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: 2020/1   | FORM SA1-2E. PAGE  |
|---|--|
| GAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM I   |
| EDIACOM IOWA LLC  | 2752   |
| <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<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| Name     Name       Mailing Address     Mailing Address   |  |
|   |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>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   | -  |
| x days  |  |
| x days 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       -         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  | -  |
| Line 3       Multiply line 2 by the number of days late and enter the sum here  |  |
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