This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## **SA1-2E Short Form**

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)	08/28/20	\$	coplicsoa@loc.gov For additional information, contact the U.S. Copyright
General instructions are located			Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACCO	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
		Mediacom Iowa, LLC (Norway, IA)
		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 (City, town, state, zip)
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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 (Norway, IA)
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918
		(City, town, state, zip code)
L		

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 suffciency of the fling, a determination that would be made by a court of law.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Mediacom Iowa, LLC (Norway, IA)	62546
-	Instructions: List each separate community served by the cable system. A "com	
-	"a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filing	
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area		blie nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Norway	IA
Community		
Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM II 6254
	Mediacom Iowa, LLC (N	lorway, IA)							0234
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RAT	TES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmissi			-					
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						linose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot	•				,	ble system	, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n		0			•		charged	
	separately for the particular serverse Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed								
	category, but do not include disc				,				
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					0,	•		
	first set" and would be counted of	0			• • •				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, i						,.		
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-n	and block. A lwo	)- or thre	e-word descript	lion of the s	service is	
		OCK 1					BLOCK		_
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:						-		
	Service to first set		32	29.99-55.04					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.99-55.04					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for ra				nect to a	ll vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is,	•	,			• •			
	service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any rate	es are cr	larged on a vari	lable per-p	rogram basis,	
ransmissions:	Block 1: Give the standard ra		the cable	e system for eacl	h of the	applicable servi	ces listed.		
Rates	Block 2: List any services that				-	-			
	listed in block 1 and for which a				ned. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descri	plion and inclue	ue ine ra	ite for each.		r	1		
		BLO			05	DATE	0.175.07	BLOCK 2	<b>D</b> 4 <b>T</b>
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERVI tion: Non-resid		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable	PP		el, hotel	ential		Family	Cable	84.9
	Pay cable—add'l channel	PP		nmercial					
	Fire protection		_	cable					
	•Burglar protection		-	cable-add'l chai	nnel				
	Installation: Residential		· ·	protection					
	• First set	99.99		glar protection					•
	Additional set(s)	15.00-49.00		ervices:					
	.,		• Rec			49.00			•••••
	• FM radio (it separate rate)								
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>	10.50	• Disc	connect					
		10.50		connect		15.00-49 00			
		10.50	• Out		S	15.00-49.00			••••••

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	Mediacom Iowa, LLC (			6
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	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 • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe 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	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	<i>bt</i> (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain state carried by your cable system on a sub- the Special Statement and Program and both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form. t the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community er a noncommercial pendent), "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	Cedar Rapids, IA
	KCRG/KCRG (HD)-DT2 MyNe	9.2	I-M	Cedar Rapids, IA
Rows as Necessary	KCRG-DT3 Antenna TV	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	1	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
			I-141	ocuul Nuplus, iA
	KFXB (CTN)	43		Dubuque, IA
	KFXB (CTN) KGAN/KGAN(HD) CBS			
		43	I	Dubuque, IA
	KGAN/KGAN(HD) CBS	43 51	I	Dubuque, IA Cedar Rapids, IA
	KGAN/KGAN(HD) CBS KGAN-DT2 get TV	43 51 51.2	I N I-M	Dubuque, IA Cedar Rapids, IA Cedar Rapids, IA
	KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET	43 51 51.2 51.3	I N I-M I-M	Dubuque, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET KGAN-DT4 DABL	43 51 51.2 51.3 51.4	I N I-M I-M	Dubuque, IA         Cedar Rapids, IA
	KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN (HD) IPTV PBS	43 51 51.2 51.3 51.4 12	I N I-M I-M E	Dubuque, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA
	KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN (HD) IPTV PBS KIIN-DT2 PBS KIDS HD	43 51 51.2 51.3 51.4 12 12.2	I N I-M I-M E E E-M	Dubuque, IA         Cedar Rapids, IA         Cedar Rapids, IA         Cedar Rapids, IA         Cedar Rapids, IA         Iowa City, IA
	KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN (HD) IPTV PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World	43 51 51.2 51.3 51.4 12 12.2 12.3	I N I-M I-M E E E-M E-M	Dubuque, IA         Cedar Rapids, IA         Cedar Rapids, IA         Cedar Rapids, IA         Cedar Rapids, IA         Iowa City, IA         Iowa City, IA
	KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN (HD) IPTV PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create	43 51 51.2 51.3 51.4 12 12.2 12.3 12.4	I N I-M I-M E E E-M E-M E-M	Dubuque, IA         Cedar Rapids, IA         Cedar Rapids, IA         Cedar Rapids, IA         Cedar Rapids, IA         Iowa City, IA         Iowa City, IA         Iowa City, IA         Iowa City, IA
	KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN (HD) IPTV PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR (HD) ION	43 51 51.2 51.3 51.4 12 12.2 12.3 12.4 47	I N I-M I-M E E E-M E-M E-M I	Dubuque, IA         Cedar Rapids, IA         Cedar Rapids, IA         Cedar Rapids, IA         Cedar Rapids, IA         Iowa City, IA
	KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET KGAN-DT4 DABL 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	43 51 51.2 51.3 51.4 12 12.2 12.3 12.4 47 25	I N I-M I-M E E E-M E-M E-M I I	Dubuque, IA         Cedar Rapids, IA         Cedar Rapids, IA         Cedar Rapids, IA         Cedar Rapids, IA         Iowa City, IA

