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

FOR COPYRIGHT OFFICE USE ONLY

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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	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/1 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 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
		MCC Iowa, LLC (Carthage, IL)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
	-	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	1	
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

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Iowa, LLC (Carthage, IL)	29902
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, a list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
		OTATE
First	CITY OR TOWN Carthage	STATE IL
Community		
vs as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM ID
Name	MCC Iowa, LLC (Cartha		•						2990
	SECONDARY TRANSMISSION		IBSCRIP		ATES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	hle system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n			•••		•		s charged	
	separately for the particular serv							na and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				ny otanaa			particular rate	
	Block 1: In the left-hand block	•		-		•			
	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, t	•							
	with the number of subscribers a					,		, 0	
	sufficient.		og						
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		256	74.49					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				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 and furnished at cost or (2) services	•			•		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		-	-		-		-	
•								were not	
Fransmissions:	Block 1: Give the standard rate		Storn run		cu uunng	-			
•	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a	• •	ae was m		shed. List	these other ser			
Fransmissions:	Block 2: List any services that	separate charg	,	ade or establ	shed. List	these other ser			
Fransmissions:	<b>Block 2:</b> List any services that listed in block 1 and for which a	separate chargotion and includ	de the rat	ade or establ	shed. List	these other ser		BLOCK 2	
Fransmissions:	<b>Block 2:</b> List any services that listed in block 1 and for which a	separate charg	de the rat	ade or establ		these other ser		BLOCK 2 DRY OF SERVICE	RATE
Fransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate chargotion and include BLOC	de the rat CK 1 CATEG	ade or establ e for each.	VICE				RATE
Fransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate chargotion and include BLOC	de the rat CK 1 CATEG Installat	ade or establ te for each. DRY OF SER	VICE		CATEGO		
Fransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and includ BLOO RATE	de the rai CK 1 CATEGO Installat • Mote	ade or establ e for each. DRY OF SER ion: Non-res	VICE		CATEGO	ORY OF SERVICE	
Fransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg otion and inclue BLO RATE PP	de the rai CK 1 CATEGO Installat • Mote	ade or establ te for each. DRY OF SER <b>ion: Non-res</b> I, hotel mercial	VICE		CATEGO	ORY OF SERVICE	
Fransmissions:	Block 2: List any services that 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	separate charg otion and inclue BLO RATE PP	de the rat CK 1 CATEGO Installat • Mote • Com • Pay	ade or establ te for each. DRY OF SER <b>ion: Non-res</b> I, hotel mercial	VICE		CATEGO	ORY OF SERVICE	RATE 84.9
Fransmissions:	Block 2: List any services that 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	BLOC RATE	CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	ade or establ te for each. DRY OF SER cion: Non-res el, hotel mercial cable cable-add'l ch protection	VICE		CATEGO	ORY OF SERVICE	
Fransmissions:	Block 2: List any services that 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	separate chargotion and inclus BLOO RATE PP PP 99.99	de the rat CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg	ade or establ te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	VICE		CATEGO	ORY OF SERVICE	
Fransmissions:	Block 2: List any services that 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)	BLOC RATE	de the rad CK 1 CATEG( Installat • Mote • Com • Pay • Pay • Fire • Burg Other s	ade or establ te for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices:	VICE	RATE	CATEGO	ORY OF SERVICE	
Fransmissions:	Block 2: List any services that 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) • FM radio (if separate rate)	separate chargotion and inclue BLOC RATE PP PP 99.99 15.00-49.00	de the rad CK 1 CATEG( Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	ade or establ te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	VICE		CATEGO	ORY OF SERVICE	
Fransmissions:	Block 2: List any services that 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)	separate chargotion and inclus BLOO RATE PP PP 99.99	de the rad CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Cher so	ade or estable te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection lar protection ervices: onnect	VICE	RATE	CATEGO	ORY OF SERVICE	
Transmissions:	Block 2: List any services that 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) • FM radio (if separate rate)	separate chargotion and inclue BLOC RATE PP PP 99.99 15.00-49.00	de the rad CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other so • Reco • Disc • Outh	ade or establ te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	VICE idential	RATE	CATEGO	ORY OF SERVICE	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Carth			299
		• •		
<b>G</b> Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station <sup>in</sup> multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	<i>bt</i> (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instructi program services such as HBO, ESF re-air designation. For example, report evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for independent stations in the paper SA1-2 form. at the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	Ian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	the community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	KHQA/KHQA (HD) CBS	7	N	Hannibal, MO
	KHQA-DT2/KHQA-DT2 (ABC)	7.2	N	Hannibal, MO
Rows as Necessary	KHQA-DT3 Comet	7.3	N	Hannibal, MO
l Rows as Necessary	KHQA-DT3 Comet KIIN (PBS)	7.3	E	Hannibal, MO Iowa City, IA
l Rows as Necessary	KIIN (PBS)	12		Iowa City, IA
Rows as Necessary	KIIN (PBS) KTVO (ABC)	12 33	EN	lowa City, IA Kirksville, MO
Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC	12 33 10	E N N	lowa City, IA Kirksville, MO Quincy, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2	12 33 10 10.2	EN	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD (	12 33 10 10.2 10.3	E N N	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD	12 33 10 10.2 10.3 10.4	E N N 1 1	Iowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD	12 33 10 10.2 10.3 10.4	E N N 1 1	Iowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL
d Rows as Necessary	KIIN (PBS) KTVO (ABC) WGEM/WGEM (HD) NBC WGEM-DT2 (CW)/ WGEM-DT2 WGEM-DT3/ WGEM-DT3 HD ( WGEM-DT4 MeTV HD WMEC/WMEC (HD) PBS	12 33 10 10.2 10.3 10.4 21	E N N 1 1 1 1 E	lowa City, IA Kirksville, MO Quincy, IL Quincy, IL Quincy, IL Quincy, IL MaComb, IL

