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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	08/30/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of th the subsidiary, not that of the parent corp	-	liary of another corporation, give the full corp	orate title of
Owner	List any other name or names under which	n the owner conducts the business of the	e cable system.	
	If there were different owners during the a statement of account and royalty fee payn		ne last day of the accounting period should sub iod.	omit a single
	Check here if this is the system's first filing	. If not, enter the system's ID number as	ssigned by the Licensing Division.	27458
	LEGAL NAME OF OWNER/MAILING			
		ADDRESS OF CABLE STSTEM		
	MEDIACOM IOWA LLC 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 n	umber)		
	MEDIACOM PARK, NY 10918			
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line		5	5
System	1			
1	MEDIACOM IOWA LLC			

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

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

1504 Second Street S.E.

Waseca, MN 56093 (City, town, state, zip code)

2

D separate and distinct community or murunicorporated areas)." 47 C.F.R. 76.5(community." Please use it as the first converties such as hold city. Area Served First CIT Community Ft. Add Rows as Necessary Served	icipal entity (including unincorporated commur dd). The first community that you list will serve mmunity on all future filings.	27458 is the same as a "community unit" as defined in FCC rules: "a nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first he parks should be reported in parentheses below the identified STATE IA
D separate and distinct community or murunincorporated areas)." 47 C.F.R. 76.5(community." Please use it as the first community." Please use it as the first community. Area Note: Entities and properties such as how city. First CIT Community Ft. dd Rows as Necessary S	icipal entity (including unincorporated commun dd). The first community that you list will serve mmunity on all future filings. els, apartments, condominiums, or mobile hom COR TOWN Calmar Atkinson Dssian pillville	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first ne parks should be reported in parentheses below the identified STATE IA IA
Image: Constraint of the second se	dd). The first community that you list will serve mmunity on all future filings. els, apartments, condominiums, or mobile hom Y OR TOWN Calmar Atkinson Dssian pillville	as a form of system identification hereafter known as the "first ne parks should be reported in parentheses below the identified STATE IA IA
Area Served First Community First Community Rows as Necessary Citical areas): 47 C.F.K. 76.3(Community." Please use it as the first co Note: Entities and properties such as hol city. CIT CIT Community CIT	mmunity on all future filings. els, apartments, condominiums, or mobile hom Y OR TOWN Calmar Atkinson Dssian pillville	ne parks should be reported in parentheses below the identified STATE IA IA IA
Area Served Note: Entities and properties such as how city. First CIT Community Ft. Rows as Necessary S	els, apartments, condominiums, or mobile hom Y OR TOWN Calmar Atkinson Dssian pillville	STATE IA IA
Area Served City. First Community Ft.	r or town Calmar Atkinson Dssian pillville	STATE IA IA
Served City.	Calmar Atkinson Ossian pillville	IA IA
First CIT Community Ft.	Calmar Atkinson Ossian pillville	IA IA
First (Community Ft.	Calmar Atkinson Ossian pillville	IA IA
First (Community Ft.	Calmar Atkinson Ossian pillville	AI AI
ommunity Ft.	Atkinson Dssian pillville	IA
ows as Necessary	Dssian pillville	
vs as Necessary S	pillville	IA
	Flain	IA
F	Light	IA
	ayette	IA
	reicksburg	IA
	Hampton	IA
	umner	IA
	st Union	IA

