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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		Barcode Data Filing Period (optional - see instructions)							
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.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		MCC lowa, LLC (Independence, IA)							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		ONE MEDIACOM WAY							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		MEDIACOM PARK, NY 10918 (Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip)							
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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)							
	<u> </u>	pony, tom, take, 29 total							

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.

Accounting Period:	2021/2	
tecounting i cirou.	2027/2	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MCC Iowa, LLC (Independence, IA)	25624
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hore.	inities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Independence	IA
Add Rows as Necessary		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC lowa, LLC (Independence, IA)

SYSTEM ID# 25624

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	93	40.49-63.54					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	40.49-63.54					
Converter							
Residential							
Non-residential							
		1		1			

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 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	#####
 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			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25624

4. LOCATION OF STATION

MCC Iowa, LLC (Independence, IA)

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

3. TYPE OF STATION

Add Rows as Necessary

KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
KCRG-DT2/KCRG-DT2(HD) MyNET	9.2	I-M	Cedar Rapids, IA
KCRG/KCRG-DT3 (HD) CW	9.3	I-M	Cedar Rapids, 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
KFXA-DT5 Comet	27.5	I-M	Cedar Rapids, IA
KFXB CTN	43	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
KIIN/KIIN(HD) PBS	12	Е	IOWA CITY, IA
KIIN-DT2 KIDS (HD)	12.2	E-M	IOWA CITY, IA
KIIN-DT3 PBS World	12.3	E-M	IOWA CITY, IA
KIIN-DT4 PBS Create	12.4	E-M	IOWA CITY, IA
KPXR/KPXR(HD) ION	47	I	Cedar Rapids, IA
KWKB/KWKB(HD) TCT	25	I	IOWA CITY, IA
KWKB-DT2 Court	25.2	I-M	IOWA CITY, IA
KWKB-DT3 SonLife	25.3	I-M	IOWA CITY, IA
KWKB-DT4 Laff	25.4	I-M	IOWA CITY, IA
KWKB-DT5 The Grio	25.5	I-M	IOWA CITY, IA
KWKB-DT6 Quest	25.6	I-M	IOWA CITY, IA
KWWL/KWWL(HD) NBC	7	N	Waterloo, IA
KWWL-DT2 H&I/KWWL-DT2 (HD) C	7.2	I	Waterloo, IA
KWWL-DT3 MeTV	7.3	ı	Waterloo, IA

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25624

MCC Iowa, LLC (Independence, 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWWL-DT4 Court TV	7.4	I-M	Waterloo, IA
KWWL-DT5 True Crime	7.5	I-M	Waterloo, 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

25624

MCC Iowa, LLC (Independence, IA)

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
		·				 	
		 				 -	
		 				 -	
		 				ļ	
		1					
		 	 			 -	
		 				 -	
		 				ļ	
		t					
						 	
						ļ	
		<u> </u>				<u> </u>	
		1					
	·	 					
		 				ļ	
		 				ļ	
		1					
		 				 -	
		 				 -	
		ļ				ļ 	
		t					
	· 	 	 			 -	
		}				 -	
		ļ				ļ	
		T					
						}	
		 				 	
		ļ				ļ	
		<u> </u>					
		ł				 	
		ļ				 	
		ļ				ļ	
						 	
						 	
		ļ				ļ	
			l	1		l .	l

Accounting Perio	counting Period: 2021/2 FORM SA1-2E. PAGE 5. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#										
Name	MCC lowa, LLC (Indep									SYSTEM ID# 25624	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	3						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute 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.										
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE							
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.									1	
Statement and		•		,,	, ,					V	
Program Log	,	broadcast by a distant station? YES NO Note: If your answer is "Yes," you must complete the program									
	log in block 2.	,	. cot of allo pag	e blaille in your allower is	,	,			.o p. og. a.		
	2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each subst			te line. Use abbreviations	where	er pos	sible, if the	eir m	neaning is		
	clear. If you need more space					•	,		3		
	Column 1: Give the title										
	period, was broadcast by a		•	•							
	under certain FCC rules, req Do not use general categori									٦.	
	"NBA Basketball: 76ers vs.		vies oi baske	tball. List specific progra	m uues,	, iui ex	ampie, i L	ove	Lucy of		
	Column 2: If the program		dcast live, ente	r "Yes." Otherwise enter '	No."						
	Column 3: Give the call s	•									
	Column 4: Give the broa							e F0	CC or, in		
	the case of Mexican or Cana Column 5: Give the mon							va dit	h tha mar	ath	
	first. Example: for May 7 giv	,	when your sysi	tem carned the substitute	prograi	m. USE	numerais	, WIL	n the mor	1011	
	Column 6: State the time		substitute pro	gram was carried by you	cable s	ystem	. List the tii	mes	accurate	ly	
	to the nearest five minutes.		•			-				,	
	stated as "6:00-6:30 p.m."	″=									
	Column 7: Enter the lette				-		-				
	to delete under FCC rules a was substituted for program									am	
	effect on October 19, 1976.	illing that y	our system wa	3 permitted to delete und	CI 1 00	Tuics c	ina regulat	.10113			
	,									ı	
	_						WHEN SUBSTITUTE				
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S			CARR IONTH	IAGE OCO	CUR TIME		7. REASON FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	1 1	D DAY	FROM	_	TO		
					-						
								_			
					-						
					_			_			
								_			
					-				••••		
								_			
		L									
								_			
								-=-			
								_			

Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	MCC lowa, LLC (Independence, IA)		25624
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you part all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary treatment (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ransmission service this amount, see	4,139.76 pss receipts)
	COPYRIGHT ROYALTY FEE		
Copyright Royalty Fee	Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equa Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must paraccounting period is \$52.00	y for this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$		
	1. Base amount under statutory formula	0.00	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than	\$527,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	0.00	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form for more inf		nts!

Accounting Period:	2021/2						FORM SA1-2E. PAGE 7.
Name		NER OF CABLE SYSTEM: Independence, IA)					SYSTEM ID# 25624
M Channels		• ,		on which the cable system carried of activated channels during the		tions	
		number of channels on which television broadcast stations					37
	on which the ca	number of activated channel ble system carried television ast services	n broadcast s				70
N Individual to Be Contacted		BE CONTACTED IF FURTH		MATION IS NEEDED (Identify an i	ndividual to whom		
for Further Information	Name	Kenneth J. Kohrs			Telep	hone 845-443-2762	
	Address (N	One Mediacom Way Number, street, rural route, apartn	ment, or suite nu	umber)			
		Mediacom Park, NY City, town, state, zip)	10918				
	Email	Copyrights@me	ediacomcc.co	om	Fax (optional		
•	CERTIFICATION (Th	nis statement of account mu	ust be certified	d and signed in accordance with	Copyright Office regulation	ons)	
O Certification	• I, the undersigned,	hereby certify that (Check on	ne, but only or	ne, of the boxes.)			
	(Owner o	other than corporation or pa	artnership)	am the owner of the cable system	as identified in line 1 of sp	pace B; or	
				nership) I am the duly authorized ag t a corporation or partnership; or	gent of the owner of the ca	able system as identified	
		or partner) I am an officer (if line 1 of space B.	f a corporation	n) or a partner (if a partnership) of	he legal entity identified a	s owner of the cable syster	n
		and correct to the best of my	•	e under penalty of law that all stater information, and belief, and are ma		erein	
			X /s	s/ Kenneth J. Kohrs			
				tronic signature on the line above to ure using an "/s/ signature" (e.g., /s/			
		Typed or printed	name: K	Cenneth J. Kohrs			
		Title:		sident, Financial Reporti	ng		
		Date:			2/22/2022		

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.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
C Iowa, LLC (Independence, IA)	25624
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	ays
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 \$	-
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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	

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.

CONTROL #: REMITTANCE #:

☐Letter sent

 $\square \mathsf{Accepted}$

 \square Accepted

Space H Primary Transmitters: Radio

C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'd Initials	
		Date of remittance	Check □EFT	☐FILING FEES	
Cable ID#				Amount Initials	
Examined by	Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period					
	☐January 1 - June 30, 2017	☐ July 1 - December 31, 2017			
	☐ Letter sent	☐Information received			
	□Accepted]	☐Phone call/Date/Contact		
Space B Owner					
	Letter sent]	☐ Information received		
	□Accepted]	Phone call/Date/Contact		
Space D Area Served					
	Letter sent]	☐ Information received		
	Accepted]	Phone call/Date/Contact		
Space E Secondary Transission					
Service Subscribers:	☐Letter sent	[☐Information received		
and Rates	□Accepted	[Phone call/Date/Contact		
Space G Primary Transmitters:					
Television					

 $\ \ \, \square \\ \ \, Information \ received$

☐ Phone call/Date/Contact

 \square 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
☐ Letter sent	☐ 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	