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.

DATE RECEIVED

3/1/2021

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	-								
Α	ACC	OUNTING 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)							
Accounting Period									
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.								
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		MCC Iowa, LLC (Storm Lake, IA)							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY							
		(Number, street, rural route, apartment, or suite number)							
		MEDIACOM PARK, NY 10918 (City, town, state, zip)							
•	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2								
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							
-		n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this r statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone							
erder to pro									

form in 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.

.....

FOR COPYRIGHT OFFICE USE ONLY

AMOUNT

ALLOCATION NUMBER

\$

General instructions are located

Cable Systems (Short Form)

STATEMENT OF ACCOUNT for Secondary Transmissions by

in the first tab of this workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	MCC Iowa, LLC (Storm Lake, IA)	8619
	Instructions: List each separate community served by the cable system. A "community"	
	"a separate and distinct community or municipal entity (including unincorporated comm	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v	
	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 hom	ne parks should be reported in parentheses below the
Area	identified city.	
Served	identifica city.	
	CITY OR TOWN	STATE
First	Storm Lake	IA
Community	Alta	IA
	Buena Vista County	IA
dd Rows as Necessary	Lakeside	IA
au nows as necessary	CHEROKEE	IA
	Cherokee (Uo Cherokee)	IA
	Sac City	IA

									-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
	MCC Iowa, LLC (Storm	Lake, IA)							861		
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES						
E	In General: The information in s			-		•					
<u> </u>		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									
Secondary Transmission	last day of the accounting period						those exist	ing on the			
Service: Sub-	Number of Subscribers: Both						ble system	, broken			
scribers and	down by categories of secondar	y transmission	service	. In general, yo	u can con	pute the numb	er of subsc	ribers in			
Rates	each category by counting the n							charged			
	separately for the particular serv Rate: Give the standard rate of							e and the			
	unit in which it is generally billed	-	-	•							
	category, but do not include disc	• •		,	,						
	Block 1: In the left-hand block			-							
	systems most commonly provide that applies to your system. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca					•••	•				
	first set" and would be counted of										
	Block 2: If your cable system										
	printed in block 1 (for example, t with the number of subscribers a					•	,.				
	sufficient.		c ngnt-i								
	BLC	DCK 1					BLOCK		1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI		
	Residential:										
	Service to first set		1,402	29.95-61.54							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		2	29.95-61.54							
	Converter										
	Residential										
	Non-residential										
					-						
	SERVICES OTHER THAN SEC In General: Space F calls for rai					ll vour cable sv	stem's serv	rices that were			
F	not covered in space E, that is, t										
	service for a single fee. There an		,		0						
Services	furnished at cost or (2) services										
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ates are cr	harged on a var	lable per-pl	ogram basis,			
ransmissions:	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.										
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.										
		BLO				DATE	0.175.00	BLOCK 2	DAT		
	CATEGORY OF SERVICE	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RATE		
	Continuing Services: Pay cable	PP		tel, hotel	luential		Family	Cablo	84.9		
	• Pay cable—add'l channel	PP		mmercial			i anny	Cable	07.3		
	• Fire protection	FF		y cable							
	•Burglar protection		-	y cable-add'l ch	annel						
	Installation: Residential		-	e protection							
	First set	99.99		glar protection							
	Additional set(s)	15.00-49.00		services:							
	• FM radio (if separate rate)			connect		49.00					
	• Converter	10.50		connect		-5.00					
	Convertor	10.00		tlet relocation		15.00-49.00					
			u								
			• Mo	ve to new addr	ess						

