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	
STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:	
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
Cable Syster	ms (Short Form)		\$	For additional information, contact the U.S. Copyright	
	ctions are located	08/30/21		Office Licensing Division at: Tel: (202) 707-8150	
in the first tab o	of this workbook		ALLOCATION NUMBER	_	
A Accounting Period		BY THIS STATEMENT: (YY) Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31		
В	Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo		iary of another corporation, give the full corpora	ate title of	
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.		
	If there were different owners during the a statement of account and royalty fee paym		e last day of the accounting period should subm od.	it a single	
	Check here if this is the system's first filing.	If not, enter the system's ID number as	signed by the Licensing Division.	27503	

		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
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	4	IDENTIFICATION OF CABLE SYSTEM:
		MEDIACOM IOWA LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1504 Second Street S.E.
	2	(Number, street, rural route, apartment, or suite number)
		Waseca, MN 56093
		(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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM IOWA LLC	27503
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I community." Please use it as the first community on all future filings.	community" is the same as a "community unit" as defined in FCC rules: "a ted communities within unincorporated areas and including single, discrete ist will serve as a form of system identification hereafter known as the "first mobile home parks should be reported in parentheses below the identified
Area Served	city.	
	CITY OR TOWN	STATE
First	Eagle Grove	IA
Community		
ws as Necessary		

F Secondary Transmission Rates Secondary 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 E. and the facts you statem was the those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Rates 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 (in humber of subscribers to the cable system, broken down by categories of secondary transmission service. In the rate indicated—or the number of subscribers in the charge and the unit in which it is generally billed. (Example: %20mth). Summarize any standard rate variations nervice 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 different categories. In the jens on entity sub ould be counted on a subscriber is each category teams in the categories that service to the first eri and would be counted on categories for secondary transmission service to the system with the number of subscribers and rates, in the right-hand block. A two - or three-word description of the service is subscriber who pays extra for cable service to additional sets (): BLOCK 1 BLOCK 1 BLOCK 2 Service to difficat set () Service to difficat set () Service to difficat set () Service to additional setsetscritem in the set of category tran										-2E. PAGE
F Secondary F Secondary F Sec	Name		ABLE SYSTEM:						515	2750
Formation In General: The information in space E should cover all categories of secondary transmission service of the cable system, but is, the teratransmission is breakers by your system. To all should be transmission as services of the transmission service of the teratransmission of sources 13, as the case may belo. Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, but is, the transmission service. In general, you can compute the number of subscribers in each category by counting their number of subscribers. The number of subscribers in each category by counting the number of billings in that category the number of subscribers in each category by counting the number of billings in that category the number of subscribers are not subscriber and the starged subscribe reaction subscribe and subscriber and subscribere and subscriber and subscriber and subscriber and sub										2100
Service: Sub- scribers and Reles Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system; hown 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 burged separately for the penaltoular service at the rate indicated—not the number of sets reacing service). Rate: Give the standard cate charged for each category of service. Include both the amount of the charged and the rate hand book in space E, the form lists the categories of secondary transmission service that cable systems not commonly provide to their subscribers. Give the number of subscribers and rate for each list outer offerent categories, but person or entry should be contained as equin number of secondary transmission. Service to the target sty our cable system has rate categories for secondary transmission. Service that cable systems not commonly provide to their subscribers and rate offerent from those private in block. If (or example, tese of services that include one or more secondary transmission). Sit 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. Eleck 1 BLOCK 1 BLOCK 2 OC OF CATEGORY OF SERVICE Subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. Eleck 1 BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE Subscribers RATES Rate Service to additional set(s) Returned Service additional set(s) Service additional set	Secondary	In General: The information in s system, that is, the retransmission about other services (including p	pace E should on of television bay cable) in sp	cover a and ra ace F,	all categories of dio broadcasts not here. All the	f seconda by your s e facts you	ystem to subscri u state must be	bers. Give	information	
Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately of the particular service and the national category of service. Include both the amount of the charge and the unit which it is generally billed. (Sample: "\$20/m17"). Summarize any standar rate variations within a particular rate charged for advance payment. Biock 11: In the eth-had block in space E; the form biss the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for advisors that agains to your system. Note: Where an individual or organization in teacity generics that fails under different categorys, that person or enity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays exits 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). Biock 21: typu cable size that sate categories or secondary transmissions -increase is a subscriber and to subscriber and a subscriber and to subscriber and to subscriber and to subscriber and tables. A two- or three-word description of the service is subscriberad in a subscriber and table. A two or three-word description of the service is a subscriber and table. The subscriber and table in a different (Soc OF SERVICE SUBSCRIP) information with respect to all your cable system is service shat were not correct in space E; that is, the subscriber and the onto should include both the amount of the charged of the any services that were not fisted in combandor with any secondary transmissions ervices that were not covered in space E; that is, those services that and the onto should include both the amount of the charged of the sangeret charge was made or established. List these other	Service: Sub-	Number of Subscribers: Both	n blocks in spa	ce E ca	Ill for the number	er of subse	cribers to the ca	-		
Biock 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems must commonly provide to their subscribers. Give the number of subscribers and rate for each lists under different category, that applies to your system. Note: Where an individual or organization is receiving service that affiliat under different 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 service to additional sets," The count of the count under "Service to additional sets," Biock 2: If your cable system has rate categories for secondary transmission service that are different from those printed hioks / (for example, iters 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 subscriber and rates, in the right-hand block. A two- or three-word description of the service is subscriber and rates, in the right-hand block. A two- or three-word description of the service is subscriber and rates and rates and rates are subscriber and rates. Service to additional set(s) NO. OF ELOCK 1 BLOCK 1 NO. OF CATEGORY OF SERVICE Subscriber and rates. NO. OF Subscriber and rates. NO. OF CATEGORY OF SERVICE Subscriber and rates. NO. OF ELOCK 1 NO. OF Contracter - Service to first set 246 40.49-61.54 Image: Service: Contrate (not subscriber) in the rate orget and the mor		each category by counting the n separately for the particular serv Rate: Give the standard rate c	umber of billing ice at the rate harged for eac	gs in tha indicate h categ	at category (the ed—not the nun gory of service.	number of se Include bo	of persons or org ts receiving serv oth the amount o	janizations /ice). of the charg	charged ge and the	
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 more again under "Service to additional sets would be included in the count under "Service to the service is sufficient. BIOX 2: If your cable system for action is for 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. BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE Subscriber shall block. A two- or three-word description of the service is sufficient. • Service to first set 246 40.49-61.54 • Service to additional set(s) 0 40.49-61.54 • Not, hotel 0 40.49-61.54 Converter 0 40.49-61.54 • Not, hotel 0 40.49-61.54 Converter 0 40.49-61.54 • Not, hotel Converter 0 Converter 0 40.49-61.54 • Not, hotel Converter 0 Services for a single fie. There are two exceptions: you do not need to give rate information work may secondary transmission services for a single fie. There are two exceptions: you do not need to give rate information mobulin clude both the services in the tore of the		Block 1: In the left-hand block	in space E, th	e form	lists the catego		•			
