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 COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2-28-22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM IOWA LLC (Aplington, 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)
•	INSTR	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names	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:
	-	MEDIACOM IOWA LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
	-	(Number, street, fural route, apartment, or suite number) MEDIACOM PARK, NY 10918
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Name	MEDIACOM IOWA LLC (Aplington, IA)	16						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	ome parks should be reported in parentheses below the identif						
Gerved								
F ture (STATE						
First Community	APLINGTON PARKERSBURG	AI A						
community	DIKE	IA						
	NEW HARTFORD	IA IA						
d Rows as Necessary								

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name								515	TEM ID 169	
	MEDIACOM IOWA LLC (Aplington, IA)								105	
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	IBERS AND RA	TES					
E	In General: The information in s	-		-		•				
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give info about other services (including pay cable) in space F, not here. All the facts you state must be those existing o									
Transmission							those exist			
Service: Sub-	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									
scribers and	down by categories of secondary	•		•		•				
Rates	each category by counting the n separately for the particular serv		0	•••		•	•	charged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	· ·		,	ny standa	rd rate variatior	ns within a p	particular rate		
	category, but do not include disc				.			414 1-1 -		
	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					d in the count u	nder "Servie	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that ar	e different f	rom those		
	printed in block 1 (for example, t									
	with the number of subscribers a									
	sufficient.			•						
	BLO	DCK 1 NO. OF	-	r –			BLOCK	X 2 NO. OF	<u> </u>	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		547	29.99-74.49						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	29.99-74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS		•					
_	In General: Space F calls for ra					ll your cable sy	stem's serv	rices that were		
F	not covered in space E, that is,									
Services	service for a single fee. There are	•			•		• • • •			
Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the			,,,,,				- 5 ,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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) descrip		e lotti of a							
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:			ation: Non-resi						
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	100.0	
	• Pay cable—add'l channel	PP	۰Cc	ommercial						
	Fire protection		•Pa	y cable						
	•Burglar protection		•Pa	' y cable-add'l ch	annel					
	Installation: Residential		• Fir	e protection						
	• First set	109.99	• Bu	rglar protection						
	 Additional cot(c) 	15.00-49.00	Other	services:						
	 Additional set(s) 		I –			40.00				
	• FM radio (if separate rate)		• Re	econnect		49.00				
		10.50		econnect sconnect		49.00				
	• FM radio (if separate rate)	10.50	• Dis			49.00				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE					
Name	MEDIACOM IOWA LLC								
	PRIMARY TRANSMITTERS:								
G Primary	In General: In space G, ider carried by your cable system FCC rules and regulations ir	n 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, <i>except</i> (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							
Tansmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC rul	explained in the next paragraph. With respect to any distant stations car les, regulations, or authorizations:	ried by your cable system on a sub	stitute program					
	station was carried <i>only</i> on a • List the station here, and al	in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carried I n concerning substitute basis stations, s	both on a substitute basis and also	on some other					
	Column 1: List each station multicast stream associated "WETA-2" as the same on th	's call sign. <i>Do not</i> report origination pro with a station according to its over-the-a	ogram services such as HBO, ESPI air designation. For example, repor	N, etc. Identify each rt multistream					
	of license. For example, WF Column 3: Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network st ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or	ation, an independent station, or a l or network multicast), "I" (for indepe	noncommercial endent), "I-M"					
	For the meaning of these ter Column 4: Give the location	rms, see page (iv) of the general instruct of each station. For U.S. stations, list the lian stations, if any, give the name of the	tions in the paper SA1-2 form. he community to which the station is	s licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KCRG/KCRG(HD)ABC	9	N	CEDAR RAPIDS, IA					
	KCRG/KCRG-DT2 MyNet(HD)	9.2	I-M	CEDAR RAPIDS, IA					
d Rows as Necessary	KCRG/KCRG-DT3 CW(HD)	9.3	I-M	CEDAR RAPIDS, IA					
	KDIN/KDIN(HD) PBS	11	E	DES MOINES, IA					
