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

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

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) Accounting Period 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.	
Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) Accounting Period 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	
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Period 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	
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	
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 (Independence, IA)	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
ONE MEDIACOM WAY	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
MEDIACOM PARK, NY 10918 (Number, street, rural route, apartment, or suite number)	_
(City, town, state, zip)	
names 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)	
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	

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

3/1/2021

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 suffciency 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 (Independence, IA)	25624				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the					
Area Served	identified city.					
	CITY OR TOWN	STATE				
First	Independence	IA				
Community						
dd Rows as Necessary						

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	SYSTEM ID#	
Name	MCC lowa, LLC (Independence, IA)								2562	
	SECONDARY TRANSMISSION		IBSCR							
E	In General: The information in s					y transmission	service of	the cable		
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including p						those exis	ting on the		
Transmission	last day of the accounting period Number of Subscribers: Both	`		,	,	,	blo cyctor	brokon		
Service: Sub- scribers and	down by categories of secondar	•					,	,		
Rates	each category by counting the n	•		•		•				
	separately for the particular serv	ice at the rate	indicate	ed-not the num	ber of se	ts receiving ser	vice).	-		
	Rate: Give the standard rate c	-						-		
	unit in which it is generally billed category, but do not include disc	• •		,	ny standa	rd rate variation	ns within a	particular rate		
	Block 1: In the left-hand block				ies of sec	ondarv transmi	ssion servi	ce that cable		
	systems most commonly provide	•		Ű		•				
	that applies to your system. Not			-		-				
	categories, that person or entity					υ.				
	subscriber who pays extra for ca first set" and would be counted o					d in the count u	nder "Serv	ice to the		
	Block 2: If your cable system					service that are	e different	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-	hand block. A tv	vo- or thre	e-word descrip	tion of the	service is		
	sufficient.									
	BLC	BLOCK 1 BLOCK 2						K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 		106	40.49-55.04						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	40.49-55.04						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATE	S					
F	In General: Space F calls for rat	•	,		-	• •				
I	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•			•		• •	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the			-						
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: 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									
	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.									
	, , ,	BLO	∩ k 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICE	RATE	CATEG	DRY OF SERVICE	RATE	
	Continuing Services:			ation: Non-resi						
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	84.9	
	• Pay cable—add'l channel	PP	• Co	mmercial						
	Fire protection		•Pa	y cable						
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential			e protection						
	• First set	99.99		rglar protection						
	 Additional set(s) 	15.00-49.00		services:						
	• FM radio (if separate rate)			connect		49.00				
	• Converter	10.50		sconnect						
				itlet relocation		15.00-49.00				
			• Mc	ove to new addre	ess					

