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	=NT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	- coplicsoa@loc.gov
Cable Syste General instru in the first tab	ctions	are located	08/30/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	YYY/(Period))	
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optiona	I - see instructions)	
В		Instructions: 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 corpo	prate title of
Owner		List any other name or names under which	n the owner conducts the business of th	e cable system.	
		If there were different owners during the a statement of account and royalty fee payn		he last day of the accounting period should sub riod.	omit a single
		Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	27872
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		MCC Iowa, LLC (Fairfield, 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 n MEDIACOM PARK, NY 10918	umber)		
		(City, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	1				

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.

2

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

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Iowa, LLC (Fairfield, IA)	27872
D	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	I communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	Fairfield	IA
Community	Jefferson (UO Fairfield)	IA
ows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name								010	2787
	MCC Iowa, LLC (Fairfiel	d, IA)							2101
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCR	IBERS AND RA	TES				
E	In General: The information in s	•		Ũ					
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about other accounting period						lnose exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv		-	0,0				s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	•		•					
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					I in the count ur	ıder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system	0			· · ·	service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.								
	BLO	OCK 1 NO. OF					BLOCH	< 2 NO. OF	r
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		628	40.49-61.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-61.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS						
-	In General: Space F calls for ra					ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Samiaaa	service for a single fee. There al	•			0		0 (,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		uouunj	, billou: It uny tu				rogram baolo,	
Fransmissions:	Block 1: Give the standard rat					••			
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip				sileu. List	these other ser			
							1		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi			UAILO		
	• Pay cable	PP		otel, hotel			Family	Cable	86.9
	• Pay cable—add'l channel	PP	•	mmercial					
	• Fire protection		-	y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	109.99		rglar protection					
	Additional set(s)	15.00-49.00		services:					
	• FM radio (if separate rate)		• Re	connect		49.00			
	, , , , , , , , , , , , , , , , , , , ,	Г	1				[1
	Converter	10.50	• Dis	sconnect					
	• Converter	10.50		sconnect Itlet relocation		15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Fairfie			27
	PRIMARY TRANSMITTERS:	· ·		
G	In General: In space G, iden	tify every television station (including t during the accounting period, <i>except</i>		
-	FCC rules and regulations in	effect on June 24, 1981, permitting the	e carriage of certain network program	ms [sections
Primary Insmitters:		(2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph.	(e)(2) and (4))]; and (2) certain stati	ons carried on a
