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

## SA1-2E Short Form

Return completed workbook by email to:

## 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				

by email to:

## coplicsoa@loc.gov

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))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	7458
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM IOWA LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM IOWA LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)	
		Waseca, MN 56093	
		(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
	MEDIACOM IOWA LLC	274
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commununincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	nities within unincorporated areas and including single, discr
	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	ne parks should be reported in parentheses below the identi
Area Served	city.	
	CITY OR TOWN	STATE
First	Calmar	IA
Community	Ft. Atkinson	A
	Ossian	IA
Rows as Necessary	Spillville	IA
	Elgin	IA
	Fayette	IA
	Fredereicksburg	IA
	New Hampton	IA
	Sumner	IA
	West Union	IA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID			
Name	MEDIACOM IOWA LLC											
	SECONDARY TRANSMISSION	SERVICE: SI	BSCRI	BERS AND RA	TES							
E	In General: The information in s					ry transmission	service of	the cable				
	system, that is, the retransmission					•						
Secondary	about other services (including p						those exis	ting on the				
Transmission Service: Sub-		st 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												
Rates		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										
		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). <b>Rate:</b> 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	-	-	•				-				
	category, but do not include disc	· · ·		,	ny standa		is within a					
	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						•					
	first set" and would be counted o	once again und	er "Ser	vice to addition	al set(s)."							
	Block 2: If your cable system	-		•								
	printed in block 1 (for example, t with the number of subscribers a											
	sufficient.		e nym-i	Ianu Diock. A li		e-word descript		Service is				
-	BLOCK 1						BLOCH	٢2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		1,270	29.95-61.54								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		1	29.95-61.54								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		3			•				
-	In General: Space F calls for rat					Ill your cable sys	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	•			•		υ.	,				
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		,	,		5		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) description and include the rate for each.											
	, , , ,	BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATI			
	Continuing Services:			ation: Non-res								
	• Pay cable	PP	• Mo	tel, hotel			Family	Cable	100.0			
	• Pay cable—add'l channel	PP	۰Co	mmercial								
	Fire protection		•Pa	y cable								
	•Burglar protection		•Pa	, y cable-add'l ch	annel							
		[	• Fire	e protection								
	Installation: Residential											
	Installation: Residential • First set	109.99	• Bu	rglar protection								
				rglar protection <b>services:</b>								
	• First set		Other	•		49.00						
	• First set • Additional set(s)		Other ∙Re	services:		49.00						
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	15.00-49.00	Other ∙Re ∙Dis	services: connect		49.00 15.00-49.00						

