This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

Return completed workbook by email to:

## coplicsoa@loc.gov

or additional information, ontact the U.S. Copyright ffice Licensing Division at: el: (202) 707-8150

				Return cor
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa</u>
Cable Syste	ems (Short Form)		\$	For additic
General instru	uctions are located	08/30/21		Office Lice
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202)
Α	ACCOUNTING PERIOD COVERE	D 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				

~	ACCU	JUNTING PERIOD COVERED BY THIS STATEMENT: (TTTT/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	4268
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Iowa, LLC (Waverly, IA)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(City, town, state, zip)	
		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system un already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space b.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
		ונטוגי, נסחו, אמוס, צוף טעשין	

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#
Nume	MCC Iowa, LLC (Waverly, IA)	4268
D	Instructions: List each separate community served by the cable system. A "communi- separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will see community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Waverly	IA
Community	Denver Janesville	AI IA
	Shell Rock	ы
d Rows as Necessary		

Name	LEGAL NAME OF OWNER OF CA							515	TEM ID 426
	MCC lowa, LLC (Waverly	y, IA)							720
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND RAT	TES				
Е	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and	down by categories of secondary	•		•		•			
Rates	each category by counting the ne separately for the particular serv			0,0				cnarged	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed				y standa	rd rate variation	s within a l	particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondany transmis	ssion servi	ce that cable	
	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	der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-l	hand block. A two	o- or thre	e-word descript	on of the s	service is	
	sufficient.	DCK 1					BLOCK	()	
		NO. OF					BLOOI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		000						
	Service to first set		969	40.49-74.49					
	Service to additional set(s)								
	<ul> <li>FM radio (if separate rate)</li> <li>Motel, hotel</li> </ul>			•••••••					
	Commercial		0	40.49-74.49					
	Converter			40.43-74.43					
	Residential								
	Non-residential								
				••••••					
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat		,		•				
•	not covered in space E, that is, t service for a single fee. There ar					•			
Services	furnished at cost or (2) services	•		•	5			·	
Other Than	amount of the charge and the ur		usually	/ billed. If any rat	es are ch	arged on a vari	able per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ha cabi	e system for eac	sh of the	applicable servi	cae listad		
Rates	Block 2: List any services that			•				were not	
	listed in block 1 and for which a	separate charg	e was i	made or establis	hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	tion and includ	le the r	ate for each.					
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resid	dential		_	<b>0</b> .11	
	• Pay cable	PP		itel, hotel			Family	Cable	86.9
	Pay cable—add'l channel	PP		mmercial					
	Fire protection     Purgler protection			y cable v cable add'l cho	nnel				
	•Burglar protection			y cable-add'l cha	umen				
	Installation: Residential <ul> <li>First set</li> </ul>	109.99		e protection					
		109.99		rglar protection services:					
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	15.00-49.00		connect		49.00			
	• Converter	10.50		sconnect		43.00			
		10.50		tlet relocation		15.00-49.00			
				ive to new addre		10.00-43.00			
	1		• Mo	un to mouse odden.			1		

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Wave			42
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information <b>Column 1:</b> List each station' multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enteri (for independent multicast), For the meaning of these tern <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr I with a station according to its over-the-	(1) stations carried only on a part-time the carriage of certain network program 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substi- the Special Statement and Program Log d both on a substitute basis and also or see page (v) of the general instruction rogram services such as HBO, ESPN, e-air designation. For example, report vision station for broadcasting over the station, an independent station, or a no for network multicast), "I" (for independen- pr "E-M" (for noncommercial education into in the paper SA1-2 form. the community to which the station is l	e basis under is [sections ins carried on a itute program g)—if the in some other is. , etc. Identify each multistream e air in its community oncommercial dent), "I-M" hal multicast). 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-DT2/KCRG-DT2 (HD)MYNE		I-M	Cedar Rapids, IA
Rows as Necessary	KCRG-DT3 Antenna	9.3	I-M	Cedar Rapids, IA Cedar Rapids, IA
KOWS as meeters ,	KCRG-DT4 H&I	9.4	I-M	Cedar Rapids, IA
	KCRG-DT5 Start TV	9.5	I-M	Cedar Rapids, IA Cedar Rapids, IA
	KCRG-DT6 Circle	9.6	I-M	Cedar Rapids, IA
	KFXA-DT1 DABL	27	I-M	Cedar Rapids, IA
	KFXA-DT2 Charge	27.2	I-M	Cedar Rapids, IA
	KFXA-DT3 TBD	27.3	I-M	Cedar Rapids, IA
	KFXA-DT4 Stadium	27.4	I-M	Cedar Rapids, IA
	KFXA-DT5 COMET	27.5	I-M	Cedar Rapids, IA
	KGAN/KGAN(HD) CBS	2	N	Cedar Rapids, IA
	KGAN/KGAN-DT2 (HD) FOX	2.2	I-M	Cedar Rapids, IA
	1			
	KGAN-DT3 getTV	2.3	I-M	Cedar Rapids, IA
	KGAN-DT3 getTV KGAN-DT4 DABL		I-M	Cedar Rapids, IA Cedar Rapids, IA
		2.3		
	KGAN-DT4 DABL	2.3 2.4		Cedar Rapids, IA
	KGAN-DT4 DABL KPXR/KPXR(HD) ION	2.3 2.4 47		Cedar Rapids, IA Cedar Rapids, IA
	KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape	2.3 2.4 47 20	i-M I	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA
	KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape KWKB DT2 Laff	2.3 2.4 47 20 20.2	I-M I I I-M	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA
	KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape KWKB DT2 Laff KWKB DT3 Grit	2.3 2.4 47 20 20.2 20.2 20.3	I	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA
	KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape KWKB DT2 Laff KWKB DT3 Grit KWKB DT4 Bounce TV	2.3 2.4 47 20 20.2 20.3 20.4	i-M i i i-M i-M i-M	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA
	KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape KWKB DT2 Laff KWKB DT3 Grit KWKB DT4 Bounce TV KWKB DT5 thegrio	2.3 2.4 47 20 20.2 20.3 20.4 20.5	I-M I I I-M I-M I-M	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA