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						515	TEM ID 2745
	MEDIACOM IOWA LLC								2140
E	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p	pace E should on of television bay cable) in sp	cover a and ra ace F,	all categories o idio broadcasts not here. All th	f seconda by your s e facts yo	ystem to subscr u state must be	ibers. Give	e information	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	h blocks in spa	ce E ca	all for the number	er of subs	cribers to the ca			
scribers and Rates	down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed	umber of billing rice at the rate charged for eac . (Example: "\$2	gs in tha indicate h categ 20/mth"	at category (the ed—not the nur gory of service.). Summarize a	e number of nber of se Include b any standa	of persons or orgets of receiving servites the service of the serv	ganizations vice). of the char	s charged ge and the	
	category, but do not include disc Block 1: In the left-hand block systems most commonly provide	in space E, th to their subsc	e form ribers.	lists the catego Give the numb	ries of seo er of subs	cribers and rate	for each li	sted category	
	that applies to your system. Not categories, that person or entity subscriber who pays extra for ca	should be cour	nted as	a subscriber in	n each app	plicable category	. Example	: a residential	
	first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	has rate catego iers of services	ories fo s that ir	r secondary tra nclude one or m	Insmissior	ndary transmissi	ons), list th	em, together	
	BLC	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	
	Residential:				0,11				
	 Service to first set 		1,424	29.95-61.54					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.95-61.54					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscrit those services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg	ber) info that are ns: you nished usually he cabl stem fu je was	ormation with re e not offered in a do not need to to nonsubscribe y billed. If any ra le system for ea rnished or offer made or establi	espect to a combinati o give rate ers. Rate i ates are c ach of the red during	ion with any sec information con nformation shou harged on a vari applicable servi the accounting	ondary tran cerning (1 Ild include able per-p ces listed. period that	nsmission) services both the rogram basis, t were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	PP		otel, hotel	luentiai		Family	Cable	86.9
	Pay cable—add'l channel	PP		mmercial			· sinny		
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l cł	nannel				
	Installation: Residential		• Fir	e protection					
	First set	109.99	• Bu	rglar protection					
	 Additional set(s) 	15.00-49.00	Other	services:					
	• FM radio (if separate rate)			connect		49.00			
	Converter	10.50	• Dis	sconnect					
				itlet relocation		15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM IOWA LLC			27
	PRIMARY TRANSMITTERS:			
G	carried by your cable system FCC rules and regulations in	tify every television station (including tr during the accounting period, <i>except</i> (effect on June 24, 1981, permitting the	 stations carried only on a part-tim e carriage of certain network program 	e basis under ns [sections
Primary ransmitters: Television	substitute program basis, as	(2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph. With respect to any distant stations car		
Televisie	basis under specific FCC rule	es, regulations, or authorizations: in space G—but do list it in space I (the		
	• List the station here, and als basis. For further information Column 1: List each station's	so in space I, if the station was carried n concerning substitute basis stations, s s call sign. <i>Do not</i> report origination pro	see page (v) of the general instruction rogram services such as HBO, ESPN	ns. I, etc. Identify each
	"WETA-2" as the same on the Column 2: Give the channel	number the FCC assigned to the telev		
	Column 3: Indicate in each of educational station, by entering	RC is channel 4 in Washington, D.C. case whether the station is a network sl ng the letter "N" (for network), "N-M" (for U" (for state the state of	or network multicast), "I" (for indeper	ndent), "I-M"
	For the meaning of these terr Column 4: Give the location	'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t ian stations, if any, give the name of the	ctions in the paper SA1-2 form. the community to which the station is	licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
	KCRG/KCRG (HD)-DT2 MyNet	9.2	I	Cedar Rapids, IA
Rows as Necessary	KCRG-DT3 AntennaTV	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
		Т		
	KFXA/KFXA(HD) FOX	27		Cedar Rapids, IA
			I	Cedar Rapids, IA Cedar Rapids, IA
	KFXA/KFXA(HD) FOX KFXA-DT2 Charge! KFXA-DT3 TBD	27 27.2 27.3	I	Cedar Rapids, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD	27.2 27.3	I-M	Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge!	27.2		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN	27.2 27.3 27.4 43	I-M I-M I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS	27.2 27.3 27.4 43 51	I-M I-M I N	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2/KGAN-DT2 HD FO	27.2 27.3 27.4 43 51 51.2	I-M I-M I N N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2/KGAN-DT2 HD FO KGAN-DT3 getTV	27.2 27.3 27.4 43 51 51.2 51.3	I-M I-M I N N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2/KGAN-DT2 HD FO KGAN-DT3 getTV KGAN-DT4 DABL	27.2 27.3 27.4 43 51 51.2 51.3 51.4	I-M I-M I N N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT3 TBD KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2/KGAN-DT2 HD FO KGAN-DT3 getTV KGAN-DT3 getTV KGAN-DT4 DABL KPXR (ION)/KPXR (ION)(HD)	27.2 27.3 27.4 43 51 51.2 51.3 51.4 47	I-M I-M I N N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2/KGAN-DT2 HD FO KGAN-DT3 getTV KGAN-DT3 getTV KGAN-DT4 DABL KPXR (ION)/KPXR (ION)(HD)	27.2 27.3 27.4 43 51 51.2 51.3 51.4 47 25	I-M I-M I N-M N-M N-M I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA IOWA CITY, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2/KGAN-DT2 HD FO KGAN-DT3 getTV KGAN-DT4 DABL KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Court TV KWKB-DT2 Laff	27.2 27.3 27.4 43 51 51.2 51.3 51.4 47 25 25.2	I-M I-M I N N-M N-M I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA IOWA CITY, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2/KGAN-DT2 HD FO KGAN-DT3 getTV KGAN-DT3 getTV KGAN-DT4 DABL KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Court TV KWKB-DT2 Laff KWKB-DT3 Grit	27.2 27.3 27.4 43 51 51.2 51.3 51.4 47 25 25.2 25.2 25.3	I-M I-M I N N-M N-M N-M I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2/KGAN-DT2 HD FO KGAN-DT3 getTV KGAN-DT3 getTV KGAN-DT4 DABL KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Court TV KWKB-DT2 Laff KWKB-DT3 Grit KWKB-DT4 Bounce TV	27.2 27.3 27.4 43 51 51.2 51.3 51.4 47 25 25.2 25.2 25.3 25.4	I-M I-M I N-M N-M I I I I I I I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2/KGAN-DT2 HD FO KGAN-DT3 getTV KGAN-DT3 getTV KGAN-DT4 DABL KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Court TV KWKB-DT2 Laff KWKB-DT3 Grit KWKB-DT4 Bounce TV KWKB-DT5 theGrio	27.2 27.3 27.4 43 51 51.2 51.3 51.4 47 25 25.2 25.2 25.3 25.4 25.5	I-M I-M I N N-M N-M I I I I I I I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA IOWA CITY, IA
	KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2/KGAN-DT2 HD FO KGAN-DT3 getTV KGAN-DT3 getTV KGAN-DT4 DABL KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) Court TV KWKB-DT2 Laff KWKB-DT3 Grit KWKB-DT4 Bounce TV	27.2 27.3 27.4 43 51 51.2 51.3 51.4 47 25 25.2 25.2 25.3 25.4	I-M I-M I N-M N-M I I I I I I I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Dubuque, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM
Name					274
		ntify every television station (including tra	anslator stations and low nower te	levision stations)	
G		during the accounting period, <i>except</i> (1)	•	,	
		effect on June 24, 1981, permitting the			
Primary)(2) and (4), or 76.63 (referring to 76.61(e	e)(2) and (4))]; and (2) certain sta	tions carried on a	
ransmitters: Television		explained in the next paragraph. With respect to any distant stations carri	ied by your cable system on a sul	ostitute program	
TEIEVISION		les, regulations, or authorizations:	ice by your bable system on a su		
	• 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				
		lso in space I, if the station was carried be n concerning substitute basis stations, se			
		's call sign. <i>Do not</i> report origination proc			
		with a station according to its over-the-ai			
	"WETA-2" as the same on th				
		I number the FCC assigned to the televis	sion station for broadcasting over	the air in its community	
		RC is channel 4 in Washington, D.C. case whether the station is a network sta	ation an independent station or a	noncommercial	
	educational station, by enteri	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or "	r network multicast), "I" (for indep	endent), "I-M"	
	educational station, by enteri (for independent multicast), " For the meaning of these ter	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " ms, see page (iv) of the general instruction	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form.	endent), "I-M" onal multicast).	
	educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. le community to which the station	endent), "I-M" onal multicast). is licensed by the	
	educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " ms, see page (iv) of the general instruction	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. le community to which the station	endent), "I-M" onal multicast). is licensed by the	
	educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. le community to which the station	endent), "I-M" onal multicast). is licensed by the	
	educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. le community to which the station	endent), "I-M" onal multicast). is licensed by the	STATION
	educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. the community to which the station community with which the station	endent), "I-M" onal multicast). is licensed by the is identified.	STATION
	educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. the community to which the station community with which the station 3. TYPE OF STATION	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF	STATION
	educational station, by enteri (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KWWL-DT3 MeTV	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 7.3	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. le community to which the station community with which the station 3. TYPE OF STATION I-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF Waterloo, IA	STATION
	educational station, by enteri (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KWWL-DT3 MeTV KWWL-DT4 Court TV	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " rms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 7.3 7.4	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. the community to which the station community with which the station 3. TYPE OF STATION I-M I-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF Waterloo, IA Waterloo, IA	STATION
	educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KWWL-DT3 MeTV KWWL-DT4 Court TV KWWL-DT5 Justice Network	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 7.3 7.4 7.5	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. the community to which the station community with which the station 3. TYPE OF STATION I-M I-M I-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF Waterloo, IA Waterloo, IA Waterloo, IA	STATION
	educational station, by enteri (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KWWL-DT3 MeTV KWWL-DT3 MeTV KWWL-DT4 Court TV KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " rms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 7.3 7.4 7.5 18	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. the community to which the station community with which the station 3. TYPE OF STATION I-M I-M E	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF Waterloo, IA Waterloo, IA Waterloo, IA MASON CITY, IA	STATION
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	educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KWWL-DT3 MeTV KWWL-DT3 MeTV KWWL-DT4 Court TV KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS KYIN-DT2 PBS KIDS (HD) KYIN-DT3 PBS World	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 7.3 7.4 7.5 18 18.2 18.3	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. the community to which the station community with which the station 3. TYPE OF STATION I-M I-M I-M E E E-M E-M	endent), "I-M" onal multicast). is licensed by the is identified.	STATION
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EGAL NAME OF								SYSTEM
								_/·
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
ecceivable if (1) n the basis of 1 or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati	y the sys be recei t the Co sign of e he statio on's sign	-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. nal was electronically process (mark in the "S/D" column.	t the system's hea system's FM ante this point, see pag	adend, and (2 nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	on (the community to which the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MEDIACOM IOWA LLC	;						27458
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
Cubatituta	In General: In space I, identi substitute basis during the av explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Substitute Carriage:		-			general motio			2 101111.
Special	 1. SPECIAL STATEMENT • During the accounting per 					twork televi	sion program	n
Statement and	broadcast by a distant stat	-	r cable system	carry, on a substitute bas	is, any nonne			X
Program Log						L	YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lice abbreviations	wherever pos	sible if the	ir meaning is	
	clear. If you need more spa				wherever pos		ii meaning is	>
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." n was broad	lcast live, ente	"Yes." Otherwise enter "N	No."	,	, ,	
		0		sting the substitute progra			500	
	the case of Mexican or Can			e community to which the community with which the			e FCC or, in	
				em carried the substitute			with the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				ely
	stated as "6:00–6:30 p.m."		i program oann		10 p.m. to 0.2	.0.00 p.m. 0		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM		11	EN SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES — TO	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM	— то	
							_	
							_	
							_	
							_	
							_	
					1		_	
							_	
							_	