Name	LEGAL NAME OF OWNER OF CAR	3LE SYSTEM:		SYSTEM						
Name	MEDIACOM IOWA LLC			27						
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 <i>only</i> 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. <b>Column 1:</b> List each station's call sign. <i>Do not</i> 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. <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. <b>Column 3:</b> 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 S									
	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 (HD)-DT2 MyNet	9.2		Cedar Rapids, IA						
Rows as Necessary	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-DT2/KGAN-DT2 HD FOX	51.2	N-M	Cedar Rapids, IA						
	KGAN-DT3 getTV	51.3	N-M	Cedar Rapids, IA						
	KPXR (ION)/KPXR (ION)(HD)	47	I	CEDAR RAPIDS, IA						
	KPXR (ION)/KPXR (ION)(HD) KWKB/KWKB(HD) TCT	47	<u> </u>	CEDAR RAPIDS, IA						
			I I I-M	IOWA CITY, IA						
	KWKB/KWKB(HD) TCT	25	I I I-M							
	KWKB/KWKB(HD) TCT KWKB-DT2 Court TV Mystery	25 25.2		IOWA CITY, IA IOWA CITY, IA						
	KWKB/KWKB(HD) TCT KWKB-DT2 Court TV Mystery KWKB-DT3 Sonlife	25 25.2 25.3	I-M	IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA						
	KWKB/KWKB(HD) TCT KWKB-DT2 Court TV Mystery KWKB-DT3 Sonlife KWKB-DT4 Laff KWKB-DT5 theGrio	25 25.2 25.3 25.4 25.5	I-M	IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA						
	KWKB/KWKB(HD) TCT KWKB-DT2 Court TV Mystery KWKB-DT3 Sonlife KWKB-DT4 Laff KWKB-DT5 theGrio KWKB-DT6 Quest	25 25.2 25.3 25.4 25.5 25.6	I-M I-M I-M	IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA						
	KWKB/KWKB(HD) TCT KWKB-DT2 Court TV Mystery KWKB-DT3 Sonlife KWKB-DT4 Laff KWKB-DT5 theGrio	25 25.2 25.3 25.4 25.5	I-M I-M I-M	IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA Waterloo, IA						
	KWKB/KWKB(HD) TCT KWKB-DT2 Court TV Mystery KWKB-DT3 Sonlife KWKB-DT4 Laff KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC	25 25.2 25.3 25.4 25.5 25.6 7	I-M I-M I-M I-M	IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA						
	KWKB/KWKB(HD) TCT KWKB-DT2 Court TV Mystery KWKB-DT3 Sonlife KWKB-DT4 Laff KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I /KWWL-DT2(HD) C KWWL-DT3 MeTV	25 25.2 25.3 25.4 25.5 25.6 7 7 7.2	I-M I-M I-M I-M N I-M	IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA						
	KWKB/KWKB(HD) TCT KWKB-DT2 Court TV Mystery KWKB-DT3 Sonlife KWKB-DT4 Laff KWKB-DT5 theGrio KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I /KWWL-DT2(HD) C	25 25.2 25.3 25.4 25.5 25.6 7 7 7.2 7.3	I-M I-M I-M I-M N I-M I-M	IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA Waterloo, IA						

ounting Period:	2021/2			FORM SA1-2E. PAG								
Name	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTEM								
Humo	MEDIACOM IOWA LLC			274								
	PRIMARY TRANSMITTERS:	TELEVISION										
•	In General: In space G, identi	fy every television station (including tran	slator stations and low power televi	ision stations)								
G		during the accounting period, <i>except</i> (1)	<i>,</i> ,									
		effect on June 24, 1981, permitting the ca										
Primary	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.											
ransmitters: Television	1 0 /	explained in the next paragraph. Vith respect to any distant stations carrie	d by your cable system on a substit	ute program								
Television		s, regulations, or authorizations:										
		n space G—but do list it in space I (the S	pecial Statement and Program Log	ı)—if the								
	station was carried only on a	substitute basis.										
		o in space I, if the station was carried bo										
		concerning substitute basis stations, see										
		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. <b>Column 2</b> : Give the channel number the FCC assigned to the television station for broadcasting over the air in its community											
		C is channel 4 in Washington, D.C.	on station for broadcasting over the									
		ase whether the station is a network stati	on, an independent station, or a no	ncommercial								
		g the letter "N" (for network), "N-M" (for n	, I ,									
		S ( )/ (	<i>,,</i> , , , , , , , , , , , , , , , , , ,	···								
	(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.											
	<b>Column 4:</b> 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 Canadia	n stations, if any, give the name of the co	ommunity with which the station is i	identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
	KYIN-DT2 PBS KIDS (HD)	18.2	E-M	MASON CITY, IA								
	KYIN-DT3 PBS World	18.3	E-M	MASON CITY, IA								
	KYIN-DT4 PBS Create	18.4	E-M	MASON CITY, IA								
	KCRG-DT4 H&I	9.4	I-M	CEDAR RAPIDS, IA								
	KCRG-DT4 H&I KCRG-DT5 Start TV	9.4	I-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA								

LEGAL NAME OF	OWNER OF C	CABLE S	/STEM:					SYSTEM
MEDIACOM	IOWA LLC							274
	every radio s	tation ca	rried on a separate and discre herally receivable by your cable					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for <b>Column 1</b> : Id <b>Column 2</b> : Si	it is carried by monitoring, to prmation about m. entify the call tate whether th	r the syst be receiv t the Co sign of e ne station	-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. n is AM or FM.	the system's hea ystem's FM anter nis point, see pag	idend, and (2) nna, during ce e (v) of the ge	it can b ertain sta eneral in	e expected, ited intervals. structions in the.	Primary Transmitters Radio
ignal, indicate <b>Column 4:</b> G	this by placing ive the station	a check 's locatio	al was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0	LOOKHON OF OTATION	SALL SIGN	, OF T IM	5,0		
		·						
				l			L	

