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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

| FOR COPYRIGHT OFFICE USE ONLY | | | | | |
|-------------------------------|-------------------|--|--|--|--|
| DATE RECEIVED | AMOUNT | | | | |
| 3/1/2021 | \$ | | | | |
| | ALLOCATION NUMBER | | | | |
| | | | | | |

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 | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|----------------------|---|---|
| | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| | Barcode Data Filing Period (optional - see instructions) | |
| Accounting 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) | |
| | MANUNIC ADDRESS OF CHANGE OF CARL 5 OVERTEN | |
| | 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) | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E | |
| System | 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) | |
| | | |

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.

| counting Period | | FORM SA1-2E. PAGE |
|---------------------|--|--|
| Nama | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| Name | Mediacom Iowa, LLC (Norway, IA) | 6254 |
| | Instructions: List each separate community served by the cable system. | A "community" is the same as a "community unit" as defined in FCC rules: |
| D | | |
| Area | | s, or mobile nome parks should be reported in parentneses below the |
| Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | Norway | iA |
| Community | | |
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| d Rows as Necessary | | |
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Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mediacom Iowa, LLC (Norway, IA)

SYSTEM ID# 62546

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BLO | OCK 1 | | BLOCK 2 | | | |
|-------------------------------|-------------|-------------|---------------------|-------------|------|--|
| | NO. OF | | | NO. OF | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | CATEGORY OF SERVICE | SUBSCRIBERS | RATE | |
| Residential: | | | | | | |
| Service to first set | 23 | 29.95-55.04 | | | | |
| Service to additional set(s) | | | | | | |
| • FM radio (if separate rate) | | | | | | |
| Motel, hotel | | | | | | |
| Commercial | 0 | 29.95-55.04 | | | | |
| Converter | | | | | | |
| Residential | | | | | | |
| Non-residential | | | | | | |
| | | | | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

| | BLOCK 2 | | | | |
|---|-------------|-------------------------------|-------------|---------------------|-------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | |
| • Pay cable | PP | Motel, hotel | | Family Cable | 84.99 |
| Pay cable—add'l channel | PP | Commercial | | | |
| Fire protection | | • Pay cable | | | |
| •Burglar protection | | Pay cable-add'l channel | | | |
| Installation: Residential | | Fire protection | | | |
| • First set | 99.99 | Burglar protection | | | |
| Additional set(s) | 15.00-49.00 | Other services: | | | |
| • FM radio (if separate rate) | | Reconnect | 49.00 | | |
| Converter | 10.50 | Disconnect | | | |
| | | Outlet relocation | 15.00-49.00 | | |
| | | Move to new address | | | |
| | | | | | |

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62546

Mediacom Iowa, LLC (Norway, IA)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

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 not 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 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 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. *Do not* 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 entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

| 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 |
| 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 | <u> </u> | 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 | <u> </u> | Dubuque, IA |
| KGAN/KGAN(HD) CBS | 51 | N | Cedar Rapids, IA |
| KGAN-DT2 get TV | 51.2 | I-M | Cedar Rapids, IA |
| KGAN-DT3 COMET | 51.3 | I-M | Cedar Rapids, IA |
| KGAN-DT4 DABL | 51.4 | I-M | Cedar Rapids, IA |
| KIIN/KIIN (HD) IPTV PBS | 12 | E | lowa City, IA |
| KIIN-DT2 PBS KIDS HD | 12.2 | E-M | lowa City, IA |
| KIIN-DT3 PBS World | 12.3 | E-M | lowa City, IA |
| KIIN-DT4 PBS Create | 12.4 | E-M | lowa City, IA |
| KPXR/KPXR (HD) ION | 47 | <u> </u> | Cedar Rapids, IA |
| KWKB/KWKB (HD) Escape | 25 | I | Cedar Rapids, IA |
| KWKB-DT2 Laff | 25.2 | I-M | Cedar Rapids, IA |
| KWKB-DT3 Grit | 25.3 | I-M | Cedar Rapids, IA |
| KWKB-DT4 Bounce TV | 25.4 | I-M | Cedar Rapids, IA |

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62546

Mediacom Iowa, LLC (Norway, IA)

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, except (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 not 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 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 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. Do not 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 entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the 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 |
|--------------------------|--------------------------|--------------------|------------------------|
| KWKB-DT5 Light TV | 25.5 | I-M | Cedar Rapids, IA |
| KWKB-DT6 Quest | 25.6 | I-M | Cedar Rapids, IA |
| KWWL/KWWL(HD) NBC | 7 | N | Waterloo, IA |
| KWWL-DT2/ KWWL-DT2 (HD) | 7.2 | I-M | Waterloo, IA |
| KWWL-DT3 MeTV | 7.3 | I-M | Waterloo, IA |
| KWWL-DT4 Court TV | 7.4 | I-M | Waterloo, IA |
| KWWL-DT5 Justice Network | 7.5 | I-M | Waterloo, IA |

| Accounting Period: 2020/2 | FORM SA1-2E. PAGE 4 |
|---------------------------|---------------------|
|---------------------------|---------------------|

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Iowa, LLC (Norway, IA)

