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

STATEMENT OF ACCOUNT	
for Secondary Transmissions by	DAT
Cable Systems (Short Form)	3/1/202

General instructions are located in the first tab of this workbook

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

Α	ACCO	DUNTING 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
		MCC Iowa, LLC (Atlantic, 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)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
		(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this 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.

D	MCC Iowa, LLC (Atlantic, IA) Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated a discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 identified city. CITY OR TOWN Atlantic Cass	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter know home parks should be reported in parentheses below the STATE IA
D Area Served First Community	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated of discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 identified city. CITY OR TOWN Atlantic	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter know home parks should be reported in parentheses below the STATE IA
Area Served First Community	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city. CITY OR TOWN Atlantic	STATE IA
First Community	Atlantic	AI
Community	Atlantic	AI
Community		
_	Cass	
d Rows as Necessary		IA
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC	
Name	MCC Iowa, LLC (Atlantic							313	984	
		, ה								
Е	SECONDARY TRANSMISSION									
_	In General: The information in s system, that is, the retransmission			-		•				
Secondary	about other services (including p					•				
Transmission	last day of the accounting period	I (June 30 or D	ecemb	er 31, as the ca	ase may b	e).		C C		
Service: Sub-	Number of Subscribers: Both	•								
scribers and Rates	down by categories of secondary each category by counting the n	•		•		•				
Rates	separately for the particular serv							charged		
	Rate: Give the standard rate c	harged for eac	ch categ	ory of service.	Include be	oth the amount o	of the charg			
	unit in which it is generally billed	· ·		,		ard rate variation	is within a p	particular rate		
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion servir	e that cable		
	systems most commonly provide									
	that applies to your system. Not									
	categories, that person or entity									
	subscriber who pays extra for ca						nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system						e different f	rom those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-l	hand block. A t	wo- or thre	ee-word descrip	tion of the s	service is		
	Sufficient. BLOCK 1 BI						BLOCK	0		
	BLC	NO. OF	:				NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		960	29.95-57.49						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		2	29.95-57.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S					
F	In General: Space F calls for rate	te (not subscril	ber) info	ormation with re	espect to a	all your cable sy	stem's serv	ices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than										
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.									
	BLOCK 1						BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	RY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res						
	• Pay cable	PP	• Mo	tel, hotel			Family	Cable	84.9	
	Pay cable—add'l channel	PP	• Co	mmercial						
	Fire protection		• Pa	y cable						
	•Burglar protection		• Pa	y cable-add'l cł	nannel					
			• Fire	e protection						
	Installation: Residential									
	Installation: Residential First set 	99.99	• Bu	rglar protection						
		99.99 15.00-49.00		rglar protection services:	I					
	• First set		Other	•		49.00				
	• First set • Additional set(s)		Other • Re	services:		49.00				
	 First set Additional set(s) FM radio (if separate rate) 	15.00-49.00	Other • Re • Dis	services: connect		49.00 15.00-49.00				

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE				
Name	MCC Iowa, LLC (Atlan	tic, IA)						
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ansmitters: elevision	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 • 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 carrier n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progra i1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial educati uctions in the paper SA1-2 form.	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KCCI CBS	8	N	Des Moines, IA				
	KCCI CBS KETV/KETV(HD) ABC	8 20	N N	Des Moines, IA Omaha, NE				
ows as Necessary								
lows as Necessary	KETV/KETV(HD) ABC	20	N	Omaha, NE				
lows as Necessary	KETV/KETV(HD) ABC KETV-DT2 MeTV	20 20.2	N I-M	Omaha, NE Omaha, NE				
ows as Necessary	KETV/KETV(HD) ABC KETV-DT2 MeTV KHIN/KHIN(HD) IPTV PBS	20 20.2 35	N I-M E	Omaha, NE Omaha, NE Red Oak, IA				
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MCC Iowa, L	OWNER OF C		YSTEM:					SYSTEM I 98
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, 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 pyright 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	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	
					·			
						<u> </u>		

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Atlan	tic, IA)						9846
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	nnetwork telev	<i>ision program,</i> broadcast b	y a <i>distant</i> sta	tion, that yo	ur cable sys	tem carried on a
	substitute basis during the a	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, or	authorization	ns. For a further
Substitute	explanation of the programn	•			the general ins	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting pe		ur cable syster	m carry, on a substitute ba	asis, any nonr	network tele	v	
Program Log	broadcast by a distant sta	tion?				L	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	must compl	ete the prog	gram
	log in block 2.		AMC					
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	neir meaning	a is
	clear. If you need more spa							910
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re			2	•			
	Do not use general catego							
	"NBA Basketball: 76ers vs.		depat live ant	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
	Column 4: Give the broa	adcast stat	ion's location (the community to which th	e station is lie		he FCC or,	in
	the case of Mexican or Car			e community with which th stem carried the substitut			e with the n	nonth
	first. Example: for May 7 gi		y when your sy		e program. O	se numerai	s, with the f	nontin
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m.	. should be	
	Column 7: Enter the let			n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	0	your system w	as permitted to delete und		anu regula		
						N SUBSTI		
	s		E PROGRAM	1	CARRI	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	DELETION
						·		
						·		
						·		
							_	
							_	
							_	
							_	

Accounting Period:	2020/2		FORM S	6.5A1-2E. PAGE 6.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:		:	SYSTEM ID#
Name	MCC Iowa, LLC (Atlantic, IA)			9846
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's set (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 \$ 32	
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	an \$527,600 n.	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	ou must pay for	inis 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 2	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	less than \$527	600)	
	1. Enter the amount of gross receipts from space K	320,883.64		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	57,083.64		
	4. Multiply line 3 by .01	\$	570.84	
	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.		\$	1,889.84
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,889.84	
	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		\$	1,909.84
	Important: Your remittance must be in the form of an electronic payment paya 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	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Atlantic, IA)	SYSTEM ID# 9846
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broat to its subscribers, and (2) the cable system's total number of activated channels during the accounting per 1. Enter the total number of channels on which the cable system carried television broadcast stations	
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to will we can contact about this statement of account.) Name Kenneth J. Kohrs	hom Telephone 845-443-2762
Information	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918	
	(City, town, state, zip)	nal)
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Offi 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 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the own 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 entited 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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fait [18 U.S.C., Section 1001(1986)] 	n line 1 of space B; or vner of the cable system as identified y identified as owner of the cable system a contained herein
	X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statenter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs	atement.
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership) Date: 2/15/2	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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Iowa, LLC (Atlantic, IA)	984
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 fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late 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	
Owner Address	
Owner Address	
Address	

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 th 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.