	,								
	KDIN-DT2 PBS Kids(HD)	11.2	E-M	DES MOINES, IA					
	KDIN-DT2 PBS Kids(HD) KDIN-DT3 PBS World	11.2	E-M E-M	DES MOINES, IA DES MOINES, IA					
	KDIN-DT3 PBS World	11.3	E-M	DES MOINES, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create	11.3 11.4	E-M	DES MOINES, IA DES MOINES, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL	11.3 11.4 27.1	E-M E-M I-M	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge	11.3 11.4 27.1 27.2	E-M E-M I-M I-M	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD	11.3 11.4 27.1 27.2 27.3	E-M E-M I-M I-M I-M	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium	11.3 11.4 27.1 27.2 27.3 27.4	E-M E-M I-M I-M I-M I-M	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXA-DT5 COMET KFXB CTN	11.3 11.4 27.1 27.2 27.3 27.4 27.5	E-M E-M I-M I-M I-M I-M	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT3 TBD KFXA-DT4 Stadium KFXA-DT5 COMET KFXB CTN KGAN/KGAN(HD) CBS	11.3 11.4 27.1 27.2 27.3 27.3 27.4 27.5 40 51	E-M E-M I-M I-M I-M I-M I-M I N	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DUBUQUE, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXA-DT5 COMET KFXB CTN KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX	11.3 11.4 27.1 27.2 27.3 27.4 27.5 40 51 51.2	E-M E-M I-M I-M I-M I-M I I N I-M	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DUBUQUE, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXA-DT5 COMET KFXB CTN KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV	11.3 11.4 27.1 27.2 27.3 27.4 27.5 40 51 51.2 51.3	E-M E-M I-M I-M I-M I-M I I I I I I I I I I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DUBUQUE, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXA-DT5 COMET KFXB CTN KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KPXR/KPXR(HD) ION	11.3 11.4 27.1 27.2 27.3 27.4 27.5 40 51 51.2 51.3 47	E-M E-M I-M I-M I-M I-M I I N I-M	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DUBUQUE, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXA-DT5 COMET KFXB CTN KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-KGAN-DT3 getTV KPXR/KPXR(HD) ION KWKB/KWKB(HD)	11.3 11.4 27.1 27.2 27.3 27.4 27.5 40 51 51.2 51.3 47 25	E-M E-M I-M I-M I-M I-M I I I I I I I I I I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXA-DT5 COMET KFXB CTN KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KPXR/KPXR(HD) ION KWKB/KWKB(HD)	11.3 11.4 27.1 27.2 27.3 27.4 27.5 40 51 51.2 51.3 47 25 25.2	E-M E-M I-M I-M I-M I-M I I I I I I I I I I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXA-DT5 COMET KFXB CTN KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KPXR/KPXR(HD) ION KWKB/KWKB(HD) KWKB-DT2 Court KWKB-DT3 Sonlife	11.3 11.4 27.1 27.2 27.3 27.4 27.5 40 51 51.2 51.3 47 25 25.2 25.3	E-M E-M I-M I-M I-M I-M I-M I I I I I I I I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA IOWA CITY, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXA-DT5 COMET KFXB CTN KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KPXR/KPXR(HD) ION KWKB/KWKB(HD) KWKB-DT3 Sonlife KWKB-DT4 Laff	11.3 11.4 27.1 27.2 27.3 27.4 27.5 40 51 51 51.2 51.3 47 25 25.2 25.3 25.4	E-M E-M I-M I-M I-M I-M I I I I I I I I I I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA					
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA DT-1 DABL KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXA-DT5 COMET KFXB CTN KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KPXR/KPXR(HD) ION KWKB/KWKB(HD) KWKB-DT2 Court KWKB-DT3 Sonlife	11.3 11.4 27.1 27.2 27.3 27.4 27.5 40 51 51.2 51.3 47 25 25.2 25.3	E-M E-M I-M I-M I-M I-M I-M I I I I I I I I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA IOWA CITY, IA					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SY	STEM				
Name	MEDIACOM IOWA LLC (Aplington, IA)								
	PRIMARY TRANSMITTERS:	TELEVISION							
G		tify every television station (including tra during the accounting period, <i>except</i> (•	,					
Primary	5	effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.61)	8 1 8						
ransmitters: Television	substitute program basis, as	explained in the next paragraph. With respect to any distant stations carr							
	basis under specific FCC rule • Do <i>not</i> list the station here i	es, regulations, or authorizations: in space G—but do list it in space I (the							
		so in space I, if the station was carried b							
		concerning substitute basis stations, se s call sign. <i>Do not</i> report origination pro							
	multicast stream associated www.weighted.com	with a station according to its over-the-a	air designation. For example, repo	ort multistream					
	Column 2: Give the channel	number the FCC assigned to the televis	sion 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								
	Column 3: Indicate in each c	case whether the station is a network sta	ation, an independent station, or a	noncommercial					
	educational station, by entering	ng the letter "N" (for network), "N-M" (fo	r network multicast), "I" (for indep	endent), "I-M"					
	educational station, by enterin (for independent multicast), " For the meaning of these terr	ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or ms, see page (iv) of the general instruct	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form.	endent), "I-M" ional multicast).					
	educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location	ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or ns, see page (iv) of the general instruct of each station. For U.S. stations, list th	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. ne community to which the station	endent), "I-M" ional multicast). is licensed by the					
	educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location	ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or ms, see page (iv) of the general instruct	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. ne community to which the station	endent), "I-M" ional multicast). is licensed by the					
	educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location	ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or ns, see page (iv) of the general instruct of each station. For U.S. stations, list th	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. ne community to which the station	endent), "I-M" ional multicast). is licensed by the	N				
	educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN	ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the station community with which the station 3. TYPE OF STATION	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STATIO	N				
	educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KWWL-DT2 H&I/KWWL-DT2 (HD)	ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.2	r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STATIO WATERLOO, IA	'n				
	educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN KWWL-DT2 H&I/KWWL-DT2 (HD) KWWL-DT3 Me TV	ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.2 7.3	r network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the station community with which the station 3. TYPE OF STATION I-M I-M	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STATIO WATERLOO, IA WATERLOO, IA	'n				
	educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KWWL-DT2 H&I/KWWL-DT2 (HD) KWWL-DT3 Me TV KWWL-DT4 Court TV	ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.2 7.3 7.4	r network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the station community with which the station 3. TYPE OF STATION I-M I-M I-M	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STATIO WATERLOO, IA WATERLOO, IA WATERLOO, IA	'n				
	educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN KWWL-DT2 H&I/KWWL-DT2 (HD) KWWL-DT3 Me TV	ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.2 7.3	r network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the station community with which the station 3. TYPE OF STATION I-M I-M	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STATIO WATERLOO, IA WATERLOO, IA	NN				
	educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN KWWL-DT2 H&I/KWWL-DT2 (HD) KWWL-DT3 Me TV KWWL-DT4 Court TV KWWL-DT5 True Crime	ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.2 7.3 7.4 7.5	r network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the station community with which the station 3. TYPE OF STATION I-M I-M I-M I-M	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STATIO WATERLOO, IA WATERLOO, IA WATERLOO, IA	N				
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Accounting P			YSTEM					M SA1-2E. PAGE 4
								3131EM ID# 1696
	t every radio s	tation ca	rried on a separate and discre					Н
all-band basis v	vhose signals	were ger	nerally receivable by your cabl	e system during t	he accounting	g period.		
receivable if (1) on the basis of For detailed info paper SA1-2 foi Column 1 : lo Column 2 : S Column 3 : If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call tate whether the the radio stati this by placing	/ the sys be receivent t the Co sign of e he statio on's sigr g a check	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM ante nis point, see pag ed by the cable sy	adend, and (2) nna, during ce le (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	e expected, ated intervals. istructions in the.	Primary Transmitters: Radio
			the community with which the				_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			<u>+</u>					

Accounting Perio	d: 2021/2						101	M SA1-2E. PAGE 5
Name								SYSTEM ID#
	MEDIACOM IOWA LLC		on, IA)					1696
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	tify every nor	nnetwork televis eriod, under spe	<i>tion program,</i> broadcast by ecific present and former F	y a <i>distant</i> statio CC rules, regul	ations, or aut	thorizations	. For a further
Carriage:	1. SPECIAL STATEMENT	-			0		•••	
Special Statement and	 During the accounting per 	riod, did you	ur cable system	carry, on a substitute ba	isis, any nonne	twork televis	<u>sion</u> progra	m
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pag	ge blank. If your answer i	s "Yes," you mi	ust complete	e the progra	
	log in block 2.			-	-	-		
	2. LOG OF SUBSTITUTE							
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoo "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	ace, please a of every no a distant stat egulations, o ries like "mo . Bulls." m was broad sign of the adcast static nadian static nth and day ve "5/7." res when the	add additional onnetwork telev- tion and that yc or authorization ovies" or "baske dcast live, ente station broadca on's location (ti ons, if any, the when your sys e substitute pro	rows to the tables. ision program ("substitut our cable system substitu s. See page (v) of the ge etball." List specific progra r "Yes." Otherwise enter asting the substitute prog ne community to which th community with which th tem carried the substitute ogram was carried by you	e program") tha ted for the prog neral instructio am titles, for ex "No." ram. e station is lice e station is idea e program. Use r cable system	at, during the gramming of ns for furthe ample, "I Lo ensed by the ntified). e numerals, . List the tim	e accountir another st r information ve Lucy" o FCC or, in with the mo-	ig ation on. r n onth
