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	ACCOUN	ITING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	202	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В	Give	r <b>uctions:</b> e 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 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.
		nere were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single rement of account and royalty fee payment covering the entire accounting period.
	Che	ck here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		C Iowa, LLC (Vinton, IA)
	BU	SINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	МА	ILING ADDRESS OF OWNER OF CABLE SYSTEM
		E MEDIACOM WAY
		nber, street, rural route, apartment, or suite number) DIACOM PARK, NY 10918
		, town, state, zip)
С		<b>TIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these eady 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 IDE	NTIFICATION OF CABLE SYSTEM:
	МА	ILING ADDRESS OF CABLE SYSTEM:
	2 (Nur	nber, street, rural route, apartment, or suite number)
	(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.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MCC Iowa, LLC (Vinton, IA)	250
D	Instructions: List each separate community served by the cable system. A "commur separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	munities within unincorporated areas and including single, discr erve as a form of system identification hereafter known as the "h
Area Served	city.	
	CITY OR TOWN	STATE
First	Vinton	IA
Community	Newhall	IA
	Johnson	IA
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM I
Name	MCC Iowa, LLC (Vinton, IA)								256
	SECONDARY TRANSMISSION		IBSCRI		TES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	ting on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						able svsten	n. broken	
scribers and	down by categories of secondary						-		
Rates	each category by counting the n	•	-	0,0		•	•	s charged	
	separately for the particular serv Rate: Give the standard rate c							rae and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· · ·		,	· · <b>,</b> · · · · · · · · · ·			F	
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. <b>Not</b>								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					υ.	, ,		
	first set" and would be counted of	0			· · ·			f	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.	,	0						
	BLC	DCK 1					BLOCI		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		971	40.49-61.54					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-61.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5				
F	In General: Space F calls for rat	te (not subscrit	per) info	ormation with re	spect to a	ll your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	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								
Rates	listed in block 1 and for which a				0	0	•		
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Install	ation: Non-resi	idential				
	• Pay cable	PP		tel, hotel			Family	Cable	100
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential	400.00		e protection					
	<ul> <li>First set</li> </ul>	109.99		rglar protection					
	• Additional act/a)		Juner	services:					
	<ul> <li>Additional set(s)</li> <li>EM radio (if separate rate)</li> </ul>	15.00-49.00	• Po			49.00			
	• FM radio (if separate rate)			connect		49.00			
		10.50	• Dis			49.00 15.00-49.00			

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:		SYSTEM
Ndille	MCC Iowa, LLC (Vinton, IA	۸) <u> </u>		25
	PRIMARY TRANSMITTERS:	TELEVISION		
G		very television station (including trans ng the accounting period, <i>except</i> (1) st		
-	FCC rules and regulations in effect	ct on June 24, 1981, permitting the car	rriage of certain network programs [se	ections
Primary Fransmitters:	76.59(d)(2) and (4), 76.61(e)(2) and substitute program basis, as explained	nd (4), or 76.63 (referring to 76.61(e)(2 ained in the next paragraph.	2) and (4))]; and (2) certain stations c	arried on a
Television	Substitute Basis Stations: With	respect to any distant stations carried	by your cable system on a substitute	e program
	<ul> <li>basis under specific FCC rules, re</li> <li>Do not list the station here in space</li> </ul>	gulations, or authorizations: ace G—but do list it in space I (the Sp	ecial Statement and Program Log)—	if the
	station was carried only on a subs	stitute basis.	0 0,	
	basis. For further information cond	space I, if the station was carried both cerning substitute basis stations, see p	page (v) of the general instructions.	