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MCC Iowa, LLC (Indep	endence, IA)		25					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: 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 the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial 								
	educational station, by enter	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	endent), "I-M"					
	For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. It the community to which the station i	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-DT2/KCRG-DT2(HD) M	9.2	I-M	Cedar Rapids, IA					
d Rows as Necessary	KCRG-DT3 Antenna	9.3	I-M	Cedar Rapids, IA					
	KCRG-DT4 Heroes & Icons	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	I	DUBUQUE, IA					
	KFXB CTN KGAN/KGAN(HD) CBS	43 51	l	DUBUQUE, IA Cedar Rapids, IA					
	KGAN/KGAN(HD) CBS	51	N	Cedar Rapids, IA					
	KGAN/KGAN(HD) CBS KGAN-DT2 getTV	51 51.2	N N-M	Cedar Rapids, IA Cedar Rapids, IA					
	KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET	51 51.2 51.3	N N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA					
	KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL	51 51.2 51.3 51.4	N N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA					
	KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN(HD) PBS	51 51.2 51.3 51.4 12	N N-M N-M N-M E	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA					
	KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN(HD) PBS KIIN-DT2 KIDS (HD)	51 51.2 51.3 51.4 12 12.2	N N-M N-M E E E-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA					
	KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN(HD) PBS KIIN-DT2 KIDS (HD) KIIN-DT3 PBS World	51 51.2 51.3 51.4 12 12.2 12.3	N N-M N-M E E E-M E-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA					
	KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN(HD) PBS KIIN-DT2 KIDS (HD) KIIN-DT3 PBS World KIIN-DT4 PBS Create	51 51.2 51.3 51.4 12 12.2 12.3 12.4	N N-M N-M E E E-M E-M E-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA					
	KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN(HD) PBS KIIN-DT2 KIDS (HD) KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION	51 51.2 51.3 51.4 12 12.2 12.3 12.4 47	N N-M N-M E E E-M E-M I	Cedar Rapids, 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 getTV KGAN-DT3 COMET KGAN-DT4 DABL KIIN/KIIN(HD) PBS KIIN-DT2 KIDS (HD) KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape	51 51.2 51.3 51.4 12 12.2 12.3 12.4 47 25	N N-M N-M E E E-M E-M E-M I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA Cedar Rapids, IA IOWA CITY, IA					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MCC Iowa, LLC (Independence, IA)								
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable system	ntify every television station (including tr n during the accounting period, <i>except</i> ((1) stations carried only on a part	t-time basis under					
Primary	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a								
Transmitters: Television		s explained in the next paragraph.							
		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 a substitute basis	e Special Statement and Program	n Log)—if the					
	,	lso in space I, if the station was carried	both on a substitute basis and al	so on some other					
	basis. For further information	n concerning substitute basis stations, s	see page (v) of the general instruc	ctions.					
		's call sign. <i>Do not</i> report origination pro	-	-					
		with a station according to its over-the-a	air designation. For example, rep	port multistream					
	"WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	of license. For example, WRC is channel 4 in Washington, D.C.								
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
			, , ,						
	educational station, by enter	ring the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for inde	pendent), "I-M"					
	educational station, by enter (for independent multicast),		or network multicast), "I" (for inde "E-M" (for noncommercial educa	pendent), "I-M"					
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc n of each station. For U.S. stations, list th	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	pendent), "I-M" tional multicast). n is licensed by the					
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	pendent), "I-M" tional multicast). n is licensed by the					
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc n of each station. For U.S. stations, list th	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	pendent), "I-M" tional multicast). n is licensed by the					
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc n of each station. For U.S. stations, list th	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	pendent), "I-M" tional multicast). n is licensed by the					
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc n of each station. For U.S. stations, list th lian stations, if any, give the name of the	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	pendent), "I-M" tional multicast). n is licensed by the on is identified.					
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc n of each station. For U.S. stations, list th lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	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 3. TYPE OF STATION	pendent), "I-M" tional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION					
	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	ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruct 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	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 3. TYPE OF STATION I-M	pendent), "I-M" itional multicast). In is licensed by the on is identified. 4. LOCATION OF STATION IOWA CITY, IA					
	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	ting the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruct 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	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 3. TYPE OF STATION I-M I-M	pendent), "I-M" tional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION IOWA CITY, IA					
	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 KWWL/KWWL(HD) NBC	ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc 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 7	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 3. TYPE OF STATION I-M I-M N	pendent), "I-M" titional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA					
	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	ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- n of each station. For U.S. stations, list the lian stations, if any, give the name of the 25.5 25.6 7 7.2	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio community with which the statio 3. TYPE OF STATION I-M I-M I I	pendent), "I-M" itional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA					
	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 KWWL/KWWL(HD) NBC KWWL-DT2 CW/KWWL-DT2(H KWWL-DT3 MeTV	ting 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 7.3	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 3. TYPE OF STATION I-M I-M I I I	pendent), "I-M" titional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA					
	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 CW/KWWL-DT2(H KWWL-DT3 MeTV KWWL-DT4 Court TV	ting the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or "ms, see page (iv) of the general instruct of each station. For U.S. stations, list the lian stations, if any, give the name of the 25.5 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2 7.3 7.4	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 3. TYPE OF STATION I-M I-M I I I I	pendent), "I-M" tional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA Waterloo, IA					

EGAL NAME OF								SYSTEM
	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 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 abourts m. dentify the call tate whether t the radio stati this by placing sive the station	/ the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2				2.2		
						<u> </u>		
			·			 		
						 		
						 		
						 		
						 		
						 		
						 		
						 		