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYS	STEM			
Name	MCC Iowa, LLC (Storn				86			
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information 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	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program of both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program (Log)—if the so on some other tions. iPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	1			
	KCAU/KCAU(HD) ABC	9	N	Sioux City, IA				
	KCAU-DT2 Escape	9.2	I-M	Sioux City, IA				
	KCAU-DT3 Laff	9.3	I-M	Sioux City, IA				
	KCAU-DT4 Bounce TV	9.4	I-M	Sioux City, IA				
	KCCI CBS	8	N	Des Moines, IA				
ows as Necessary	KDSM FOX	16	I	Des Moines, IA				
	KMEG/KMEG(HD) CBS	39	N	Sioux City, IA				
	KMEG-DT2 TBD	39.2	I-M	Sioux City, IA				
	KMEG-DT3 Comet	39.3	I-M	Sioux City, IA				
	KPTH/KPTH(HD) FOX	49	I	Sioux City, IA				
		49.2	I-M	Sioux City 14				
	KPTH-DT2 MyNet			Sioux City, IA				
	KPTH-DT2 MyNet KPTH-DT3 Charge!	49.3	I-M	Sioux City, IA				
			I-M I-M					
	KPTH-DT3 Charge!	49.3		Sioux City, IA				
	KPTH-DT3 Charge! KPTH-DT4 Stadium	49.3 49.4	I-M	Sioux City, IA Sioux City, IA				
	KPTH-DT3 Charge! KPTH-DT4 Stadium KSFY ABC	49.3 49.4 13	I-M N	Sioux City, IA Sioux City, IA SIOUX FALLS, SD				
	KPTH-DT3 Charge! KPTH-DT4 Stadium KSFY ABC KSIN/KSIN(HD) PBS	49.3 49.4 13 28	I-M N E	Sioux City, IA Sioux City, IA SIOUX FALLS, SD Sioux City, IA				
	KPTH-DT3 Charge! KPTH-DT4 Stadium KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD)	49.3 49.4 13 28 28.2	I-M N E E-M	Sioux City, IA Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA				
	KPTH-DT3 Charge! KPTH-DT4 Stadium KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD) KSIN-DT3 PBS WORLD	49.3 49.4 13 28 28.2 28.3	I-M N E E-M E-M	Sioux City, IA Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA Sioux City, IA				
	KPTH-DT3 Charge! KPTH-DT4 Stadium KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD) KSIN-DT3 PBS WORLD KSIN-DT4 PBS Create	49.3 49.4 13 28 28.2 28.3 28.4	I-M N E E-M E-M E-M	Sioux City, IA Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA Sioux City, IA Sioux City, IA				
	KPTH-DT3 Charge! KPTH-DT4 Stadium KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD) KSIN-DT3 PBS WORLD KSIN-DT4 PBS Create KTIN/KTIN(HD) PBS	49.3 49.4 13 28 28.2 28.2 28.3 28.4 25	I-M N E E-M E-M E-M E	Sioux City, IA Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA Sioux City, IA Sioux City, IA Fort Dodge, IA				
	KPTH-DT3 Charge! KPTH-DT4 Stadium KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD) KSIN-DT3 PBS WORLD KSIN-DT4 PBS Create KTIN/KTIN(HD) PBS KTIN-DT2 PBS KIDS (HD)	49.3 49.4 13 28 28.2 28.3 28.3 28.4 25 25.2	I-M N E E-M E-M E-M E-M E	Sioux City, IA Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA Sioux City, IA Sioux City, IA Fort Dodge, IA Fort Dodge, IA				
	KPTH-DT3 Charge! KPTH-DT4 Stadium KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD) KSIN-DT3 PBS WORLD KSIN-DT4 PBS Create KTIN/KTIN(HD) PBS KTIN-DT2 PBS KIDS (HD) KTIN-DT3 PBS WORLD	49.3 49.4 13 28 28.2 28.3 28.3 28.4 25 25.2 25.3	I-M N E E-M E-M E-M E E-M E-M	Sioux City, IA Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA Sioux City, IA Sioux City, IA Fort Dodge, IA Fort Dodge, IA Fort Dodge, IA				

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM		SYSTEM					
Name				{					
	MCC lowa, LLC (Stor	m Lake, IA)							
	PRIMARY TRANSMITTERS:	TELEVISION							
~	In General: In space G, ide	entify every television station (including t	ranslator stations and low power t	elevision stations)					
G	carried by your cable syste	m during the accounting period, <i>except</i>	(1) stations carried only on a part-	-time basis under					
	5	in effect on June 24, 1981, permitting the	5 1 5	E Contraction of the second se					
Primary		e)(2) and (4), or 76.63 (referring to 76.61	(e)(2) and (4))]; and (2) certain sta	ations carried on a					
ransmitters:		is explained in the next paragraph.							
Television		: With respect to any distant stations ca	rried by your cable system on a su	ubstitute program					
		ules, regulations, or authorizations:	- Created Statement and Dragon	ler) if the					
	• Do not list the station her station was carried only on	e in space G—but do list it in space I (the	e Special Statement and Program						
			both on a substitute basis and als	so on some other					
		 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 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								
	KTIV-DT3 MeTV	41.3	I-M	Sioux City, IA					
	KTIV-DT4 Court TV	41.4	I-M	Sioux City, IA					
		+1.4	1-101						

EGAL NAME OF MCC Iowa, L								SYSTEM I 86
	t every radio s	tation ca	rried 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: lo Column 2: S Column 3: If 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 pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (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 par ed by the cable s e station is licens	adend, and (2 nna, 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	
SALE OIGH		5,0		UNEL OIGH		5,0	LOOMING OF STATION	