		sign. <i>Do not</i> report origination progra a station according to its over-the-air d		
	"WETA-2" as the same on the for	m.	<b>c i i i</b>	
	<b>Column 2:</b> Give the channel num of license. For example, WRC is	ber the FCC assigned to the televisior channel 4 in Washington, D.C.	station for broadcasting over the air	in its community
	Column 3: Indicate in each case	whether the station is a network statio		
		e letter "N" (for network), "N-M" (for ne or noncommercial educational), or "E-N		
	For the meaning of these terms, s	ee page (iv) of the general instructions ach station. For U.S. stations, list the c	s in the paper SA1-2 form.	,
		ations, if any, give the name of the co	•	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
	KCRG-DT2/KCRG-DT2 MyNET(HD)	9.2	I-M	Cedar Rapids, IA
Rows as Necessary	KCRG/KCRG-DT3 (HD) CW	9.3	I-M	Cedar Rapids, IA
	KCRG-DT4 Heroes & Icons	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
	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	37	N	Cedar Rapids, IA
	KGAN/KGAN(HD) CBS KGAN-DT2/ KGAN-DT2 HD FOX	37 37.2	I-M	Cedar Rapids, IA Cedar Rapids, IA
		37.2		Cedar Rapids, IA
	KGAN-DT2/ KGAN-DT2 HD FOX KGAN-DT3 GetTV	37.2 37.3	I-M I-M	Cedar Rapids, IA Cedar Rapids, IA
	KGAN-DT2/ KGAN-DT2 HD FOX KGAN-DT3 GetTV KIIN/KIIN(HD) PBS	37.2 37.3 12	I-M	Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA
	KGAN-DT2/ KGAN-DT2 HD FOX KGAN-DT3 GetTV	37.2 37.3	I-M I-M E	Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA
	KGAN-DT2/ KGAN-DT2 HD FOX KGAN-DT3 GetTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD	37.2 37.3 12 12.2	I-M I-M E E-M	Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA
	KGAN-DT2/ KGAN-DT2 HD FOX KGAN-DT3 GetTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World	37.2 37.3 12 12.2 12.3	I-M I-M E E-M E-M	Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KGAN-DT2/ KGAN-DT2 HD FOX KGAN-DT3 GetTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create	37.2 37.3 12 12.2 12.3 12.4	I-M I-M E E-M E-M	Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KGAN-DT2/ KGAN-DT2 HD FOX KGAN-DT3 GetTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION	37.2 37.3 12 12.2 12.3 12.4 47	I-M I-M E E-M E-M	Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Cedar Rapids, IA
	KGAN-DT2/ KGAN-DT2 HD FOX KGAN-DT3 GetTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) TCT	37.2 37.3 12 12.2 12.3 12.4 47 25	I-M I-M E E-M E-M I I	Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Cedar Rapids, IA Iowa City, IA
	KGAN-DT2/ KGAN-DT2 HD FOX KGAN-DT3 GetTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) TCT KWKB-DT2 Court TV Mystery	37.2 37.3 12 12.2 12.3 12.4 47 25 25.2	I-M I-M E E-M E-M I I I I	Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA
	KGAN-DT2/ KGAN-DT2 HD FOX KGAN-DT3 GetTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) TCT KWKB-DT2 Court TV Mystery KWKB-DT3 SonLife	37.2 37.3 12 12.2 12.3 12.4 47 25 25.2 25.2 25.3	I-M I-M E E-M E-M I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA

				OVOTEN						
Name	LEGAL NAME OF OWNER OF CABL			SYSTEM 25						
	MCC Iowa, LLC (Vinton, IA)									
	PRIMARY TRANSMITTERS:	TELEVISION								
G		very television station (including transl								
U		ng the accounting period, <i>except</i> (1) st ct on June 24, 1981, permitting the car								
Primary	0	nd (4), or 76.63 (referring to 76.61(e)(2								
ansmitters:	substitute program basis, as expla	ained in the next paragraph. respect to any distant stations carried	hu your cable system on a substitu	to program						
Television	basis under specific FCC rules, re	, ,	by your caple system on a substitu	te program						
	• Do not list the station here in sp	ace G—but do list it in space I (the Sp	ecial Statement and Program Log)-	–if the						
	station was carried <i>only</i> on a sub-	stitute basis. space I, if the station was carried both	on a substitute basis and also on a	nome other						
		cerning substitute basis stations, see p								
		sign. <i>Do not</i> report origination program								
		a station according to its over-the-air d	esignation. For example, report mu	Iltistream						
	"WETA-2" as the same on the form. <b>Column 2:</b> 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.								
		hether the station is a network station, an independent station, or a noncommercial letter "N" (for network) "NLM" (for network multicast) "I" (for independent) "LM"								
	(for independent multicast), "E" (for	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (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.									
		see page (iv) of the general instructions	s in the paper SA1-2 form.	,						
	Column 4: Give the location of ea	· · · · · · · · · · · · · · · · · · ·	s in the paper SA1-2 form. ommunity to which the station is lice	ensed by the						
	Column 4: Give the location of ea	ee page (iv) of the general instructions ach station. For U.S. stations, list the c	s in the paper SA1-2 form. ommunity to which the station is lice	ensed by the						
	Column 4: Give the location of ea	ee page (iv) of the general instructions ach station. For U.S. stations, list the c	s in the paper SA1-2 form. ommunity to which the station is lice	ensed by the						
	Column 4: Give the location of ea	ee page (iv) of the general instructions ach station. For U.S. stations, list the c	s in the paper SA1-2 form. ommunity to which the station is lice	ensed by the						
	Column 4: Give the location of ea FCC. For Mexican or Canadian st	see page (iv) of the general instructions ach station. For U.S. stations, list the c ations, if any, give the name of the cor	s in the paper SA1-2 form. ommunity to which the station is lic nmunity with which the station is ide	ensed by the entified.						
	Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN	eee page (iv) of the general instructions ach station. For U.S. stations, list the c ations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER	s in the paper SA1-2 form. ommunity to which the station is lice mmunity with which the station is ide <b>3. TYPE OF STATION</b>	ensed by the entified. 4. LOCATION OF STATION						
	Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWWL/KWWL(HD) NBC	eee page (iv) of the general instructions ach station. For U.S. stations, list the c rations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 7	s in the paper SA1-2 form. ommunity to which the station is lice nmunity with which the station is ide <b>3. TYPE OF STATION</b> N	ensed by the entified. 4. LOCATION OF STATION Waterloo, IA						
	Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWWL/KWWL(HD) NBC KWWL-DT2 H&I/KWWL-DT2 (HD)	eee page (iv) of the general instructions ach station. For U.S. stations, list the c rations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 7 7.2	s in the paper SA1-2 form. ommunity to which the station is lic nmunity with which the station is ide 3. TYPE OF STATION N I-M	ensed by the entified. 4. LOCATION OF STATION Waterloo, IA Waterloo, IA						
	Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWWL/KWWL(HD) NBC KWWL-DT2 H&I/KWWL-DT2 (HD) KWWL-DT3 MeTV	eee page (iv) of the general instructions ach station. For U.S. stations, list the c rations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 7 7.2 7.2 7.3	s in the paper SA1-2 form. ommunity to which the station is lice nmunity with which the station is ide 3. TYPE OF STATION N I-M I-M	ensed by the entified. 4. LOCATION OF STATION Waterloo, IA Waterloo, IA Waterloo, IA						
	Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWWL/KWWL(HD) NBC KWWL-DT2 H&I/KWWL-DT2 (HD) KWWL-DT3 MeTV KWWL-DT4 Court TV	eee page (iv) of the general instructions ach station. For U.S. stations, list the c rations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 7 7.2 7.2 7.3 7.4	s in the paper SA1-2 form. ommunity to which the station is lic nmunity with which the station is ide 3. TYPE OF STATION N I-M I-M	ensed by the entified. 4. LOCATION OF STATION Waterloo, IA Waterloo, IA Waterloo, IA Waterloo, IA						

EGAL NAME OF	OWNER OF C	CABLE S	YSTEM:					SYSTEM
ICC Iowa, L	LC (Vinton	i, <b>IA)</b>						25
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to mation about m. entify the call tate whether th the radio stati this by placing ive the station	y the syst be receivent t the Co sign of e he station on's sign g a check a's location	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the sy pyright Office regulations on th each station carried. n is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anten is point, see pag ed by the cable sy e station is licens	idend, and (2) nna, during ce le (v) of the ge ystem as a se ed by the FCC	it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL DIGIN		5/0		UALL SIGN		50	LOGATION OF STATION	
		·			··			
		·			··			
		·						
		·						

Accounting Perio							1011	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF MCC Iowa, LLC (Vinto		EM:					SYSTEM ID# 25628
		, i <b>A</b> )						25020
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	tify every non	network televis eriod, under spe	<i>tion program,</i> broadcast by ecific present and former F	a <i>distant</i> statio CC rules, regula	ations, or auth	norizations.	. For a further
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>		r cable system	i carry, on a substitute ba	sis, any nonne	twork televisi	ion progra	
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the r	rest of this pag	ge blank. If your answer is	s "Yes," you mu	ust complete	the progra	am
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the mon first. Example: for May 7 gi	stitute program ace, please a of every nor a distant statio egulations, or ries like "mov . Bulls." m was broad sign of the s adcast station nadian station nth and day we "5/7."	m on a separa add additional nnetwork telev- ion and that your r authorization vies" or "basked dcast live, enter station broadca on's location (th ons, if any, the when your syster a substitute proc	rows to the tables. ision program ("substitute our cable system substitut s. See page (v) of the ger etball." List specific progra r "Yes." Otherwise enter " asting the substitute progra the community to which the community with which the tem carried the substitute ogram was carried by your	e program") tha ed for the prog neral instructio m titles, for ex No." am. e station is lice e station is lice program. Use cable system	at, during the gramming of a ns for further ample, "I Low nsed by the l ntified). e numerals, w . List the time	accountin another sta informatic ve Lucy" or FCC or, in vith the mc es accurate	g ation on. -
	to delete under FCC rules a was substituted for program	ter "R" if the I and regulatio mming that ye	ons in effect du	<b>o</b>	d; enter the let	ter "P" if the	listed prog	
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the I and regulatio mming that yo b.	ons in effect du our system wa	uring the accounting perio as permitted to delete und	d; enter the lef	ter "P" if the and regulation N SUBSTITI	listed prog ns in UTE	Iram