							FOR	M SA1-2E. PAGE 5			
Name	LEGAL NAME OF OWNER OF		IEM:					SYSTEM ID# 27458			
	SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOG	i						
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor accounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> statio CC rules, regul	ations, or auth	norizations.	. For a further			
Carriage:	1. SPECIAL STATEMEN	-			e general mou			1-2 101111.			
Special	During the accounting per	-			sis, anv nonne	twork televis	ion progra	m			
Statement and	broadcast by a distant sta	•			,,		YES	×NO			
Program Log	Note: If your answer is "No		rest of this na	ne blank. If vour answer is	"Yes " vou mi						
	log in block 2.			ge blank. If your anower is	res, you m		the progre	4111			
	2. LOG OF SUBSTITUTE	E PROGRA	MS								
	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 categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad	<ul> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</li> <li>Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.</li> <li>Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 4: Give the broadcast 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).</li> </ul>									
	to the nearest five minutes stated as "6:00–6:30 p.m."	es when the . Example: a ter "R" if the and regulation nming that y	a program carr listed program ons in effect du	n was substituted for progra uring the accounting period	:15 p.m. to 6:2 amming that y d; enter the le	28:30 p.m. sh /our system v tter "P" if the	nould be was <i>require</i> listed prog	ed			
						N SUBSTIT		7. 554004 505			
				1	CARRI	AGE OCCU	RRED	7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES				

Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC				8YSTEM ID# 27458
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts of the statement in space P concerning gross receipts and the statement in space P concerning gross provided and the statement in space P concerning gross provided and the statement in space P concerning gross provided and the statement in space P concerning gross provided and the st	system's se on of how to	condary transmi compute this a	ission service mount, see \$ 3	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha information	ın \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that yo	u must pay for th	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 li	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	100)	
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	395,295.18		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	131,495.18	-	
	4. Multiply line 3 by .01		\$	1,314.95	-
	5. Royalty due on the first $263,800$ of gross receipts (under statutory formula)		\$	1,319.00	-
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	-
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	l, 5, and 6 .		\$	2,633.95
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Elline Feet of					
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,633.95	-
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			\$	2,653.95
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF ( MEDIACOM IO	OWNER OF CABLE SYSTEM: WA LLC				SYSTEM ID# 27458
M Channels	to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	rs, and (2) the cable system's t al number of channels on which ed television broadcast stations al number of activated channel cable system carried television	total number h the cable s ls n broadcast	on which the cable system carried te of activated channels during the ac	counting period.	37 74
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		IATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 8	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm Mediacom Park, NY 1 (City, town, state, zip)		umber)		
	Email	Copyrights@me	ediacomcc.c	com	Fax (optional	
	CERTIFICATION	(This statement of account mu	ust be certifie	ed and signed in accordance with Co	opyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check on	ne, <i>but only o</i>	<i>ne</i> , of the boxes.)		
	(Owne	er other than corporation or pa	artnership)	am the owner of the cable system as	s identified in line 1 of space B;	or
	X (Agen			nership) I am the duly authorized age t a corporation or partnership; or	nt of the owner of the cable sys	stem as identified
	(Offic	er or partner) I am an officer (if in line 1 of space B.	f a corporatio	on) or a partner (if a partnership) of the	e legal entity identified as owne	r of the cable system
		ete, and correct to the best of my		e under penalty of law that all stateme information, and belief, and are made		
			Enter an ele	s/ Kenneth J. Kohrs ctronic signature on the line above to c ure using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	I name:	Kenneth J. Kohrs		
		Title: (Titl		sident, Financial Reportin sition held in corporation or partnership)	<u>g</u>	
		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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM IOWA LLC	27458
<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:</li> <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> <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>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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
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
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
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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C	Cab	ole Late a t	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	