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

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	ACCO	DUNTING 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)									
ccounting 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 (Albia, 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									
	INCT	(City, town, state, zip) INSTRUCTIONS: 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:									
		MAILING ADDRESS OF CABLE SYSTEM:									
	2	(Number, street, rural route, apartment, or suite number)									
		(City, town, state, zip code)									
acy Act Notic	ce: Sectior	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

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

3/1/2021

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

General instructions are located

Α

in the first tab of this workbook

Cable Systems (Short Form)

STATEMENT OF ACCOUNT for Secondary Transmissions by

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	MCC Iowa, LLC (Albia, IA)	33
	Instructions: List each separate community served by the cable system. A "com	munity" is the same as a "community unit" as defined in FCC rule
	"a separate and distinct community or municipal entity (including unincorporate	ed communities within unincorporated areas and including single
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Albia	IA
Community	Eldon	IA
	Eddyville	A
d Rows as Necessary	Centerville	IA
	Appanoose	A
	Bloomfield	IA
	Monroe (Uo Albia)	IA

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name								010	333
	MCC Iowa, LLC (Albia, I	A)							
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
Е	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Cocondom		nsmission of television and radio broadcasts by your system to subscribers. Give information cluding pay cable) in space F, not here. All the facts you state must be those existing on the							
Secondary Transmission	last day of the accounting period	, , ,			,		Inose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary			•		•			
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							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			0		0			
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		ongini						
	BLC	DCK 1	-	1			BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		1,501	40.49-94.49					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		2	40.49-94.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemis						
-	In General: Space F calls for rate	•••••				all your cable sy	stem's serv	rices that were	
F	not covered in space E, that is, t	hose services	that are	e not offered in	combinati	on with any sec	ondary trar	smission	
- ·	service for a single fee. There ar	•			•				
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.								
ransmissions:	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 brief (two- or three-word) description and include the rate for each.								
	CATEGORY OF SERVICE	BLO		GORY OF SEF		RATE		BLOCK 2 DRY OF SERVICE	
	Continuing Services:	RATE	-	ation: Non-res		RAIE	CATEGO	DRT OF SERVICE	RATI
	• Pay cable	PP		tel, hotel	sidential		Family	Cable	84.9
	Pay cable—add'l channel	PP		mmercial			i anny	Oubic	07.0
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	hannel				
	Installation: Residential			e protection	annor				
	First set	99.99		rglar protection	1				
		15.00-49.00		services:					
	 Additional set(s) 								
	 Additional set(s) FM radio (if separate rate) 		• Re	connect		49 00			
	• FM radio (if separate rate)			connect connect		49.00			
		10.50	• Dis	sconnect					
	• FM radio (if separate rate)		• Dis • Ou		ress	49.00 15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	MCC lowa, LLC (Albia,	IA)		33						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station'	tify every television station (including a during the accounting period, <i>excep</i> offect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (if a substitute basis. so in space I, if the station was carried of concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-ti the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each						