First eff and would be counted once again under "Service to additional set(s)." Endex 2: typu cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, liers 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. BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE NO. OF Service to first set 246 40.49-61.54 Image: Category of Service 3 NO. OF Service to diffication set(s) 0 40.49-61.54 Image: Category of Service 3 NO. OF Commercial 0 40.49-61.54 Image: Category of Service 3 No. OF No. OF Commercial 0 40.49-61.54 Image: Category of Service 3 Image: Category of Service 3 No. OF No. OF Services Services of the standard trace not offree in domination with respect to all your cable system's services that were not commercial in pape E. that is, those services that are not offree in combination with any secondary transmission revices fraged in categorial include both the amount of the charge and the unit in which it is usually billed. If any tates are charged on a variable per-program basis, enter on the charge and the unit in which it is usually billed. If any tates are charged on a variable per-progr		categories, that person or entity	should be cour	nted as	a subscriber in	each app	licable category	. Example:	a residential	
F Services Other Than Secondary Transmissions Rates Services of allog to the separate trate (not subscriber) information with respect to all your cable system is services that were not subscribers. Rate information concerning (1) services framework in the rate column. F Services Other Than Secondary Transmissions. Rates Services of allog to the separate trate (not subscriber) information with respect to all your cable system is services that were not services or allog to the charge do the carged by the cable system for each or the rate column. Bised 1::Ed in Dick 2: List any services that year to the segme or established. List these columns revices in the form of a brief (two- or three-word) description and include bether area or established. List these columns revices in the form of a brief (two- or three-word) description and include bether areage was made or established. List the Services in the form of a brief (two- or three-word) description and include bether area or established. List the Services in the form of a brief (two- or three-word) description and include bether area was made or established. List the Services in the form of a brief (two- or three-word) description and include the rate for each. ElocK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Original set(s)		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	once again und has rate catego iers of services	er "Ser ories fo s that ir	vice to addition r secondary tra iclude one or m	al set(s)." nsmission ore secor	service that are dary transmission	e different f ons), list th	rom those em, together	
CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RA Residential: Service to first set 246 40.49-61.54		BLC						BLOCK		-
Residential:		CATEGORY OF SERVICE			RATE	CAT	EGORY OF SEI	RVICE		RATI
• Service to additional set(s) • M radio (if separate rate) • Motel, hotel 0 40.49-61.54 Commercial 0 40.49-61.54 Converter • Residential										
• FM radio (if separate rate) • • • • • • • • • • • • • • • • • • •		Service to first set		246	40.49-61.54					
Motel, hotel O 40.49-61.54 Converter										
Commercial Converter Commercial Converter 0 40.49-61.54 · Residential · Non-residential · · · · · · · · · · · · · · · · · · ·										
Converter ·Residential ·Non-residential indication ·Non-residential indication ·Non-residential indication ·Non-residential indication ·Non-residential indication ·Non-residential indication ·Non-residential 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 turnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information gerid that were not listed in block 1 : Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Cive the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. ECATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE ·Pay cable PP				•	40 40 64 54					
• Residential • Non-residential • Image: Constraint of the second o				U	40.49-01.54					
• Non-residential Image: Contract of the services of the service										
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 on 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 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 for each of the applicable services listed. Block 2: List any services that your cable system for each. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable PP • Pay cable PP • First set 109.99 • Additional set(s) 15.00-49.00 • First set 109.99 • Additional set(s) 15.00-49.00 • Fire rorection • Reconnect • Fire rorection • Reconnect • Pay cable 10.50 • Converter 10.50										
F 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 services for a single fee. There are two exceptions: you do not need to give 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. Biock 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. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Ordining Services: • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable- • Fire protection • Pay cable- • Fire protection • Pay cable • Fire protection • Pay cable- • Fire protection										