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the I and regulatio mming that y 5. SUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting perio as permitted to delete und	d; enter the left er FCC rules a WHE CARRI. 5. MONTH	ter "P" if the and regulation N SUBSTITI AGE OCCUI 6. TIN	listed prog ns in UTE RRED MES	Iram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that y 5. 6UBSTITUTI	ons in effect du our system wa	uring the accounting perio as permitted to delete und	d; enter the left ler FCC rules a WHE CARRI	tter "P" if the and regulation N SUBSTITI	listed prog ns in UTE RRED	ram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that y 5. SUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting perio as permitted to delete und	d; enter the left er FCC rules a WHE CARRI. 5. MONTH	ter "P" if the and regulation N SUBSTITI AGE OCCUI 6. TIN	listed prog ns in UTE RRED MES	ram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that y 5. SUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting perio as permitted to delete und	d; enter the left er FCC rules a WHE CARRI. 5. MONTH	ter "P" if the and regulation N SUBSTITI AGE OCCUI 6. TIN	listed prog ns in UTE RRED MES	7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that y 5. SUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting perio as permitted to delete und	d; enter the left er FCC rules a WHE CARRI. 5. MONTH	ter "P" if the and regulation N SUBSTITI AGE OCCUI 6. TIN	listed prog ns in UTE RRED MES	ram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that y 5. SUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting perio as permitted to delete und	d; enter the left er FCC rules a WHE CARRI. 5. MONTH	ter "P" if the and regulation N SUBSTITI AGE OCCUI 6. TIN	listed prog ns in UTE RRED MES	7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that y 5. SUBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting perio as permitted to delete und	d; enter the left er FCC rules a WHE CARRI. 5. MONTH	ter "P" if the and regulation N SUBSTITI AGE OCCUI 6. TIN	listed prog ns in UTE RRED MES	7. REASON FO
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Accounting Period:	2021/2			FORM	6. SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#				
Nailie	MCC Iowa, LLC (Vinton, IA)				25628				
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 explanati 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 on of how to	condary transmi compute this a	ssion service mount, see \$3'	18,781.33				
Copyright	IMPORTANT: You must complete a statement in space P concerning gross receipts.       (Amount of gross receipts)         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 equal to \$263,800       • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600         See page (vi) of the general instructions located in the paper SA1-2 form for more information.       • Complete information.								
	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			is six-month					
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)					
	1. Base amount under statutory formula	. \$	263,800.00						
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	1. Enter the amount of gross receipts from space K	. \$	318,781.33						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	54,981.33						
	4. Multiply line 3 by .01		\$	549.81					
	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 .		\$	1,868.81				
	FILING FEE AND TOTAL REMITTANCE D	JE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,868.81					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,888.81				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				hts!				

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C MCC Iowa, LLC	DWNER OF CABLE SYSTEM: C (Vinton, IA)			SYSTEM ID# 25628
M Channels	to its subscriber	rs, and (2) the cable system's al number of channels on whic		ng period.	37
	2. Enter the tota on which the	al number of activated channe cable system carried televisio			64
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Identify an individual nt.)	to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 84	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)			
	Email	Copyrights@me	diacomcc.com Fax	(optional	
	CERTIFICATION	(This statement of account mu	st be certified and signed in accordance with Copyright	t Office regulations)	
O Certification		ed, hereby certify that (Check or			
			artnership) I am the owner of the cable system as identifition or partnership) I am the duly authorized agent of the		
	(Offic		e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal e	entity identified as owner	of the cable system
		ete, and correct to the best of m	ereby declare under penalty of law that all statements of f v knowledge, information, and belief, and are made in good		
			X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify th Enter signature using an "/s/ signature" (e.g., /s/ John Smit		
		Typed or printed	name: Kenneth J. Kohrs		
		Title: (Tit	Vice President, Financial Reporting le of official position held in corporation or partnership)		
		Date:	2	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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
C Iowa, LLC (Vinton, IA)	2562
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment

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Cak Wor		ole Late a t	Total amount of remittance	Number of SAs rea	ec'd Initials	
	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	