	"WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each of educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	C C	evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station	the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KCCI/KCCI(HD) CBS	8	N	Des Moines, IA						
	KCCI-DT2 (MeT∨)	8.2	I-M	Des Moines, IA						
d Rows as Necessary	KCCI-DT3 (MyNet/H&I)	8.3	I-M	Des Moines, IA						
	KCWI/KCWI (HD) CW	23	I	AMES, IA						
	KCWI-DT2 Escape	23.2	I-M							
	KGWI-DTZ Escape	20:2		AMES, IA						
	KCWI-DT3 Bounce TV	23.3	I-M	AMES, IA AMES, IA						
	KCWI-DT3 Bounce TV	23.3	I-M	AMES, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest	23.3 23.4	I-M I-M	AMES, IA AMES, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS	23.3 23.4 11	i-M i-M E	AMES, IA AMES, IA Des Moines, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD	23.3 23.4 11 11.2	I-M I-M E E-M	AMES, IA AMES, IA Des Moines, IA Des Moines, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World	23.3 23.4 11 11.2 11.3	I-M I-M E E-M E-M	AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create	23.3 23.4 11 11.2 11.3 11.4	I-M I-M E E-M E-M E-M	AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDSM/KDSM(HD) FOX	23.3 23.4 11 11.2 11.3 11.4 16	I-M I-M E E-M E-M E-M I	AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDSM/KDSM(HD) FOX KDSM-DT2 COMET	23.3 23.4 11 11.2 11.3 11.4 16 16.2	I-M I-M E E-M E-M I I I-M	AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDSW/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge!	23.3 23.4 11 11.2 11.3 11.4 16 16.2 16.3	i-M i-M E E-M E-M i i i-M	AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge! KDSM-DT4 TBD	23.3 23.4 11 11.2 11.3 11.4 16 16.2 16.3 16.4	I-M I-M E E-M E-M I I I I I I I I M	AMES, IA AMES, IA Des Moines, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Chargel KDSM-DT4 TBD KFPX ION/KFPX ION (HD)	23.3 23.4 11 11.2 11.3 11.4 16 16.2 16.3 16.4 39	i-M i-M E E-M E-M i i i i i i i i i i i i i	AMES, IA AMES, IA Des Moines, IA Newton, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge! KDSM-DT4 TBD KFPX ION/KFPX ION (HD) KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD	23.3 23.4 11 11.2 11.3 11.4 16 16.2 16.3 16.4 39 12	i-M i-M E E-M E-M i i i i i i i i i i i i i	AMES, IA AMES, IA Des Moines, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge! KDSM-DT3 Charge! KDSM-DT4 TBD KFPX ION/KFPX ION (HD) KIIN/KIIN(HD) PBS	23.3 23.4 11 11.2 11.3 11.4 16 16.2 16.3 16.4 39 12 12.2	i-M i-M E E-M E-M i i i i M i i M i E	AMES, IA AMES, IA Des Moines, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge! KDSM-DT3 Charge! KDSM-DT4 TBD KFPX ION/KFPX ION (HD) KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create	23.3 23.4 11 11.2 11.3 11.4 16 16.2 16.3 16.4 39 12 12 12.2 12.3	I-M I-M E E E-M E-M I I I I I I E-M E E E E E E E E E E E E E E E	AMES, IA AMES, IA Des Moines, IA Iowa Citry, IA IOWA Citry, IA IOWA Citry, IA IOWA Citry, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge! KDSM-DT3 Charge! KDSM-DT4 TBD KFPX ION/KFPX ION (HD) KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KTVO ABC/ KTVO ABC (HD)	23.3 23.4 11 11.2 11.3 11.4 16 16.2 16.3 16.4 39 12 12 12.2 12.3 12.4	i-M i-M E E E-M E-M i i i i i i i i i i i i i i i i i i i	AMES, IA AMES, IA Des Moines, IA Newton, IA IOWA CITY, IA IOWA CITY, IA						
	KCWI-DT3 Bounce TV KCWI-DT4 Quest KDIN/KDIN(HD) PBS KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge! KDSM-DT3 Charge! KDSM-DT4 TBD KFPX ION/KFPX ION (HD) KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create	23.3 23.4 11 11.2 11.3 11.4 16 16.2 16.3 16.4 39 12 12.2 12.3 12.4 33	I-M I-M E E E-M E-M I I I I I I I E E E E M E-M I I I I I I I I I I I I I I I I I I I	AMES, IA AMES, IA Des Moines, IA Iowa City, IA						