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICERATEContinuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protectionInstallation: Non-residential • Motel, hotelFamily86Motel, hotel • Pay cable—add'I channel • Burglar protection • First set • Additional set(s) • FM radio (if separate rate) • ConverterInstallation: Residential • Disconnect • Outlet relocationRATECATEGORY OF SERVICE RATERATEContinuing Services: • Pay cable • Commercial • Pay cable • Pay cable • Pay cable • Burglar protection • Burglar protectionImage: Category of Service • Pay cable • Burglar protection • Burglar protectionImage: Category of Service • Pay cable • Pay c	Services Other Than Secondary ransmissions:	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar 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	te (not subscrik chose services re two exceptio or facilities furr 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 v billed. If any ra le system for ea rnished or offer made or establi	espect to a combinati give rate ers. Rate i ates are cl ach of the red during	on with any sec information con nformation shou harged on a vari applicable servi the accounting	ondary trar cerning (1) Id include able per-pi ces listed. period that	nsmission) services both the rogram basis, were not	
Continuing Services: • Pay cableInstallation: Non-residential • Motel, hotelFamily86• Pay cable—add'l channelPP• Commercial••••86• Pay cable—add'l channel• Pay cable• Pay cable•••••86• Burglar protection• Pay cable-add'l channel• Pay cable-add'l channel•• </th <th></th>										
• Pay cablePP• Motel, hotelFamily86• Pay cable—add'l channelPP• CommercialImage: Commercial installation: Residential• Pay cableImage: Commercial installation: Residential• Pay cable-add'l channelImage: Commercial installation: Residential installation: Residential• Fire protectionImage: Commercial installation: Residential installation: Residential• Fire protectionImage: Commercial installation: Residential installation: Residential• Fire protectionImage: Commercial installation: Residential installation: Residential installation: Residential• Fire protectionImage: Commercial installation: Residential installatinstan: Residential installation: Residential instal			RATE				RATE	CATEG	DRY OF SERVICE	RATE
• Pay cable—add'l channelPP• Commercial• Fire protection• Pay cable• Pay cable• Burglar protection• Pay cable-add'l channel• Pay cable-add'l channelInstallation: Residential• Fire protection• Fire protection• First set109.99• Burglar protection• • • • • • • • • • • • • • • • • • •		-	PP			luentiai		Family		86.9
•Burglar protection •Pay cable-add'l channel • Installation: Residential •Fire protection • •First set 109.99 •Burglar protection • •Additional set(s) 15.00-49.00 Other services: • •FM radio (if separate rate) •Reconnect 49.00 • •Outlet relocation 15.00-49.00 • •								,		
Installation: Residential • First set• Fire protection• First set109.99• Additional set(s)15.00-49.00• FM radio (if separate rate)• Reconnect• Converter10.50• Outlet relocation15.00-49.00										
• First set 109.99 • Burglar protection Image: Converter Image: Con		•Burglar protection		• Pa	y cable-add'l ch	nannel				
Additional set(s) FM radio (if separate rate) Converter 10.50 Other services: • Reconnect • Disconnect • Outlet relocation 15.00-49.00		Installation: Residential		• Fir	e protection					
FM radio (if separate rate) Converter 10.50 · Disconnect · Outlet relocation 15.00-49.00 · Outlet relocation			•••••		•					
• Converter 10.50 • Disconnect • Outlet relocation 15.00-49.00		.,	15.00-49.00							
• Outlet relocation		,					49.00			
		• Converter	10.50				15 00 40 00			
				•Ou	uet relocation		15.00-49.00			

A	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM IOWA LLC			27
·,	PRIMARY TRANSMITTERS:			
~		ntify every television station (including tr		
G		during the accounting period, <i>except</i> (effect on June 24, 1981, permitting the	, .	
Primary	76.59(d)(2) and (4), 76.61(e)	(2) and (4), or 76.63 (referring to 76.61		
ansmitters: Felevision		explained in the next paragraph. With respect to any distant stations car	ried bv vour cable system on a sub	ostitute program
0.0	basis under specific FCC rule	es, regulations, or authorizations: in space G—but do list it in space I (the		
	station was carried only on a	a substitute basis.		
	-	so in space I, if the station was carried n concerning substitute basis stations, s		
	Column 1: List each station's	s call sign. Do not report origination pro	ogram services such as HBO, ESP	N, etc. Identify each
	"WETA-2" as the same on th		0	
		I number the FCC assigned to the televi RC is channel 4 in Washington, D.C.	ision station for broadcasting over t	the air in its community
	Column 3: Indicate in each o	case whether the station is a network st	•	
		ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or		
	For the meaning of these terr	ms, see page (iv) of the general instruction of each station. For U.S. stations, list the	tions in the paper SA1-2 form.	