Name	LEGAL NAME OF OWNER OF			SYSTEM
	MCC lowa, LLC (Wave	erly, IA)		
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including tra	•	,
G	,, ,	n during the accounting period, <i>except</i> ( n effect on June 24, 1981, permitting the	, , ,	
Primary	Ũ	e)(2) and (4), or 76.63 (referring to 76.61)	0 1 0	L
ansmitters:	1 0 /	s explained in the next paragraph.		<b>1</b> 14 - 4
elevision		: With respect to any distant stations car iles, regulations, or authorizations:	ried by your cable system on a sul	bstitute program
		e in space G—but do list it in space I (the	Special Statement and Program	Log)—if the
	station was carried only on			
		also in space I, if the station was carried l on concerning substitute basis stations, s		
		's call sign. <i>Do not</i> report origination pro		
		with a station according to its over-the-a	air designation. For example, repo	ort multistream
	"WETA-2" as the same on t	he form.		
	Column 2: Give the channel	al number the ECC assigned to the televi	sion station for broadcasting over	the air in its community
		el number the FCC assigned to the televi RC is channel 4 in Washington, D.C.	sion station for broadcasting over	the air in its community
	of license. For example, W	el number the FCC assigned to the televi RC is channel 4 in Washington, D.C. case whether the station is a network st		-
	of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (for	ation, an independent station, or a or network multicast), "I" (for indep	noncommercial endent), "I-M"
	of license. For example, W 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 st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati	noncommercial endent), "I-M"
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (for	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form.	a noncommercial endent), "I-M" ional multicast).
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station	a noncommercial endent), "I-M" ional multicast). is licensed by the
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station	a noncommercial endent), "I-M" ional multicast). is licensed by the
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station	a noncommercial endent), "I-M" ional multicast). is licensed by the
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station	a noncommercial endent), "I-M" ional multicast). is licensed by the
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list the dian stations, if any, give the name of the	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station community with which the station	a noncommercial endent), "I-M" ional multicast). is licensed by the is identified.
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruc n of each station. For U.S. stations, list th dian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station community with which the station <b>3. TYPE OF STATION</b>	a noncommercial endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STATION
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN KWWL-DT3 MeTV	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.3	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station e community with which the station <b>3. TYPE OF STATION</b>	a noncommercial endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STATION Waterloo, IA
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad I. CALL SIGN KWWL-DT3 MeTV KWWL-DT4 Court TV	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.3 7.4	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station community with which the station <b>3. TYPE OF STATION</b> I-M	a noncommercial endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STATION Waterloo, IA Waterloo, IA
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KWWL-DT3 MeTV KWWL-DT4 Court TV KWWL-DT5 Justice Network	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.3 7.4 7.5	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station community with which the station <b>3. TYPE OF STATION</b> I-M I-M	a noncommercial endent), "I-M" ional multicast). is licensed by the is identified.
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad I. CALL SIGN KWWL-DT3 MeTV KWWL-DT3 MeTV KWWL-DT4 Court TV KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS	RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list th dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.3 7.4 7.5 18	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. ne community to which the station community with which the station <b>3. TYPE OF STATION</b> I-M I-M I-M E	a noncommercial endent), "I-M" ional multicast). is licensed by the is identified.