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE	EM II
Name	Mediacom Iowa, LLC (				625
	PRIMARY TRANSMITTERS:				
G	In General: In space G, ider	ntify every television station (including tr n during the accounting period, <i>except</i> (			
<u> </u>		n during the accounting period, except ( n effect on June 24, 1981, permitting the	.,		
Primary		)(2) and (4), or 76.63 (referring to 76.61)			
ransmitters:	substitute program basis, as	explained in the next paragraph.			
Television		With respect to any distant stations car	ried by your cable system on a s	ubstitute program	
		les, regulations, or authorizations: in space G—but do list it in space I (the	- Special Statement and Program	log)if the	
	station was carried only on a		opedial diatement and rifegran		
		Iso in space I, if the station was carried I	both on a substitute basis and al	so on some other	
		n concerning substitute basis stations, s			
		's call sign. <i>Do not</i> report origination pro with a station according to its over-the-a			
	"WETA-2" as the same on th	8	air designation. For example, re	bort multistream	
		I number the FCC assigned to the televi	ision station for broadcasting over	er the air in its community	
		RC is channel 4 in Washington, D.C.	· ·		
	Column 3: Indicate in each of	RC is channel 4 in Washington, D.C. case whether the station is a network st	tation, an independent station, or	a noncommercial	
	<b>Column 3:</b> Indicate in each of educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo	tation, an independent station, or or network multicast), "I" (for inde	a noncommercial pendent), "I-M"	
	<b>Column 3:</b> Indicate in each of educational station, by enter (for independent multicast), '	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa	a noncommercial pendent), "I-M"	
	<b>Column 3:</b> Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form.	a noncommercial pendent), "I-M" tional multicast).	
	Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	a noncommercial pendent), "I-M" tional multicast). n is licensed by the	
	Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	a noncommercial pendent), "I-M" tional multicast). n is licensed by the	
	Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	a noncommercial pendent), "I-M" tional multicast). n is licensed by the	
	Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct of each station. For U.S. stations, list th tian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station e community with which the station <b>3. TYPE OF STATION</b>	a noncommercial pendent), "I-M" tional multicast). n is licensed by the on is identified. <u>4. LOCATION OF STATION</u>	
	<b>Column 3:</b> Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th lian stations, if any, give the name of the	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio e community with which the statio	a noncommercial pendent), "I-M" tional multicast). n is licensed by the on is identified.	
	Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct of each station. For U.S. stations, list th tian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station e community with which the station <b>3. TYPE OF STATION</b>	a noncommercial pendent), "I-M" tional multicast). n is licensed by the on is identified. <u>4. LOCATION OF STATION</u>	
	Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.5	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station e community with which the station <b>3. TYPE OF STATION</b> I-M	a noncommercial pendent), "I-M" tional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION Cedar Rapids, IA	
	Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KWKB-DT5 Light TV KWKB-DT6 Quest	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.5 25.6	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station e community with which the station a. TYPE OF STATION I-M I-M	a noncommercial pendent), "I-M" tional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION Cedar Rapids, IA Cedar Rapids, IA	
	Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KWKB-DT5 Light TV KWKB-DT5 Light TV KWKB-DT6 Quest KWWL/KWWL(HD) NBC	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th tian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.5 25.6 7	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station e community with which the station <b>3. TYPE OF STATION</b> I-M I-M N	a noncommercial pendent), "I-M" tional multicast). n is licensed by the on is identified.	
	Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KWKB-DT5 Light TV KWKB-DT5 Light TV KWKB-DT6 Quest KWWL/KWWL(HD) NBC KWWL-DT2/ KWWL-DT2 (HD)	RC is channel 4 in Washington, D.C.         case whether the station is a network string the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruction of each station. For U.S. stations, list the lian stations, if any, give the name of the         2. B'CAST CHANNEL NUMBER         25.5         25.6         7         7.2	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station e community with which the station a <b>COMPACT OF STATION</b> I-M I-M I-M	a noncommercial pendent), "I-M" tional multicast). n is licensed by the on is identified. A. LOCATION OF STATION Cedar Rapids, IA Cedar Rapids, IA Waterloo, IA Waterloo, IA	