Accounting Period: 2020/2							FORM SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#			
Name	MCC Iowa, LLC (Storn	n Lake, IA	A)				8619			
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO)G					
I	In General: In space I, iden substitute basis during the a	tify every no	onnetwork telev period, under sp	<i>ision program,</i> broadcast b becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or author	rizations. For a further			
Substitute	explanation of the programn	xplanation 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	-								
Special Statement and	 During the accounting pe 	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network televisior				
Program Log	broadcast by a distant sta	tion?				Y	ES XNO			
	Note: If your answer is "No	o". leave the	e rest of this pa	age blank. If vour answer i	s "Yes." vou r	nust complete th				
	log in block 2.	,		.g	- · · · , , - · ·		3			
	2. LOG OF SUBSTITUT	E PROGR	AMS							
	In General: List each subs				s wherever p	ossible, if their m	eaning is			
	clear. If you need more spa				o program") ti	bot during the or	acounting			
	period, was broadcast by a	distant sta	ntion and that v	vision program ("substitut our cable system substitu	ted for the program	paramming the ac	other station			
	under certain FCC rules, re									
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love	Lucy" or			
		m was broa		er "Yes." Otherwise enter casting the substitute prog						
				the community to which the		censed by the FC	CC or, in			
	the case of Mexican or Car	nadian stat	ions, if any, the	e community with which th	e station is id	entified).	·			
			/ when your sy	stem carried the substitut	e program. U	se numerals, with	1 the month			
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cable syste	m List the times	accurately			
	to the nearest five minutes									
	stated as "6:00–6:30 p.m."									
				n was substituted for prog						
	to delete under FCC rules was substituted for prograr									
	effect on October 19, 1976		, , , , , , , , , , , , , , , , , , ,	,		5				
	s		E PROGRAM	1		N SUBSTITUTE AGE OCCURRE				
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то			
						_				
						<u>-</u>				
						_				
						_				
						_				
						_				
						_				

Accounting Period:	2020/2		FORM S	6. SA1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
Name	MCC Iowa, LLC (Storm Lake, IA)			8619
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transm o compute this a	ission service amount, see \$ 4	
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 that Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	an \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y	ou must pay for	this six-mon	
	accounting period is \$52.00			
	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 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore 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 I	less than \$527	600)	
	1. Enter the amount of gross receipts from space K	412,371.40		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	148,571.40		
	4. Multiply line 3 by .01		1,485.71	
	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.		\$	2,804.71
	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)	\$	2,804.71	
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		\$	2,824.71
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for			ghts!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: C (Storm Lake, IA)	SYSTEM ID# 8619
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable discussion broadcast stations	33
		cable system carried television broadcast stations	75
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telephone 8	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email	Copyrights@mediacomcc.com Fax (optional)	
O Certification	I, the undersign (Own (Ager in (Offic in I have examine		rstem as identified
		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 (Storm Lake, IA) 861 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Content of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: Image: Content of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: Image: Content of Content of Subscribers and the gross amounts paid to the cable system of 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." Image: Content of	ounting Period: 2020/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Stability Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sectores and amounts collected from subscribers neeving sectores parametrises, the system shall not induce sub- scribers and amounts collected from subscribers receiving sectorely transmissions made by satellite carriers to satellite dish owners? Image: The stability of the sector of the system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. Promove information on when to exclude these amounts, see the note on page (vii) of the general instructions include and interperiod of the satellite carrier(s) below. Promove information on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite is carrier(s) below. Promove information on when to exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. Promove information on when to exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. Promove information on 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 Line 2 Multiply line 1 by the interest rate* and enter the sum here	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The statilite frome Verwer Act or 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P The statilite frome Verwer Act or 1988 amended Title 17, section 111(d)(1)(A), of the Capber system for the basic concerning the total number of subscribers and the gross amounts paid to the cable system for the basic operating the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. ² P For more information on when to exclude these amounts, see the note on page (xii) of the general instructions to satellite dish owners? Image Address Image Addr	C Iowa, LLC (Storm Lake, IA)	861
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? Image: Comparison of the carrier (s) below. Image: Comparison of	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-	Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? No YES. Enter the total here and list the satellite carrier(s) below. Name Maing Address Multiply line 1 by the interest assessment or underpayment. Line 2 Multiply line 2 by the number of days late and enter the sum here		Receipts Exclusion
VES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maling Address Name Line 1 Enter the amount of late payment or underpayment. Name Line 2 Multiply line 1 by the interest rate* and enter the sum here x0.00274 Line 3 Multiply line 2 by the number of days late and enter the sum here encores \$	made by satellite carriers to satellite dish owners?	
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Mailing Address 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment.		
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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	_
x 0.00274 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 \$ - (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	x days	
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