Accounting Period:	2021/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC				EYSTEM ID# 27458
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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 for	system's se on of how to	condary transmi compute this a	ssion service mount, see \$ 44	17,448.21 ross 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	u must pay for thi	s six-month	
	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 in	ines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (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 \$26	3,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	. \$	447,448.21		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	183,648.21		
	4. Multiply line 3 by .01		\$	1,836.48	
	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	4, 5, and 6 .		\$	3,155.48
	FILING FEE AND TOTAL REMITTANCE D	JE			
Elline Former					
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)			3,155.48	
	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			\$	3,175.48
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				hts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O MEDIACOM IO	WNER OF CABLE SYSTEM: NA LLC				SYSTEM ID# 27458
M Channels	to its subscribers	s, and (2) the cable system's	s total numbe	on which the cable system carried tele er of activated channels during the acco		
		l number of channels on whi d television broadcast statior				40
	-,					
		I number of activated channe			г	
		cable system carried television		t stations		74
N Individual to		BE CONTACTED IF FURT about this statement of account		RMATION IS NEEDED (Identify an indiv	vidual to whom	
Be Contacted	Nama	Kenneth J. Kohrs			Tolophono	845-443-2762
for Further Information	Name	Kenneur J. Konrs			Telephone	645-443-2762
	Address	One Mediacom Way	,			
	Address	(Number, street, rural route, apart	rtment, or suite	number)		
		Mediacom Park, NY	10918			
		(City, town, state, zip)				
	Email	Copyrights@m	nediacomcc	.com	Fax (optional	
	CERTIFICATION (This statement of account m	nust be certif	ied and signed in accordance with Cop	vright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check o	one, <i>but only</i>	one , of the boxes.)		
	(Owner	r other than corporation or p	partnership)	I am the owner of the cable system as in	dentified in line 1 of space B;	or
		-	-	tnership) I am the duly authorized agent tot a corporation or partnership; or	of the owner of the cable sy	stem as identified
		er or partner) I am an officer (in line 1 of space B.	(if a corporat	ion) or a partner (if a partnership) of the I	legal entity identified as owne	er of the cable system
		e, and correct to the best of m		are under penalty of law that all statemen a, information, and belief, and are made in		
			X	/s/ Kenneth J. Kohrs		
				ectronic signature on the line above to cert ture using an "/s/ signature" (e.g., /s/ Johr	•	
		Typed or printed	d name:	Kenneth J. Kohrs		
		Title: (T		esident, Financial Reporting osition held in corporation or partnership)		
		Date:			8/3/2021	

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.

AL NAME OF OWNER OF CABLE SYSTEM:	
	SYSTEM ID
DIACOM IOWA LLC	27458
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest 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	

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