elevision	Substitute Basis Stations:	With respect to any distant stations ca	rried by your cable system on a subs	stitute program
	 basis under specific FCC rule Do not list the station here is station was carried only on a 	es, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis.	e Special Statement and Program L	og)—if the
	• List the station here, and als	so in space I, if the station was carried		
		n concerning substitute basis stations, s s call sign. <i>Do not</i> report origination pr		
	multicast stream associated v	with a station according to its over-the-	-	-
	"WETA-2" as the same on the Column 2: Give the channel	e form. number the FCC assigned to the telev	vision station for broadcasting over t	he air in its community
	of license. For example, WR	RC is channel 4 in Washington, D.C.	U	-
		case whether the station is a network s ng the letter "N" (for network), "N-M" (f		
	(for independent multicast), "	E" (for noncommercial educational), o	r "E-M" (for noncommercial educatio	
		ms, see page (iv) of the general instruct of each station. For U.S. stations, list		s licensed by the
		an stations, if any, give the name of th	•	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG (ABC)	9	N	Cedar Rapids, IA
	KGAN (CBS)	51	N	Cedar Rapids, IA
ows as Necessary	KIIN/KIIN(HD) PBS	12	E	Iowa City, IA
	KIIN-DT2 PBS KIDS HD	12.2	E-M	lowa City, IA
	KIIN-DT3 PBS World	12.3	E-M	lowa City, IA
	KIIN-DT4 PBS Create	12.4	E-M	lowa City, IA
	KIIN-DT4 PBS Create KTVO/KTVO(HD) ABC	12.4 33	E-M N	lowa City, IA Kirksville, MO
		33		
	KTVO/KTVO(HD) ABC	33	N	Kirksville, MO
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET	33 33.2	N N-M	Kirksville, MO Kirksville, MO
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX	33 33.2 33.3 15	N N-M I-M I	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB	33 33.2 33.3 15 15.2	N N-M I-M I N-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle	33 33.2 33.3 15 15.2 15.3	N N-M I-M I N-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle KYOU-DT4/ KYOU-DT4 CW H	33 33.2 33.3 15 15.2 15.3 15.4	N N-M I-M I N-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle KYOU-DT4/ KYOU-DT4 CW HI KYOU-DT5 Grit	33 33.2 33.3 15 15.2 15.3 15.4 15.5	N N-M I-M I N-M I-M I-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle KYOU-DT4/ KYOU-DT4 CW H	33 33.2 33.3 15 15.2 15.3 15.4	N N-M I-M I N-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle KYOU-DT4/ KYOU-DT4 CW HI KYOU-DT5 Grit	33 33.2 33.3 15 15.2 15.3 15.4 15.5	N N-M I-M I N-M I-M I-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle KYOU-DT4/ KYOU-DT4 CW HI KYOU-DT5 Grit	33 33.2 33.3 15 15.2 15.3 15.4 15.5	N N-M I-M I N-M I-M I-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle KYOU-DT4/ KYOU-DT4 CW HI KYOU-DT5 Grit	33 33.2 33.3 15 15.2 15.3 15.4 15.5	N N-M I-M I N-M I-M I-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle KYOU-DT4/ KYOU-DT4 CW HI KYOU-DT5 Grit	33 33.2 33.3 15 15.2 15.3 15.4 15.5	N N-M I-M I N-M I-M I-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle KYOU-DT4/ KYOU-DT4 CW HI KYOU-DT5 Grit	33 33.2 33.3 15 15.2 15.3 15.4 15.5	N N-M I-M I N-M I-M I-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle KYOU-DT4/ KYOU-DT4 CW HI KYOU-DT5 Grit	33 33.2 33.3 15 15.2 15.3 15.4 15.5	N N-M I-M I N-M I-M I-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA
	KTVO/KTVO(HD) ABC KTVO-DT2/KTVO-DT2 HD (CE KTVO-DT3 COMET KYOU/KYOU(HD) FOX KYOU-DT2/KYOU-DT2 HD NB KYOU-DT3 circle KYOU-DT4/ KYOU-DT4 CW HI KYOU-DT5 Grit	33 33.2 33.3 15 15.2 15.3 15.4 15.5	N N-M I-M I N-M I-M I-M I-M	Kirksville, MO Kirksville, MO Kirksville, MO Ottumwa, IA Ottumwa, IA

