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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2-28-22	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))										
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31										
		Barcode Data Filing Period (optional - see instructions)										
Accounting Period												
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	:									
Owner		List any other name or names under which the owner conducts the business of the cable system.										
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.										
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	1250									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
		MCC Iowa, LLC (Toledo, IA)										
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)										
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM										
		ONE MEDIACOM WAY										
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918										
		(City, town, state, zip)										
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s										
System	1	IDENTIFICATION OF CABLE SYSTEM:										
	<u> </u>											
		MAILING ADDRESS OF CABLE SYSTEM:										
	2	(Number, street, rural route, apartment, or suite number)										
		(City, burn, relate, vin code).										
 	<u> </u>	(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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL MANE OF CANIED OF CARLE CVCTFM.	FORM SA1-2E. PAG SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Lower LLC (Tolodo IA)	12 12
	MCC lowa, LLC (Toledo, IA) Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discreases a form of system identification hereafter known as the "f
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	e parks should be reported in parentheses below the identi
Served	city.	
	CITY OR TOWN	STATE
First	Tama	IA
Community	*Tama County	IA IA
	Toledo	IA IA
Rows as Necessary	Beaman	IA IA
	Conrad	IA IA
	Garwin	IA IA
	Gladbrook Eldora	IA IA
	Eldora Hardin	IA IA
		IA IA
	Grundy Center	IA IA

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

1250

FORM SA1-2E. PAGE 2

MCC Iowa, LLC (Toledo, IA)

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The 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 F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

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 (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service 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 falls under different 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 once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers 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.

BLG	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
Service to first set	884	29.99-76.49					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	29.99-76.49					
Converter							
Residential							
Non-residential							
		†·····					

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. 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 furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel		Family Cable	100.00	
 Pay cable—add'l channel 	PP	Commercial				
Fire protection		• Pay cable				
•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			
Converter	10.50	Disconnect				
		Outlet relocation	15.00-49.00			
		Move to new address				

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1250

MCC Iowa, LLC (Toledo, IA)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

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
KCCI-DT3 MyNet/H&I	8.3	I-M	Des Moines, IA
KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
KCRG-DT2/KCRG (HD)-DT2 My N	9.2	I-M	Cedar Rapids, IA
KCRG/KCRG-DT3 (HD) CW	9.3	I-M	Cedar Rapids, IA
KCWI/KCWI (HD) CW	23	<u> </u>	Ames, IA
KCWI-DT2 Court	23.2	I-M	Ames, IA
KCWI-DT3 Bounce TV	23.3	I-M	Ames, IA
KCWI-DT4 Quest	23.4	I-M	Ames, IA
KDIN/KDIN(HD) PBS	11	E	Des Moines, IA
KDIN-DT2 PBS KIDS HD	11.2	E-M	Des Moines, IA
KDIN-DT3 PBS World	11.3	E-M	Des Moines, IA
KDIN-DT4 PBS Create	11.4	E-M	Des Moines, IA
КДМІ ТСТ	56	l	Des Moines, IA
KDSM/KDSM(HD) FOX	16	l	Des Moines, IA
KDSM-DT2 COMET	16.2	I-M	Des Moines, IA
KDSM-DT3 Charge	16.3	I-M	Des Moines, IA
KDSM-DT4 TBD	16.4	I-M	Des Moines, IA
KFPX/KFPX(HD)ION	39	l	Newton, IA
KFXA-DT1 DABL	27.1	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

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1250

MCC Iowa, LLC (Toledo, IA)

Primary Transmitters: Television

G

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFXA-DT5 COMET	27.5	I-M	Cedar Rapids, IA
KFXB CTN	40	I	Dubuque, IA
KGAN/KGAN(HD) CBS	51	N	Cedar Rapids, IA
KGAN/KGAN-DT2 (HD)FOX	51.2	I-M	Cedar Rapids, IA
KGAN-DT3 getTV	51.3	I-M	Cedar Rapids, IA
KPXR/KPXR(HD) ION	47	I	Cedar Rapids, IA
KWKB/KWKB(HD)	25	<u> </u>	lowa City, IA
KWKB-DT2 Court	25.2	I-M	lowa City, IA
KWKB-DT3 Sonlife	25.3	I-M	lowa City, IA
KWKB-DT4 Laff	25.4	I-M	lowa City, IA
KWKB-DT5 thegrio	25.5	I-M	lowa City, IA
KWKB-DT6 Quest	25.6	I-M	lowa City, IA
KWWL/KWWL(HD) NBC	7	N	Waterloo, IA
KWWL-DT2 H&I/KWWL-DT2 (HD)	7.2	I-M	Waterloo, IA
KWWL-DT3 MeTV	7.3	I-M	Waterloo, IA
KWWL-DT4 Court TV	7.4	I-M	Waterloo, IA
KWWL-DT5 True Crime	7.5	I-M	Waterloo, IA
WHO/WHO(HD) NBC	13	N	Des Moines, IA
WHO-DT2 sports	13.2	I-M	Des Moines, IA
WHO-DT3 Antenna TV	13.3	I-M	Des Moines, IA
WHO-DT4 Court TV	13.4	I-M	Cedar Rapids, IA
WOI/WOI(HD) ABC	5	N	Ames, IA
WOI-DT2 Laff	5.2	I-M	Ames, IA
WOI-DT3 Grit	5.3	I-M	Cedar Rapids, IA