ccounting Period	: 2020/1			FORM SA1-2E. PAGE 3
Nome	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	MCC Iowa, LLC (Carth	age, IL)		29902
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	translator stations and low power tele t (1) stations carried only on a part-tim ne carriage of certain network program	ne basis under
Primary Transmitters:	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.	i1(e)(2) and (4))]; and (2) certain statio	ons carried on a
Television	basis under specific FCC rul • Do <i>not</i> list the station here	es, regulations, or authorizations: in space G—but do list it in space I (th	arried by your cable system on a subs he Special Statement and Program Lo	
	basis. For further information	lso in space I, if the station was carried n concerning substitute basis stations,	d both on a substitute basis and also o see page (v) of the general instructior program services such as HBO, ESPN	ns.
	"WETA-2" as the same on th	ne form.	e-air designation. For example, report	
	<b>Column 3:</b> Indicate in each educational station, by enter	ing the letter "N" (for network), "N-M" (	station, an independent station, or a n (for network multicast), "I" (for indepen	dent), "I-M"
	For the meaning of these ter <b>Column 4:</b> Give the location	ms, see page (iv) of the general instru of each station. For U.S. stations, list	or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station is he community with which the station is	licensed by the
				s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

MCC Iowa, L	• OWNER OF ( LC (Cartha							SYSTEM   299
	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 by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	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 the	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 i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S, II AITY,	the community with which the	CALL SIGN		S/D	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Carth	age, IL)						29902
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	DG			
	In General: In space I, ident	ify every no	nnetwork televi	<i>ision program,</i> broadcast b	y a <i>distant</i> sta	ition, that yo	ur cable sys	tem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	pecific present and former l	CC rules, reg	julations, or	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute b	asis, any noni	network tele	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer	is "Yes," you i	must compl	ete the proc	gram
	log in block 2.	,	·	0 ,				•
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviatior	s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			(S) ( ) () () () () () () () () () () () (	«NI. "			
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which the		censed by t	he FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitut	e program. U	se numeral	s, with the r	nonth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	ır cahle syste	m List the t	imes accur	ately
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."							
				n was substituted for proc				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	•	your oyotoin ti			o unu roguio		
	c		E PROGRAM	Λ		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	T	IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		ТО	
							_	
					1			
							—	
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Carthage, IL)	S	YSTEM ID# 29902
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	3,559.81 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
246	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:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: LC (Carthage, IL)	SYSTEM ID# 29902
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	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. tal number of channels on which the cable ed television broadcast stations	17 48
N Individual to Be Contacted		TO 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 Telephone 845-4	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     i     (Off     i     I have examin     are true, compl	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner 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 ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 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)         Typed or printed name:       Kenneth J. Kohrs         Title:       Vice President, Financial Reporting (Title of official position held in corporation or partnership)         Date:       8/12/2020	

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.

AL NAME OF OWNER OF CABLE SYSTEM:	
C Iowa, LLC (Carthage, IL)	SYSTEM
······································	299
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: <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." 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</li></ul>	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	
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       -         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 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	
Line 2       Multiply line 1 by the interest rate* and enter the sum here	
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