			SVSTEN							
LEGAL NAME OF OWNER OF			SYSTEM							
-	•		3							
PRIMARY TRANSMITTERS:	TELEVISION									
,		· · ·	,							
	o o i i									
5	. .									
substitute program basis, as	explained in the next paragraph.									
		arried by your cable system on a s	ubstitute program							
		the Special Statement and Progran	n Log)—if the							
		·								
	•									
multicast stream associated	with a station according to its over-th		-							
		evision station for broadcasting over	er the air in its community							
	Ũ	EVISION Station for producesting over								
Column 3: Indicate in each o	case whether the station is a network									
		,	ational multicast).							
			on is licensed by the							
FCC. For Mexican or Canadi	ian stations, if any, give the name of	the community with which the static	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
1. CALL SIGN KYOU-DT2/KYOU-DT2 NBC (HD)	2. B'CAST CHANNEL NUMBER 15.2	3. TYPE OF STATION N-M								
			4. LOCATION OF STATION							
KYOU-DT2/KYOU-DT2 NBC (HD)	15.2	N-M	4. LOCATION OF STATION Ottumwa, IA							
KYOU-DT2/KYOU-DT2 NBC (HD) KYOU-DT3 Circle	15.2 15.3	N-M I-M	4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA							
KYOU-DT2/KYOU-DT2 NBC (HD) KYOU-DT3 Circle KYOU-DT4/KYOU-DT4 CW (HD)	15.2 15.3 15.4	N-M I-M I-M	4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA Ottumwa, IA							
KYOU-DT2/KYOU-DT2 NBC (HD) KYOU-DT3 Circle KYOU-DT4/KYOU-DT4 CW (HD) KYOU-DT5 Grit	15.2 15.3 15.4 15.5	N-M i-M i-M	4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA							
KYOU-DT2/KYOU-DT2 NBC (HD) KYOU-DT3 Circle KYOU-DT4/KYOU-DT4 CW (HD) KYOU-DT5 Grit KYOU-DT6 Justice Network	15.2 15.3 15.4 15.5 15.6	N-M i-M i-M i-M	4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA							
KYOU-DT2/KYOU-DT2 NBC (HD) KYOU-DT3 Circle KYOU-DT4/KYOU-DT4 CW (HD) KYOU-DT5 Grit KYOU-DT6 Justice Network WHO/WHO(HD) NBC	15.2 15.3 15.4 15.5 15.6 13	N-M I-M I-M I-M I-M N	4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Des Moines, IA							
KYOU-DT2/KYOU-DT2 NBC (HD) KYOU-DT3 Circle KYOU-DT4/KYOU-DT4 CW (HD) KYOU-DT5 Grit KYOU-DT5 Justice Network WHO/WHO(HD) NBC WHO-DT2 Weather	15.2 15.3 15.4 15.5 15.6 13 13.2	N-M M M M M N M	4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Des Moines, IA Des Moines, IA							
KYOU-DT2/KYOU-DT2 NBC (HD) KYOU-DT3 Circle KYOU-DT4/KYOU-DT4 CW (HD) KYOU-DT5 Grit KYOU-DT6 Justice Network WHO/WHO(HD) NBC WHO-DT2 Weather WHO-DT3 Antenna TV	15.2 15.3 15.4 15.5 15.6 13 13.2 13.3	N-M M M M M M M	4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Des Moines, IA Des Moines, IA Des Moines, IA							
KYOU-DT2/KYOU-DT2 NBC (HD) KYOU-DT3 Circle KYOU-DT4/KYOU-DT4 CW (HD) KYOU-DT5 Grit KYOU-DT6 Justice Network WHO/WHO(HD) NBC WHO-DT2 Weather WHO-DT3 Antenna TV WHO-DT4 Court TV	15.2 15.3 15.4 15.5 15.6 13 13.2 13.3 13.4	N-M M M M M M M M	4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Des Moines, IA Des Moines, IA Des Moines, IA							
KYOU-DT2/KYOU-DT2 NBC (HD) KYOU-DT3 Circle KYOU-DT3 Circle KYOU-DT4/KYOU-DT4 CW (HD) KYOU-DT5 Grit KYOU-DT6 Justice Network WH0/WH0(HD) NBC WH0-DT2 Weather WH0-DT3 Antenna TV WH0-DT4 Court TV WO1/W01(HD) ABC	15.2 15.3 15.4 15.5 15.6 13 13.2 13.3 13.4 5	N-M -M -M -M -M -M -M -M -M -M	4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA							
	MCC Iowa, LLC (Albia, 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 Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on a • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	MCC Iowa, LLC (Albia, IA) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting to 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6 substitute pargram basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations of basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (is station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis stations: Column 1: List each station's call sign. Do not report origination multicast stream associated with a station according to its over-th "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the tele of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), For the meaning of these terms, see page (iv) of the general instr	MCC lowa, LLC (Albia, IA) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a par FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network prog 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 s 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, 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, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and a basis. For further information concerning substitute basis stations, see page (v) of the general instru Column 1: List each station's call sign. Do not report origination program services such as HBO, E: multicast stream associated with a station according to its over-the-air designation. For example, refer "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over of license. For							