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

MCC Iowa, LLC (Toledo, IA)

1250

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WOI-DT4 Cozi TV	5.4	I-M	Cedar Rapids, IA
KCRG-DT4 H&I	9.4	I-M	Cedar Rapids, IA
KCRG-DT5 Start TV	9.5	I-M	Cedar Rapids, IA
KCRG-DT6 Circle	9.6	I-M	Cedar Rapids, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Toledo, IA)

1250

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	0.4.01.0.00	TEM.				FOR	M SA1-2E. PAGE 5.		
Name	MCC lowa, LLC (Toled		I EM:					SYSTEM ID# 1250		
	Wice lowa, LLC (Toleu	IO, IA)						1250		
Substitute Carriage: Special	In General: In space I, ident substitute basis during the a explanation of the programm	UBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and	 During the accounting per 	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant sta	roadcast by a distant station?								
	Note: If your answer is "No	is "Yes," you m	ust complet	e the progra	ım					
	log in block 2.									
	2. LOG OF SUBSTITUTE									
	In General: List each subsiclear. If you need more spacelear. If you need more spaced with the period, was broadcast by a under certain FCC rules, red to not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broatthe case of Mexican or Carcolumn 5: Give the morfirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a was substituted for progran effect on October 19, 1976	ace, please of every no distant statigulations, or ies like "mo Bulls." m was broarsign of the adcast static addan static and and day we "5/7." es when the Example: a er "R" if the and regulatinning that	add additional annetwork televition and that your authorization ovies" or "basked dcast live, enterstation broadcron's location (thous, if any, the when your system on the program carrons in effect distance of the control of the co	rows to the tables. vision program ("substitu- bur cable system substitu- is. See page (v) of the g- etball." List specific prog- er "Yes." Otherwise enter asting the substitute pro- he community to which to community with which to stem carried the substitute orgram was carried by you fied by a system from 6:00 in was substituted for pro- uring the accounting per-	te program") the uted for the program titles, for ex r "No." gram. the station is lice the program. Use ur cable system 01:15 p.m. to 6:: gramming that giod; enter the le	at, during the gramming owns for further ample, "I Lo ensed by the ntified). The numerals, i. List the time 28:30 p.m. styour system tter "P" if the	the accounting of another state information ove Lucy" or the FCC or, in with the module accurate should be a was required to listed programmer.	g ation on. onth ely		
	S	UBSTITUT	E PROGRAM	1		N SUBSTI		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH AND DAY		TIMES — TO	DELETION		
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Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC lowa, LLC (Toledo, IA)			;	SYSTEM ID# 1250
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 se ion of how t	econdary transmi o compute this a	ssion service mount, see	16,832.35 pross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00			s six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	lines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but m	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	Multiply line 6 by .005 (enter figure here)				0.00
					0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	600)	
	Enter the amount of gross receipts from space K	\$	316,832.35		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	53,032.35		
	4. Multiply line 3 by .01		\$	530.32	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6 .		\$	1,849.32
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,849.32	
Due	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			\$	1,869.32
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				jhts!

Accounting Period:	d: 2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Toledo, IA)	SYSTEM ID# 1250
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	
N Individual to Be Contacted		
for Further Information	Name Kenneth J. Kohrs Telephone 845-443-2782	
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/11/2022	

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.

ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
C Iowa, LLC (Toledo, IA)	1250
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	Special Statement Concerning Gross Receipts Exclusion
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
Address	
ID number First community served Accounting period	

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CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	_ □Check	□EFT	□FILING	FEES
Cable ID #						Amount	Initials
Examined by	Review	red by	Date examination completed	Allocation	number		
Space A Accounting Period							
	□January 1 - Jun	e 30, 2017		☐July 1 - Decemb	er 31, 2017		
	☐Letter sent		[☐Information rece	ived		
	□Accepted		☐Phone call/Date/Contact				
Space B Owner							
	☐Letter sent ☐Information received						
	☐Accepted ☐Phone call/Date/Contact						
Space D Area Served							
	Letter sent		[Information rece	ived		
	□Accepted		[Phone call/Date/	Contact		
Space E Secondary Transission							
Service Subscribers:	☐Letter sent			☐Information rece	ived		
and Rates	□Accepted]	Phone call/Date/	Contact		
Space G Primary Transmitters:							
Television	☐Letter sent		[☐Information rece	eived		
	□Accepted]	Phone call/Date/	Contact		
Space H Primary Transmitters:							
Radio	Accepted Phone call/Date/Contact						

		Space I Substitute Carriage
☐Letter sent	☐ Information received	
Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑Letter sent	☐ Information received	(SA3 only)
□Accepted	☐Phone call/Date/Contact	
		Space K Gross Receipts
☐Letter sent	☐Information received	
Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
□Accepted	□Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
☐Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	