		ian stations, if any, give the name of the		3
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCCI/KCCI(HD) CBS	8	N	Des Moines, IA
	KCCI-DT2 MeTV	8.2	I-M	Des Moines, IA
Rows as Necessary	KCCI-DT3 MyNet/Heroes and	8.3	I-M	Des Moines, IA
	KCWI/KCWI (HD) CW	23	I	AMES, IA
	KCWI-DT2 Escape	23.2	I-M	AMES, IA
	KCWI-DT2 Escape KCWI-DT3 BounceTV	23.2	I-M I-M	AMES, IA AMES, IA
	KCWI-DT3 BounceTV	23.3	ŀМ	AMES, IA
	KCWI-DT3 BounceTV KCWI-DT4 Quest	23.3 23.4	I-M I-M	AMES, IA AMES, IA
	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS	23.3 23.4 11	I-M I-M E	AMES, IA AMES, IA Des Moines, IA
	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS (HD)	23.3 23.4 11 11.2	I-M I-M E E-M	AMES, IA AMES, IA Des Moines, IA Des Moines, IA
	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS (HD) KDIN-DT3 PBS World	23.3 23.4 11 11.2 11.3	I-M I-M E E-M E-M	AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS (HD) KDIN-DT3 PBS World KDIN-DT4 PBS Create	23.3 23.4 11 11.2 11.3 11.4	I-M I-M E E-M E-M	AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS (HD) KDIN-DT3 PBS World KDIN-DT4 PBS Create KDMI (TCT)	23.3 23.4 11 11.2 11.3 11.4 56	I-M I-M E E-M E-M	AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA DES MOINES, IA
	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS (HD) KDIN-DT3 PBS World KDIN-DT4 PBS Create KDMI (TCT) KDSM/KDSM (HD) FOX	23.3 23.4 11 11.2 11.3 11.4 56 16	I-M I-M E E-M E-M I I I	AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA DES MOINES, IA Des Moines, IA
	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS (HD) KDIN-DT3 PBS World KDIN-DT4 PBS Create KDMI (TCT) KDSM/KDSM (HD) FOX KDSM-DT2 Comet	23.3 23.4 11 11.2 11.3 11.4 56 16 16.2	I-M I-M E E-M E-M E-M I I I I I	AMES, IA AMES, IA Des Moines, IA
	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS (HD) KDIN-DT3 PBS World KDIN-DT4 PBS Create KDMI (TCT) KDSM/KDSM (HD) FOX KDSM-DT2 Comet KDSM-DT3 Charge!	23.3 23.4 11 11.2 11.3 11.4 56 16 16 16.2 16.3	I-M I-M E E-M E-M I I I I I I I I I I I I I I I I I I I	AMES, IA AMES, IA Des Moines, IA
	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS (HD) KDIN-DT3 PBS World KDIN-DT4 PBS Create KDMI (TCT) KDSM/KDSM (HD) FOX KDSM-DT2 Comet KDSM-DT3 Charge! KDSM-DT4 TBD	23.3 23.4 11 11.2 11.3 11.4 56 16 16.2 16.3 16.4	I-M I-M E E-M E-M I I I I I I I I I I I I I I I I I I I	AMES, IA AMES, IA Des Moines, IA
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	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS (HD) KDIN-DT3 PBS World KDIN-DT4 PBS Create KDMI (TCT) KDSM/KDSM (HD) FOX KDSM-DT2 Comet KDSM-DT3 Charge! KDSM-DT3 Charge! KDSM-DT4 TBD KFPX (ION)/KFPX (ION)(HD) WHO/WHO(HD) NBC WHO-DT2 Weather WHO-DT3 Antenna	23.3 23.4 11 11.2 11.3 11.4 56 16 16.2 16.3 16.4 39 13 13.2 13.3	I-M I-M E E E-M E-M I I I I I I I I I I I I I I I I I I I	AMES, IA AMES, IA Des Moines, IA
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	KCWI-DT3 BounceTV KCWI-DT4 Quest KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS (HD) KDIN-DT3 PBS World KDIN-DT4 PBS Create KDMI (TCT) KDSM/KDSM (HD) FOX KDSM-DT2 Comet KDSM-DT3 Charge! KDSM-DT3 Charge! KDSM-DT4 TBD KFPX (ION)/KFPX (ION)(HD) WHO/WHO(HD) NBC WHO-DT2 Weather WHO-DT3 Antenna	23.3 23.4 11 11.2 11.3 11.4 56 16 16.2 16.3 16.4 39 13 13.2 13.3	I-M I-M E E E-M E-M I I I I I I I I I I I I I I I I I I I	AMES, IA AMES, IA Des Moines, IA

counting Period:	2021/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
inallie	MEDIACOM IOWA LLC	>		2750
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations in	ntify every television station (including f a during the accounting period, <i>except</i> a effect on June 24, 1981, permitting th	(1) stations carried only on a part-time ne carriage of certain network program	e basis under s [sections
Primary Transmitters: Television	substitute program basis, as Substitute Basis Stations:)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations:		
		in space G-but do list it in space I (th	ne Special Statement and Program Log	g)—if the
	basis. For further information Column 1: List each station	lso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	see page (v) of the general instruction rogram services such as HBO, ESPN,	ıs. , etc. Identify each
	"WETA-2" as the same on the Column 2: Give the channed	I number the FCC assigned to the tele	0	
	Column 3: Indicate in each educational station, by enter (for independent multicast),	RC is channel 4 in Washington, D.C. case whether the station is a network s ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o	for network multicast), "I" (for independent of the formation of the forma	dent), "I-M"
	Column 4: Give the location	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WOI-DT4 Cozi TV	5.4	I-M	Ames, IA

EGAL NAME OF			I G I EM.					SYSTEM I 275