LEGAL NAME OF	OWNER OF C	CABLE S	YSTEM:					SYSTEM ID
MCC Iowa, L	LC (Waver	ly, IA)						426
	-							
	every radio st	tation ca	rried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of r	it is carried by nonitoring, to	/ the sys be recei	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t	t the system's he system's FM ante	adend, and (2 enna, during ce	) it can b ertain sta	be expected, ated intervals.	Primary Transmitters: Radio
Column 2: St Column 3: If	entify the call ate whether the the radio station	ne statio on's sigr	each station carried. n is AM or FM. nal was electronically process k mark in the "S/D" column.	ed by the cable s	system as a se	parate a	ind discrete	
Column 4: G	ive the station	's locatio	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	
SALL OIGH		5,0		ONLL OIGH		5,0	LOOKHON OF STATION	
						[ <b></b>		
						<u>+</u>		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
	MCC lowa, LLC (Wave	rly, IA)						4268
I	SUBSTITUTE CARRIAGE	-	-			on. that vou	ır cable svsten	n carried on a
Substitute	substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage: Special	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	ision progran	n
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if the	eir meaning is	6
	clear. If you need more spa Column 1: Give the title			sion program ("substitute	program") tha	at durina ti	he accounting	1
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gen	eral instructio	ns for furth	ner information	n.
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	Love Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ente	r "Yes." Otherwise enter "N	No."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	ım.			
				e community to which the			ne FCC or, in	
	the case of Mexican or Can Column 5: Give the mor			tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv		inion your eye		program. ooo	mannoraio	, when the more	
				gram was carried by your				ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m.	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that v	our svsten	n was <i>require</i>	d
	to delete under FCC rules a							
	was substituted for program	0,	our system wa	s permitted to delete unde	er FCC rules a	and regulat	tions in	
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
		+					_	
							_	
							_	
							_	
							_	
					1		_	
					1		_	
•								

Accounting Period:	2021/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
	MCC Iowa, LLC (Waverly, IA)				4268
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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	system's see on of how to	condary transmi compute this a	ssion service mount, see \$ 26	<b>53,999.18</b> ross receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more in</li> </ul>	but less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that you	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 li	nes 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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but l	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	. \$	263,999.18		
	<b>o</b>	\$	263,800.00		
		\$	199.18		
	4. Multiply line 3 by .01		\$	1.99	
	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	l, 5, and 6		\$	1,320.99
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,320.99	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,340.99
	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 C MCC Iowa, LLC	DWNER OF CABLE SYSTEM: C (Waverly, IA)				SYSTEM ID# 4268
M Channels				ls on which the cable system carried ber of activated channels during the		
		al number of channels on whic ed television broadcast station		le		39
	on which the	al number of activated channe cable system carried televisic dcast services	on broadc	ast stations		62
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou		RMATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)		e number)		
	Email	Copyrights@me	ediacomo	c.com	Fax (optional	
	CERTIFICATION	(This statement of account m	ust be cer	tified and signed in accordance with	Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but on</i>	<i>y one</i> , of the boxes.)		
	(Owne	er other than corporation or p	artnershi	<b>o)</b> I am the owner of the cable system	as identified in line 1 of space E	; or
	X (Agent	-	-	artnership) I am the duly authorized a not a corporation or partnership; or	gent of the owner of the cable s	ystem as identified
	(Offic	<b>er or partner)</b> I am an officer ( in line 1 of space B.	if a corpor	ation) or a partner (if a partnership) of	the legal entity identified as own	er of the cable system
		ete, and correct to the best of m		clare under penalty of law that all state ge, information, and belief, and are ma		
			<u> </u>	/s/ Kenneth J. Kohrs		
				electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/	•	
		Typed or printed	l name:	Kenneth J. Kohrs		
		Title: (Ti		resident, Financial Reporti position held in corporation or partnership)	ng	
		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.

Dunting Period: 2021/1		FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
C Iowa, LLC (Waverly, IA)		4268
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cab service of providing secondary transmissions of primary broadcast transmitters, the sy scribers and amounts collected from subscribers receiving secondary transmissions p</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the ger located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	le system for the basic vstem shall not include sub- ursuant to section 119." neral instructions	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address		- - - -
You must complete this worksheet for those royalty payments submitted as a result of a late p	• • •	0
For an explanation of interest assessment, see page (viii) of the general instructions located i	n the paper SA1-2 form.	
Line 1 Enter the amount of late payment or underpayment	n the paper SA1-2 form.	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
	x	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x xdays -	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 1       Enter the amount of late payment or underpayment	xdays days 	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	xdays days 	Interest Assessment
Line 1       Enter the amount of late payment or underpayment	x days  x 0.00274  (interest charge)	Interest Assessment
Line 1       Enter the amount of late payment or underpayment	x	Interest Assessment
Line 1       Enter the amount of late payment or underpayment	x	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment

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.