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation ming that y	ons in effect du	uring the accounting perio	od; enter the le	tter "P" if the	listed prog	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y	ons in effect du your system wa	uring the accounting period as permitted to delete und	od; enter the le der FCC rules a WHE	tter "P" if the and regulation	iisted prog ons in	gram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y	ons in effect du	uring the accounting period as permitted to delete und	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation	UTE URRED MES	gram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOF
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. BUBSTITUT 2. LIVE?	ons in effect du your system wa rE PROGRAM 3. STATION'S	uring the accounting period	bd; enter the le der FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulation N SUBSTIT AGE OCCL 6. TI	UTE JRRED MES	7. REASON FOR

Accounting Period:	2021/2		FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC (Aplington, IA)		S	YSTEM ID# 1696
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of I 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	n's secondary transm how to compute this a	ission service amount, see	1,869.19 oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform BLOCK 1: GROSS RECEIPTS OF \$137,100	ss than \$527,600 nation.	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the	hat you must pay for th	nis six-month	
	accounting period is \$52.00			
	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 lines 1	and 2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	out more than \$137,	100)	
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	151,869.19	-	
	3. Subtract line 2 from line 1	111,930.81	-	
	4. Enter the amount of gross receipts from space K	<u>\$</u>	151,869.19	
	5. Enter the amount from line 3	<u>\$</u>	111,930.81	
	6. Subtract line 5 from line 4	\$	39,938.38	
	7. Multiply line 6 by .005 (enter figure here)		\$	199.69
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and a	8	\$	199.69
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula \$		-	
	3. Subtract line 2 from line 1		-	
	4. Multiply line 3 by .01		-	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, at	nd 6		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	199.69	
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		\$	219.69
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			hts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: WA LLC (Aplington, IA)			SYSTEM ID# 1696
M Channels		• • • •	of channels on which the cable system carried televis total number of activated channels during the accour		
		al number of channels on whi ed television broadcast statio	ch the cable		37
	on which the	al number of activated chann cable system carried televisi dcast services			61
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of acco	HER INFORMATION IS NEEDED (Identify an individu unt.)	ual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 84	15-443-2762
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	tment, or suite number)		
	Email	Copyrights@m	ediacomcc.com F	Fax (optional	
	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance with Copyri	ight Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check c	one, <i>but only one</i> , of the boxes.)		
			partnership) I am the owner of the cable system as ider ation or partnership) I am the duly authorized agent of		
	(Offic		he owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the lega	al entity identified as owner o	of the cable system
		the statement of account and ete, and correct to the best of n	hereby declare under penalty of law that all statements on hy knowledge, information, and belief, and are made in g		
			X /s/ Kenneth J. Kohrs		
			Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John S		
		Typed or printe	d name: Kenneth J. Kohrs		
		Title:	Vice President, Financial Reporting itle 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.

unting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IE
DIACOM IOWA LLC (Aplington, IA)	169
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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	
x dove	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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F	Cable Worksheet		Total amount of remittance	Number of SAs rea	c'd Initi	als
	vvor	ksneet		-		
			Date of remittance	Check EFT	□ FILING FE	ES
Cable ID #					Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	□January	1 - June 30, 2017	C]July 1 - December 31, 2017		
	Letter s	ent	C	Information received		
		:d	Ľ	Phone call/Date/Contact		
Space B Owner						
	□Letter s	ent	C	Information received		
		d	C	Phone call/Date/Contact		
Space D Area Served						
	Letter s	ent	C	Information received		
		ed	Ľ	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	□Letter s	ent	C	Information received		
and Rates		d	C	Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	□Letter s	ent	[Information received		
		d	E	Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio		ed	[Phone call/Date/Contact		_

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