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to irmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a checl	-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 k mark in the "S/D" column.	it the system's hea system's FM ante this point, see pag the point see pag sed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
			on (the community to which th 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							FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MEDIACOM IOWA LLC	;						27503
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in the	e paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion progran	n
Program Log	broadcast by a distant stat	tion?				L	YES	NO
	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 clear. If you need more spa				wherever pos	sible, if the	ir meaning is	6
				sion program ("substitute	program") tha	at, during th	e accounting	1
	period, was broadcast by a	distant stat	ion and that you	ur cable system substitute	d for the prog	ramming of	f another sta	tion
	under certain FCC rules, re							n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	tball. List specific program	n lilles, for ex	ample, I Lo	ove Lucy of	
	Column 2: If the program	n was broad		"Yes." Otherwise enter "N				
		0		sting the substitute progra e community to which the		need by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	ith and day		em carried the substitute			with the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				ly
	stated as "6:00–6:30 p.m."		a program carne		15 p.m. to 0.2	.0.00 p.m. a		
	Column 7: Enter the lette			was substituted for progra			•	
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	• •	our system wa	s permitted to delete unde	r FCC rules a	ind regulation	onsin	
					WHE	EN SUBSTI	ITUTE	
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							<u> </u>	
							_	

Accounting Period:	2021/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC	S	YSTEM ID# 27503
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	6,357.75 oss 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 equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	s six-month	
	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 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		
	2. Base amount under statutory formula		
	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	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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 to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: WA LLC			SYSTEM ID# 27503
M Channels	to its subscriber	rs, and (2) the cable system's	tal number of activated channels du	n carried television broadcast stations ring the accounting period.	
		al number of channels on whice the television broadcast station			32
	- ,			[
		al number of activated channe		Г	
		cable system carried televisio	broadcast stations		69
N Individual to		D BE CONTACTED IF FURT	ER INFORMATION IS NEEDED (Ide t.)	ntify an individual to whom	
Be Contacted					
for Further Information	Name	Kenneth J. Kohrs		Ielephone	845-443-2762
	Address	One Mediacom Way			
	Address	One Mediacom Way (Number, street, rural route, apart	ent, or suite number)		
		Mediacom Park, NY	0918		
		(City, town, state, zip)			
	Email	Copyrights@me	liacomcc.com	Fax (optional	
	CERTIFICATION	(This statement of account m	st be certified and signed in accorda	nce with Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	e, <i>but only one</i> , of the boxes.)		
	(Owne	r other than corporation or p	rtnership) I am the owner of the cable	e system as identified in line 1 of space B	; or
	· · · · · · · · · · · · · · · · · · ·	-	ion or partnership) I am the duly auth owner is not a corporation or partners	norized agent of the owner of the cable sy hip; or	rstem as identified
		er or partner) I am an officer (in line 1 of space B.	a corporation) or a partner (if a partne	rship) of the legal entity identified as own	er of the cable system
		te, and correct to the best of m	ereby declare under penalty of law tha knowledge, information, and belief, ar	all statements of fact contained herein d are made in good faith.	
			X /s/ Kenneth J. Kohrs		
			Enter an electronic signature on the line Enter signature using an "/s/ signature"	-	
		Typed or printed	name: Kenneth J. Kohrs		
		Title: (Ti	Vice President, Financial F of official position held in corporation or pa		
		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.

unting Period: 2021/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM IOWA LLC	27503
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 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 Assessment
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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