			·			 		
						 		

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#	
Name	MCC lowa, LLC (Indep	endence	, IA)					25624	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G				
	In General: In space I, ident	tify every no	onnetwork telev	<i>ision program,</i> broadcast by	, a <i>distant</i> sta	tion, that yo	our cable sys	tem carried on a	
	ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute		explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage: Special	1. SPECIAL STATEMEN								
Statement and	 During the accounting pe 	•	ur cable syste	m carry, on a substitute ba	isis, any nonr	network tel	evision prog		
Program Log	broadcast by a distant sta	tion?				ļ	YES	× NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	lete the proc	gram	
	log in block 2. 2. LOG OF SUBSTITUT								
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meaning	a is	
	clear. If you need more spa					,		5	
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general catego								
	"NBA Basketball: 76ers vs.								
				er "Yes." Otherwise enter casting the substitute prog					
				the community to which th		censed by	the FCC or,	in	
	the case of Mexican or Car	nadian stat	ions, if any, the	e community with which the	e station is id	entified).			
			y when your sy	stem carried the substitute	e program. U	se numera	ls, with the n	nonth	
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable svste	m. List the	times accura	atelv	
	to the nearest five minutes								
	stated as "6:00–6:30 p.m."		- 1:-41					in a	
	to delete under FCC rules			n was substituted for prog					
	was substituted for program							ogram	
	effect on October 19, 1976	•							
					WHE	N SUBSTI	ITUTE		
	S					AGE OCC		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		<u> </u>		
							_		
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Accounting Period:	2020/2	FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Independence, IA)	S	YSTEM ID# 25624
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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	3,527.21
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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	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:	2020/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O MCC Iowa, LLC (Indep			SYSTEM ID# 25624
M Channels	 to its subscribers, and (2) Enter the total number system carried televisio Enter the total number on which the cable syst) the cable system's total num of channels on which the cat on broadcast stations	ist stations	st stations 40 70
N Individual to Be Contacted for Further	we can contact about this		ORMATION IS NEEDED (Identify an individual to whom	Telephone 845-443-2762
Information	(Number Medi	Mediacom Way r, street, rural route, apartment, or s acom Park, NY 10918 wn, state, zip) Copyrights@mediacor	3	
O Certification	 I, the undersigned, heret (Owner other t (Agent of own in line 1 of s (Officer or pai in line 1 of s I have examined the stat 	by certify that (Check one, but of than corporation or partners er other than corporation or space B and that the owner is rtner) I am an officer (if a corp space B. exement of account and hereby parect to the best of my knowle	ertified and signed in accordance with Copyright Office re only one, of the boxes.) hip) I am the owner of the cable system as identified in line partnership) I am the duly authorized agent of the owner of not a corporation or partnership; or oration) or a partner (if a partnership) of the legal entity iden declare under penalty of law that all statements of fact cont dge, information, and belief, and are made in good faith.	e 1 of space B; or of the cable system as identified ntified as owner of the cable system
		Enter s Typed or printed name: Title: Vice	n electronic signature on the line above to certify this statem ignature using an "/s/ signature" (e.g., /s/ John Smith)	
		Date:	2/15/2021	

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

CC lowa, LLC (Independence, IA) Section 2.1.C (Independence, IA) Section 2.1.C (Independence, IA) Section 2.1.C (Independence, IA) Section 2.1.C (Independence, IA) Section 2.1.C (Independence, IA) Section 2.1.C (Independence, IA) Section 2.1.C (Independence, IA) Indetermining 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. Normation determining period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. Normation determining Address Name Maining Address Name Maining Address Nume (Maining Address) Nume (Maining Addre	unting Period: 2020/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Newer Act of 1988 amended Title 17, section 111(g)(1)(Å), of the Copyright Act by adding the following sentence: The Satellite Home Newer Act of 1988 amended Title 17, section 111(g)(1)(Å), of the Copyright Act by adding the following sentence: The Satellite Home Newer Act of 1988 amended Title 17, section 111(g)(1)(Å), of the Copyright Act by adding the following sectores and amounts collected from subcarbers receiving sectored systems insteinos pursuant to section 119: Tor 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. Uning the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No TEXEST ASSESSMENT You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rate* and enter the sum here	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Capyright Act by adding the following sentence: IP "a hotermining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Percent for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Percent for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Percent for the basic scribers and the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier to satellite carrier(s) below. Image: Script Scrip	C lowa, LLC (Independence, IA)	2562
bocated 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? Image by satellite carriers to satellite dish owners? Image by satellite carriers to satellite carrier(s) below. Image by the satellite carriers to satellite carrier(s) below. Image by the satellite carriers to satellite carrier(s) below. Image by the satellite carriers to satellite carrier(s) below. Image by the satellite carriers to satellite carrier(s) below. Image by the satellite carriers to sa	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? No YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maling Address Maling Address INTEREST ASSESSMENT You must complete this worksheet for those royally 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.		
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Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Nume 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. Interest Assessment. Line 1 Enter the amount of late payment or underpayment.		
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Line 1 Enter the amount of late payment of underpayment. x - Line 2 Multiply line 1 by the interest rate* and enter the sum here . - x -		Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 3 Multiply line 2 by the number of days late and enter the sum here	x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	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	x days	3
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	<u> </u>
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number 		
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Address ID number		
Address ID number	Owner	
First community served		
Accounting period	First community served	

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