	OWNER OF (ISIEM:					SYSTEM II 278
								270
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to mation abour m. entify the call tate whether to 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 C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pag ed 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
		s, if any,	the community with which the	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

	d: 2021/1						FOI	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Naitie	MCC Iowa, LLC (Fairfi	eld, IA)						27872
I	SUBSTITUTE CARRIAGE	ify every nor	nnetwork televis	ion program, broadcast by a	a <i>distant</i> static			
Substitute	substitute basis during the a explanation of the programm	•••		•				
Carriage:	1. SPECIAL STATEMEN	CONCER	NING SUBST	TUTE CARRIAGE				
Special Statement and	During the accounting per	riod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev	ision progra	m
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tho	rost of this pag	io blank. If your answor is '		ist comploi		_
	Note: If your answer is "No	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist comple	le the progra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			te line. Use abbreviations	wherever pos	sible, if the	eir meaning i	is
	clear. If you need more spa							
				sion program ("substitute p				
	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	dcast live, ente	r "Yes." Otherwise enter "N	lo."	• •	,	
				sting the substitute progra			- 500 :	
	the case of Mexican or Car			e community to which the community with which the s			e FCC or, in	
				tem carried the substitute p			with the mo	onth
	first. Example: for May 7 giv							
				gram was carried by your o				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program cam	ed by a system from 6.01.	15 p.m. to 6:2	6:50 p.m. s	snouid be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system	n was <i>requir</i>	ed
	to delete under FCC rules a							jram
	was substituted for program effect on October 19, 1976	• •	our system wa	s permitted to delete unde	r FCC rules a	ind regulat	ions in	
		•						
					II WHE			
	5				CARRI	N SUBST	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:				S	YSTEM I
Name	MCC Iowa, LLC (Fair	field, IA)					2787
K Gross Receipts	all amounts (gross receipt (as identified in space E) of page (vii) of the general in Gross receipts from s	you give in this space deter (s) paid to your cable syste during the accounting peric instructions located in the pa subscribers for secondary t period.	m by subscribers for the s od. For a further explanatic aper SA1-2 form. ransmission service(s)	ystem's see n of how to	condary transmi compute this a	ssion service mount, see	4,132.73
		complete a statement in spa				(Amount of gr	•
L Copyright Royalty Fee	COPYRIGHT ROYALTY F Instructions: To compute th • Complete block 1, block 2 • Use block 1 if the amount • Use block 2 if the amount • Use block 3 if the amount See page (vi) of the general in	ne royalty fee you owe: 2, or block 3. of gross receipts in space of gross receipts in space of gross receipts in space	K is more than \$137,100 K is more than \$263,800 K	out less tha	n \$527,600	63,800	
		BLOCK 1: GRO	DSS RECEIPTS OF \$13	7,100 OR I	ESS		
	Instructions: As a cable sys accounting period is \$52.00	tem with gross receipts of \$	137,100 or less, the royalty	fee that you	u must pay for th	is six-month	
	Line 1. Royalty fee for acco	ounting period					
		ter the amount from line 4, s					0.00
	Line 2. Interest charge. Lin		space Q, page 0				0.00
	Line 3. TOTAL ROYALTY	FEE PAYABLE FOR ACCO	DUNTING PERIOD. Add lir	nes 1 and 2		··	
		OCK 2: GROSS RECEIP				00)	
		utory formula		-			
		eceipts from space K			224,132.73	-	
		1					
	-	ss receipts from space K				224,132.73	
		ne 3				39,667.27	
		4				184,465.46	
		nter figure here)				\$	922.33
	8. Interest charge. Enter th	e amount from line 4, space	Q, page 8				0.00
	9. TOTAL ROYALTY FEE	PAYABLE FOR ACCOUNT	FING PERIOD. Add lines 7	and 8		\$	922.33
	BLO	CK 3: GROSS RECEIPT	S OF MORE THAN \$263	,800 (but l	ess than \$527	,600)	
	-	ss receipts from space K				-	
		utory formula		\$	263,800.00	-	
		1				-	
		·····					
		\$263,800 of gross receipts (
	6. Interest charge. Enter th	ne amount from line 4, space	Q, page 8			0.00	
	7. TOTAL ROYALTY FEE	PAYABLE FOR ACCOUNT	FING PERIOD. Add lines 4	, 5, and 6			
		FILING FEE AND TO	OTAL REMITTANCE DU	E			
Filing Fee and					•		
otal Remittance	1. Royalty Fee Payable for	Accounting Period (from Blo	ock 1, 2, or 3, above)		5	922.33	
Buo	2. Filing Fee (See the instru	uctions for more information	on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE	FOR ACCOUNTING PERIC	D. Add lines 2 and 3			\$	942.33

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O MCC Iowa, LLC	WNER OF CABLE SYSTEM: C (Fairfield, IA)				SYSTEM ID# 27872
M				is on which the cable system carried telev per of activated channels during the accou		
		l number of channels on whic d television broadcast station		e		21
	on which the	I number of activated channe cable system carried televisio Icast services	on broadca	ast stations		68
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Identify an individ	dual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)		e number)		
	Email	Copyrights@me	ediacomc	c.com F	Fax (optional	
		This statement of account mu	ust be cer	ified and signed in accordance with Copy	right Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but onl</i>	<i>y one</i> , of the boxes.)		
	(Owner	r other than corporation or p	partnershi	o) I am the owner of the cable system as ide	entified in line 1 of space B	; or
				ntnership) I am the duly authorized agent c not a corporation or partnership; or	of the owner of the cable sy	rstem as identified
	(Office			ation) or a partner (if a partnership) of the le	gal entity identified as own	er of the cable system
	• I have examined	the statement of account and h e, and correct to the best of m		clare under penalty of law that all statements ge, information, and belief, and are made in		
			X	/s/ Kenneth J. Kohrs		
				electronic signature on the line above to certif nature using an "/s/ signature" (e.g., /s/ John 1	•	
		Typed or printed	d name:	Kenneth J. Kohrs		
		Title:		resident, Financial Reporting position held in corporation or partnership)		
		Date:			8/10/2021	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
C Iowa, LLC (Fairfield, IA)	27872
 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 Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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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.