62546

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

| 0411 0101 | A.A | 0.5 | LOGATION OF STATIST | 0411 01011 | L ANA | 0.15 | LOGATION OF STATIST |
|-----------|----------|--------------|---------------------|------------|----------|------|---------------------|
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
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| A | 4. 2020/2 | | | | | FOR | M 0 A 4 0 E D A 0 E 5 |
|--|---|---|---|---|---|--|--|
| Accounting Perio | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | FOR | M SA1-2E. PAGE 5. SYSTEM ID# |
| Name | Mediacom Iowa, LLC | (Norway, | IA) | | | | 62546 |
| Substitute | SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programr | tify every no | onnetwork telev period, under sp | ision program, broadcast be becific present and former F | y a <i>distant</i> sta FCC rules, reg | ulations, or authorization | ns. For a further |
| Carriage: Special Statement and Program Log | period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." | riod, did you tion? "", leave the EPROGR. stitute prograce, please of every na distant stagulations, ries like "m. Bulls." "" m was broasign of the adcast state and an state that and day ive "5/7." les when the Example: "" if the stitute of the state of the state of the adcast state of the state of | ar cable system e rest of this paramon a separa add additionation and that yor authorizatio ovies" or "bask adcast live, ent station broaddion's location (ions, if any, they when your system substitute program care listed program | age blank. If your answer is age blank. If your answer is age blank. If your answer is ate line. Use abbreviation I rows to the tables. Vision program ("substitut your cable system substitut ins. See page (v) of the general." List specific program. "Yes." Otherwise enter casting the substitute program community to which the community with which the stem carried the substitute or carried by a system from 6:0 m was substituted for program. | is "Yes," you is wherever pee program") to teed for the preparation is like station is like station is like program. Use the program of the program of the gramming tha | yes must complete the pro- cossible, if their meaning that, during the account ogramming of another cions for further informate example, "I Love Lucy" coensed by the FCC or, lentified). se numerals, with the in m. List the times accur of 228:30 p.m. should be t your system was requi- | gram g is ting station ation. f or in month rately |
| | was substituted for progran effect on October 19, 1976 | mming that | | ras permitted to delete und | der FCC rules | | 7. REASON FOR |
| | TITLE OF PROGRAM | 2. LIVE? Yes or No | 1 | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | DELETION |
| | | | | | | | |
| | | | | | | | |

| Accounting Period: | 2020/2 | | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|---|--------------------------------|-----------------------------|-------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Iowa, LLC (Norway, IA) | | SY | STEM ID# 62546 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to corpage (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. | dary transmis mpute this ar | ssion service mount, see | ,785.55 ss receipts) |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$5 see page (vi) of the general instructions located in the paper SA1-2 form for more information. | | 53,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LES | S | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you maccounting period is \$52.00 | nust pay for th | nis 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 the | han \$137,10 | 00) | |
| | 1. Base amount under statutory formula | 3,800.00 | | |
| | 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 \$527,6 | 600) | |
| | Enter the amount of gross receipts from space K | | | |
| | | 3,800.00 | | |
| | 3. Subtract line 2 from line 1 | | | |
| | 4. Multiply line 3 by .01 | | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | | 1.319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 | |
| | <u> </u> | | | |
| | 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 t See page i of the general instructions in the paper SA1-2 form for mo | | | its! |

| Accounting Period: | 2020/2 | | | | | | FORM SA1-2E. PAGE 7 | | |
|----------------------------|---|---|--------------------|------------|--|-----------|---------------------|--|--|
| Name | | OWNER OF CABLE SYSTEM: va, LLC (Norway, IA) | | | | | SYSTEM ID# 62546 | | |
| M | 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. | | | | | | | | |
| Chameis | | I number of channels on which television broadcast stations | | | | | 40 | | |
| | on which the c | I number of activated channels able system carried television cast services | broadcas | | ations | [| 71 | | |
| N Individual to | | D BE CONTACTED IF FURTH about this statement of accour | | ORMA | ATION IS NEEDED (Identify an individual to w | vhom | | | |
| for Further Information | Name | Kenneth J. Kohrs | | | | Telephone | 845-443-2762 | | |
| | Address | One Mediacom Way (Number, street, rural route, apartr | tment, or suit | | mber) | | | | |
| | | Mediacom Park, NY (City, town, state, zip) | | | | | | | |
| | Email | Copyrights@mo | ediacomo | mcc.co | om Fax (opti | onal) | | | |
| O Certification | • I, the undersign | ed, hereby certify that (Check c | one, <i>but on</i> | only or | d and signed in accordance with Copyright Of ne, of the boxes.) am the owner of the cable system as identified | | B; or | | |
| | in (Office | line 1 of space B and that the o | owner is no | not a | ership) I am the duly authorized agent of the or corporation or partnership; or n) or a partner (if a partnership) of the legal entity | | • | | |
| | I have examine | d the statement of account and te, and correct to the best of my | | | re under penalty of law that all statements of fac nformation, and belief, and are made in good fa | | | | |
| | | | X | /s | s/ Kenneth J. Kohrs | | | | |
| | | - • | | | tronic signature on the line above to certify this signer using an "/s/ signature" (e.g., /s/ John Smith) | tatement. | | | |
| | | Typed or printed | d name: | : K | Cenneth J. Kohrs | | | | |
| | | Title: (Title of o | | | sident, Financial Reporting lid 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 fling, a determination that would be made by a court of law.

| unting Period: 2020/2 | FORM SA1-2E. PAGE 8 |
|---|---|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| liacom Iowa, LLC (Norway, IA) | 62546 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "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 |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Mailing Address Mailing Address Mailing Address | |
| INTEREST ASSESSMENT | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessment |
| x | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | _ |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | _ |
| Line 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 | _ |
| * 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 Accounting period | |

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