EGAL NAME OF								SYSTEM 62
	t every radio s	tation 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: If ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call tate whether t the radio stat this by placing	y the sys be recei t the Co sign of e he static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa his point, se	adend, and (2 mna, during co ge (v) of the g	) it can ertain st eneral ii parate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Period: 2020/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Mediacom Iowa, LLC (Norway, IA)							FORM	I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Mediacom Iowa, LLC (	Norway,	IA)					62546
	SUBSTITUTE CARRIAG				G			
I	In General: In space I, ident				-	tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				-			
Special	During the accounting per	-			sis anv noni	network telev	vision prog	ram
Statement and		-		n cany, on a capolitato pe	olo, any nom			
Program Log	broadcast by a distant sta	lion?					YES	X NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you ı	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa					<b></b>		·
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.				<b></b>			
				er "Yes." Otherwise enter " asting the substitute prog				
				the community to which th		censed by th	e FCC or	in
	the case of Mexican or Car						010001,	
	Column 5: Give the mor	nth and day		stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program can	ned by a system from 6.0	1:15 p.m. to c	.28:30 p.m.	should be	
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your systen	n was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program	• •	your system w	as permitted to delete und	ler FCC rules	and regulat	ions in	
	effect on October 19, 1976							
					WHF	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	<b>MES</b>	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						_		
							—	
							-	
						_		
							-	
						_		
							-	
						-	-	
							-	
						_		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Mediacom Iowa, LLC (Norway, IA)		62546
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	7, <b>527.10</b> wss 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	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	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	
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:	2020/1				FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: a, LLC (Norway, IA)			SYSTEM ID# 62546
M Channels	<ol> <li>to its subscriber</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the carried</li> </ol>	u must give (1) the number of channels on whi , and (2) the cable system's total number of ac number of channels on which the cable television broadcast stations	s	counting period.	40 71
N Individual to Be Contacted	we can contact	BE CONTACTED IF FURTHER INFORMATIC	DN IS NEEDED (Identify an in		
for Further Information	Name Address	Kenneth J. Kohrs One Mediacom Way		Telephone 84	5-443-2762
		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 undersign     (Own     X     (Ager     in     (Offi     in     I have examine	This statement of account must be certified an ed, hereby certify that (Check one, <i>but only one</i> , or <b>r other than corporation or partnership)</b> I am <b>of owner other than corporation or partnersh</b> ine 1 of space B and that the owner is not a corp <b>er or partner</b> ) I am an officer (if a corporation) or ine 1 of space B. the statement of account and hereby declare ur a, and correct to the best of my knowledge, inform in 1001(1986)]	of the boxes.) the owner of the cable system a <b>hip)</b> I am the duly authorized ac oration or partnership; or a partner (if a partnership) of t der penalty of law that all state	as identified in line 1 of space B; o gent of the owner of the cable syst the legal entity identified as owner ements of fact contained herein	tem as identified
		Enter an electron	enneth J. Kohrs c signature on the line above to iing an "/s/ signature" (e.g., /s/.		
			neth J. Kohrs	ng	
		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.

unting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
liacom Iowa, LLC (Norway, IA)	6254
<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:</li> <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>	P Special Statement Concerning Gross 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmer
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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