MCC Iowa, L	OWNER OF C		YSTEM:					SYSTEM I 33
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing tive the station	v 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 mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see pay 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 l 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	
			·					

Accounting Perio							FORM	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Albia	, IA)						3330
	SUBSTITUTE CARRIAG	F: SPECI	AL STATEME	NT AND PROGRAM I C)G			
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							tem carried on a
-	substitute 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:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network tele	evision prog	ram
Program Log	broadcast by a distant sta	ition?					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 compl	ete the prog	gram
	log in block 2.		-		-	-		-
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if th	neir meaning	g is
				vision program ("substitut	e program") tl	hat, during	the account	ing
	period, was broadcast by a	distant sta	ation and that y	our cable system substitu	ted for the pro	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am uues, ior e	example, i	Love Lucy	01
	Column 2: If the program	m was broa		er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Cal			the community to which the community with which the			ne FCC or,	IN
				stem carried the substitut			s, with the n	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes			ogram was carried by you ried by a system from 6:0				ately
	stated as "6:00–6:30 p.m."		a program oar		1.10 p.m. to c	.20.00 p.m		
				n was substituted for prog				
	to delete under FCC rules was substituted for prograr							ogram
	effect on October 19, 1976	•	your oyotonn n			, and regule		
						N SUBSTI		
	s	UBSTITUI	TE PROGRAM	1		AGE OCCI		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM ·	— то	
						·		
							_	
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Accounting Period:	2020/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		;	SYSTEM ID#
	MCC Iowa, LLC (Albia, IA)			3330
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hor 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.	secondary transm w to compute this	nission service amount, see \$4	
	COPYRIGHT ROYALTY FEE			
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat 	than \$527,600 ion.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	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	d 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,	100)	
	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	· · · <u>· · · · · · · · · · · · · · · · </u>		
	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.			<u> </u>
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$527	,600)	
	1. Enter the amount of gross receipts from space K \$	438,127.23		
	2. Base amount under statutory formula	263,800.00	-	
	3. Subtract line 2 from line 1 \$	174,327.23	-	
	4. Multiply line 3 by .01	\$	1,743.27	
	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	\$	3,062.27
	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)	\$	3,062.27	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	3,082.27
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Albia, IA)	SYSTEM ID# 3330
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	50
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Kenneth J. Kohrs	e 845-443-2762
Information	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	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as one in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	e B; or e system as identified wwner of the cable system
	X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/15/2021	

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 its placement in the completed record of statements 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 (Albia, IA) 333 PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Comparison of the Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sectores receives 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." P 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. P 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? N Mine Maining Address Mame Maining Address Mame Maining Address During the too pole 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	ounting Period: 2020/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statelite home Viewer Act of 1988 amended Tale 17, section 111(d)(1)(A), of the Cepyright Act by adding the following secondary transmissions of primary incodeast transmitters, the system shall not include sub- scribers and amounts outcould from sub-entrols receiving secondary transmissions made by satellite carrier to exclude these amounts, see the note on page (wil) of the general instructions focated in the pager SA1-2 form. The form one information on when to exclude these amounts, see the note on page (wil) of the general instructions focated in the pager SA1-2 form. The statement is satellite carrier(s) below. The statement of interest assessment, see page (wil) of the general instructions located in the pager SA1-2 form. Line 1 Enter the amount of fate payment or underpayment. For an explanation of interest assessment, see page (wil) of the general instructions located in the pager SA1-2 form. Line 1 Enter the amount of date payment or underpayment	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The statellite frome Viewer Act of 1988 amended Title 17, section 111(q)(1)(A), of the Copyright Act by adding the following settement: The statellite frome Viewer Act of 1988 amended Title 17, section 111(q)(1)(A), of the Caple system for the basic providing secondary transmissions optimaty broadcast transmitters, the system fails in loude sub-scribers and amounts collected from subscribers and the or page (vii) of the general instructions focated in the paper SA1-2 form. Prevent information on when to exclude these amounts, see the note on page (vii) of the general instructions focated in the paper SA1-2 form. Prevent information on when to exclude these amounts of gross receipts for secondary transmissions must be statellite carriers to satellite dish owners? Prevent information on when to exclude these amounts, see the note on page (vii) of the general instructions focated in the paper SA1-2 form. Prevent information on when to exclude these amounts, and the general instructions focated in the paper SA1-2 form. Norm Norm Norm S Prevent Act Assessment. Prevent Act Assessment. Narre Norm Norm Norm Norm Prevent Act Assessment. Prevent Act Assessment. Narre Norm Norm Norm Norm Norm Prevent Act Assessment. Narre Norm Norm Norm Norm Norm Norm Prevent Act Assessment. Prevent Act Assessment. Norm Norm Norm Norm Norm<	C Iowa, LLC (Albia, IA)	3330
Mailing Address Mailing Address Image: 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	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment Image: Comparison of interest comparison of interest assessment for one day late. Image: Comparison of interest interest comparison of interest general instructions ingle in the original filling. Image: Comparison of interest interest interest assessment for one day late. Image: Comparison of interest interest comparison of interest assessment for one day late. Image: Comparison of interest interestore interest interest interest interest interest intere		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment Image: Comparison of interest comparison of interest assessment for one day late. Image: Comparison of interest interest comparison of interest general instructions ingle in the original filling. Image: Comparison of interest interest interest assessment for one day late. Image: Comparison of interest interest comparison of interest assessment for one day late. Image: Comparison of interest interestore interest interest interest interest interest intere	INTEREST ASSESSMENT	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
x		
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	
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	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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 First community served	Line 4 Multiply line 3 by 0.00274** and enter here	
* 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 First community served		
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